



# CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

NAME & ADDRESS OF CENTER: Millennium Kids Early Childhood Learning Center 3860 W. Columbus Drive Tampa, FL 33607

### PART 1 - INFORMATION ON CHILD:

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Start Date \_\_\_\_\_  
Last Name First Name  
Primary Hours of Care: From \_\_\_\_\_ To: \_\_\_\_\_  
Days of Week in Care: M T W Th FR S S Meals Typically Served While in Care: Br MS Lu AS Supp ES

### PART 2 - HOUSEHOLDS RECEIVING FOOD STAMPS OR TANF BENEFITS: Complete this part and Part 5

Food Stamp or TANF Case Number: \_\_\_\_\_

PART 3- HOUSEHOLDS WITH A FOSTER CHILD: Complete this Part and Part 5. If this is a foster child, check this box   
List the child's monthly personal use income \$ \_\_\_\_\_ Write "0" if the child has no personal use income.

### PART 4 - ALL OTHER HOUSEHOLDS: If you gave a Food Stamp or TANF Case Number in Part 2, then skip to Part 5. Otherwise, complete this part and Part 5.

NAMES  List the Names of Everyone in Your Household including the child listed above	MONTHLY INCOME INCOME CONVERSION: WEEKLY x 4.33; EVERY 2 WEEKS x 2.15; TWICE A MONTH x 2				Check if NO Income
	Gross Monthly Earnings (Before Deductions) If Self-employed, List Net Monthly Income Job 1	Monthly Welfare, Child Support, Alimony	Monthly Pensions, Retirement, Social Security	Earnings or any other Monthly Income Job 2	
1. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
2. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
3. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
4. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
5. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
6. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
7. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>

PART 5 - SIGNATURE AND SSN: An adult household member must sign the application before it can be approved.  
PENALTIES FOR MISREPRESENTATION: I certify that all of the information on this application is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds; that institution officials may verify the information on the application; and that deliberate misrepresentation of information may subject me to prosecution under applicable State and Federal laws.

Social Security Number [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]  
Write NONE if you don't have a Social Security Number.  
(Signature of Adult Household Member) Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_  
Date Signed \_\_\_\_\_ Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

PART 6 (Optional) - RACIAL IDENTITY OF CHILD ETHNIC IDENTITY OF CHILD  
 American Indian or Alaskan Native  Asian  Black or African American  Hispanic or Latino  
 Native Hawaiian or other Pacific Islander  White  Not Hispanic or Latino

Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless your child's food stamp or TANF case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. 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 or TANF benefits, contacting the state employment security office to determine the amount of benefits received, 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.

For Sponsor Use Only:  Food Stamp/TANF Household  Foster Child  Zero Income Application-Temporary Free Until \_\_\_\_\_ (Evaluate every 45 days)  
Total Household Size: \_\_\_\_\_ Household Monthly Income: \$ \_\_\_\_\_  
Eligibility Determination:  Approved Free  Approved Reduced  Non-needy  
Reason for Non-needy Status:  Income too High  Incomplete Application  Other (Reason) \_\_\_\_\_  
Signature of Determining Official: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
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