

**CHILD AND ADULT CARE FOOD PROGRAM
AFFIDAVIT FOR FREE AND REDUCED-PRICE MEALS
FISCAL YEAR 2011**

To assist your center in receiving food reimbursement, please carefully complete, sign and return this form to the center.

PART 1	Complete this part for children attending this center who are NOT included in a Food Stamp, Cash Assistance or FDPIR case. Then complete Part 3 and Part 5.					
	Child's Name	Age	Birthdate			
	1. _____	_____	_____			
	2. _____	_____	_____			
	3. _____	_____	_____			
PART 2	Complete this part for children attending this center who are currently getting Food Stamp, Cash Assistance or FDPIR benefits. Then complete Part 5.					
	Child's Name	Food Stamps Case No.	Cash Assist. Case No.	FDPIR Case No.	Age	Birthdate
	1. _____	_____	_____	_____	_____	_____
	2. _____	_____	_____	_____	_____	_____
	3. _____	_____	_____	_____	_____	_____
PART 3	If you listed any children in Part 1, you MUST complete this part AND Part 5. If you listed children only in Part 2, skip this part and go to Part 5.					
HOUSEHOLD MEMBERS: List the names of all adults and children living in your household, including yourself. DO NOT INCLUDE CHILDREN LISTED IN PART 1.						
MONTHLY INCOME: Write the amount of monthly gross income (before any deductions) of each person on the same line as their name.						
	NAME (Last, First)	<u>Monthly Earnings</u> from Work (Wages: gross Self- employment: net)	<u>Monthly Welfare</u> Payments, Child Support, Cash Assist. & Alimony	<u>Monthly Income</u> from Pensions, Retirement and Social Security	<u>All Other</u> <u>Monthly</u> <u>Income</u>	
	1. _____	_____	_____	_____	_____	
	2. _____	_____	_____	_____	_____	
	3. _____	_____	_____	_____	_____	
	4. _____	_____	_____	_____	_____	
	5. _____	_____	_____	_____	_____	
PART 4	Foster Children: If you have <i>foster children</i> attending this center, write their names below and the income each child receives for personal use. Then complete Part 5.					
	Child's Name	Age	Birthdate	Income		
	1. _____	_____	_____	_____		
	2. _____	_____	_____	_____		
PART 5	Print Name _____		I hereby certify that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of Federal funds; that the institution officials may verify this information; and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.			
	Address _____					
	Home Telephone Number _____					
	Work Telephone Number _____					
CONFIDENTIALITY: The information you provide will be treated confidentially and will be used only for eligibility determination and verification of date for Child and Adult Care Food Program purposes.						
Signature and Social Security Number of Adult Household member who signs this form or the word <i>NONE</i> if member has no Social Security Number.						
_____		_____		_____		
Signature		Social Security		Date		

To be completed by Site Staff

Signature of Approval: _____	Total Household Size: _____	Eligibility category:
Date Approved: _____	Total Monthly Income: _____	() Free
		() Reduced
		() Paid

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Dear Parent:

The Child and Adult Care Food Program require that the reimbursement this center receives for meals served to all children be based on income information submitted by each parent. This benefits you because it helps us to keep the charge for child care at a lower rate. This information will be kept confidential. If your household has income less than or equal to the income levels below, the center receives more reimbursement for the meals served to your children.

Income Chart for Reduced-Priced Meals

Effective from July 1, 2010 to June 30, 2011

Household Size	Annual	Month	Week
1.....	\$20,036	\$1,670	\$386
2.....	26,955	2,247	519
3.....	33,874	2,823	652
4.....	40,793	3,400	785
5.....	47,712	3,976	918
6.....	54,631	4,553	1,051
7.....	61,550	5,130	1,184
8.....	68,469	5,706	1,317
For each additional family member add	+6,919	+577	+134

In the operation of child feeding programs, no child will be discriminated against because of race, color, national origin, sex, age, or handicap. If you believe that you have been discriminated against in any USDA-related activity, you should write immediately to the Secretary of Agriculture, Washington, DC 20250.

CHILDREN WITH DISABILITIES: If a child has been determined by a doctor to be disabled and the disability would prevent the child from eating a regular meal, this center will make any substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a disability, please contact us for further information.

Participants attending this center who are receiving Food Stamp, FDPIR, or cash assistance (TANF) are eligible for free or reduced-priced meals only if the child(ren)'s name(s), the appropriate case number(s), and the signature of the adult household member who completed the application is included on the affidavit. In certain cases, foster children are eligible for free or reduced-priced meals regardless of household income with whom they reside.

Households with incomes less than or equal to the income chart for reduced-priced meals above are eligible for free or reduced-priced meals. In order for the center to be considered eligible for free and reduced-price meals based on income, an application must contain complete documentation of eligibility information including total current household income, names of all household members, the social security numbers of the adult household member who signs the application, or the word "None" and the date and signature of the adult household member who completed the application.

Household members who become unemployed make the Center eligible for free or reduced-price meals during the period of unemployment, provided that the loss of income causes the family income, during the period of unemployment, to be within eligibility standards for those meals.

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 your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. This notice must be brought to the attention of the household member whose social security number is disclosed. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Stamp or welfare office to determine current certification for receipt of Food Stamps, Cash Assistance or FDPIR benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove 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.

RACE: Please circle the race or ethnic identity of your child. You are not required to answer this question; we need this information to be sure that everyone receives benefits on a fair basis.

WHITE	BLACK/AFRICAN/ AMERICAN	HISPANIC/ LATINO	AMERICAN INDIAN/ ALASKA NATIVE	NATIVE HAWAIIAN/ PACIFIC ISLANDER	ASIAN	SOME OTHER/ RACE(S)
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PLEASE COMPLETE THE REVERSE SIDE