

**Child and Adult Care Food Program  
ENROLLMENT FORM / INCOME ELIGIBILITY STATEMENT for CHILDREN**

CENTER NAME: JOINT BASE ANACOSTIA BOLLING SUMMER CAMP

FISCAL YEAR: 2012

**PART 1 – ENROLLMENT INFORMATION**

Name of Enrolled Child	Date of Birth	Before & After Care	Circle Normal Days of Care / Print Normal Hours of Care	Circle Meals Normally Received
		YES NO	SUN MON TU WED TH FRI SAT Normal hours To	Breakfast A.M. Snack Lunch P.M. Snack Supper
		YES NO	SUN MON TU WED TH FRI SAT Normal hours To	Breakfast A.M. Snack Lunch P.M. Snack Supper
		YES NO	SUN MON TU WED TH FRI SAT Normal hours To	Breakfast A.M. Snack Lunch P.M. Snack Supper

**INCOME ELIGIBILITY**

Please check all that apply and then fill out the parts specified:

- A member of my household receives SNAP (formerly Food Stamp) benefits, or my child(ren) receive(s) TANF benefits. → Please complete Part 2 and Part 5.
- My household includes one or more foster children → Please complete Part 3 and Part 5.
- My child(ren) may qualify for Free/Reduced-Price meals based on household income. → Please complete Part 4 and Part 5.
- My child(ren) will not qualify for Free/Reduced-Price meals. → Please complete Part 5 only.

**PART 2 – HOUSEHOLD MEMBER(S) RECEIVING SNAP BENEFITS or CHILD(REN) RECEIVING TANF BENEFITS**

If any member of the household receives SNAP (Food Stamp) benefits, list the recipient's name, circle SNAP, and give the case number. If the child(ren) enrolled at this center receive TANF benefits, list the child(ren)'s name(s), circle TANF, and give the case number.

Name of Benefit Recipient(s)	Circle One or Both (if applicable)	SNAP and/or TANF Case Number (required)
	SNAP TANF	
	SNAP TANF	
	SNAP TANF	

**PART 3 – FOSTER CHILDREN**

Name of Foster Child	For households with foster children only: Write the child(ren)'s name(s) here, then skip to Part 5. For households with foster and non-foster children: Write the foster child(ren)'s name(s) here. If you did not complete Part 2, you must complete Part 4 to qualify non-foster child(ren) for free/reduced-price meals. You may choose to include foster child(ren) in Part 4 with non-foster child(ren). This could make it easier for the non-foster child(ren) to qualify for free/reduced-price meals. If you choose to list the foster child(ren) in Part 4, you must report any personal income received by the foster child(ren). You are not required to report payments that you receive from the placement agency to support the foster child(ren). If you completed Part 2, skip Part 4. <b>Everyone complete Part 5.</b>

**PART 4 – TOTAL HOUSEHOLD INCOME – Not required if you have reported a case number in Part 2.**

Write how much and how frequently all income is received: weekly, every two weeks (biweekly), twice a month (semimonthly), once a month (monthly), annually.

List Names (First and Last) Of Everyone In Your Household	Gross Income From Last Month (If None, Write "0")							
	Earnings From Work Before Deductions		Alimony, Child Support, Welfare, etc.		Pensions, Retirement, Social Security, VA, etc.		Second job or any other income	
	INCOME	FREQUENCY	INCOME	FREQUENCY	INCOME	FREQUENCY	INCOME	FREQUENCY
NAME								
1.								
2.								
3.								
4.								
5.								
6.								

**PART 5 – CERTIFICATION, SIGNATURE, AND SOCIAL SECURITY NUMBER (LAST 4 DIGITS)**

The adult household member who fills out the application must sign below. If Part 4 is completed, the adult signing the form must also provide the **last four (4) digits ONLY** of his/her Social Security Number (SSN), or check the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.) **The last four digits of your SSN are not needed if you have checked the box that your child(ren) will not qualify for Free/Reduced-Price meals, have listed a TANF or SNAP case number, or are applying for a foster child only.**

**CERTIFICATION:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that institution official(s) may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

PRINTED NAME OF PARENT / GUARDIAN	SOCIAL SECURITY NUMBER (SSN) OF PARENT / GUARDIAN (LAST 4 DIGITS ONLY):	XXX-XX-____
SIGNATURE OF PARENT / GUARDIAN	DATE	<input type="checkbox"/> I do not have a Social Security Number
STREET ADDRESS, CITY, STATE, ZIP CODE		

**PRIVACY ACT STATEMENT**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you list a case number for the Supplemental Nutrition Assistance Program (SNAP) and/or the Temporary Assistance for Needy Families (TANF) Program, submit an application on behalf of a foster child only, or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program. Verification efforts may be carried out through program reviews, audits, and investigations and may include contacting the Child and Family Services Agency to verify foster child status; contacting the Income Maintenance Administration office to determine current certification of receipt of SNAP and/or TANF benefits; contacting employers to determine income; and/or checking the documentation produced by the household member to verify the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

**CENTER USE ONLY – IES CLASSIFICATION**

**Reimbursement classification category for foster children**

Check if one or more foster children are reported on this form:

Free

**Total Monthly Income:**

Income conversion formulas

Weekly income X 4.33 / every 2 weeks X 2.15 / twice a month X 2

**Reimbursement classification category for non-foster children**

Check one classification for all non-foster children reported on this form:

- Free (TANF, SNAP, Income Eligible)
- Reduced-price
- Paid (household income above free or reduced-price level)
- Paid (incomplete information)
- Free (parent reported zero income)\*

Total monthly income: \$ \_\_\_\_\_

Number of household members: \_\_\_\_\_

\* **Zero Income 45-Day Income Verification:** Complete this section if income listed is \$0. Contact the adult who completed the form every 45 days to verify income. The determining official should initial and date the line each time that the official verifies that the household income is still \$0. If the household income changes, or if the household begins to receive TANF or SNAP benefits, the form should be reclassified.

\_\_\_\_\_ 1<sup>st</sup> date verified; \_\_\_\_\_ 2<sup>nd</sup> date verified; \_\_\_\_\_ 3<sup>rd</sup> date verified; \_\_\_\_\_ 4<sup>th</sup> date verified;

\_\_\_\_\_ 5<sup>th</sup> date verified; \_\_\_\_\_ 6<sup>th</sup> date verified; \_\_\_\_\_ 7<sup>th</sup> date verified; \_\_\_\_\_ 8<sup>th</sup> date verified

Date IES is reclassified based on verification of a change in income: \_\_\_\_\_ [ ] free [ ] reduced-price [ ] paid