INCOME ELIGIBILITY APPLICATION

Free and Reduced meals in the Child and Adult Care Food Program

_____ assures the New Mexico Children, Youth and Families Department, Early Childhood Services,
Center Name

Child and Adult Care Food Program, that all enrolled participants in attendance will be offered the same meals without physical segregation of, or other discriminatory action against, any child or adult participant on the basis of race, color, national origin, sex, age or disability. This policy applies to all centers included in the Child and Adult Care Food Program Agreement.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

INSTRUCTIONS: Complete this form and return to the Centers office.

***Child Care Centers**: To apply for **FREE** meals - If you are a Food Stamp (FS) recipient or on the Food Distribution Program on Indian Reservations (FDPIR) fill in your child's name, DOB, age, Food Stamp or FDPIR case number and sign the form. DO NOT complete other Household Members or income information.

****Adult Day Care:** To apply for **FREE** meals - If enrolled participant is in a Food Stamp (FS) household or receives Supplemental Security Income (SSI) or Medicaid (MED), complete name, DOB, age, Food Stamp, SSI, and/or Medicaid case number and sign the form. DO NOT complete other Household Members or income information.

Enrolled Participant(s) Information (attach additional pages if necessary)			**Benefit Information** *(If applicable check type of benefit & provide the required case number)*	
Name: *Last:* *First:*	Date of Birth:	Age	*(*Child Care Centers Only)check box* ☐ Food Stamps ☐ FDPIR	*(**Adult Care Centers Only) check box* ☐ Food Stamps ☐ SSI ☐ MED
	/ /		*Case Number:	*Case Number:
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Foster Child (complete a separate application for each foster child)

☐ Check this box if this application is for a foster child. List the amount of child's "personal use" monthly income $_____ if there is no income, record "0".

All Other Household Members (List all related or unrelated persons who live in your household. (DO NOT include children/participants listed above.)	
Name: *Last:* *First:*	*Name:* *Last:* *First:*

Total Number in Household: _____

Household Income (Please indicate source and amount of current income for all members of your household. Please follow the definition of income specified in the standards for determining free and reduced price eligibility in your parent letter. If you receive more than one check from any of these sources, please indicate the total monthly amount received.)		
Wages, Salary: $	Child Support (Alimony): $	Social Security: $
Pension or Retirement: $	Unemployment: $	Other Income: $
If necessary, convert multiple income schedules to annual income (Multiply weekly income by 52, biweekly by 26, monthly by 12)		

Total Income: $_____ ☐ ***Weekly*** ☐ ***Monthly*** ☐ ***Annually*** *(Check one)*

PENALTIES FOR MISREPRESENTATION: I certify that all the above information is true and correct and that the food stamp or FDPIR number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

_____ ☐☐☐ ☐☐ ☐☐☐☐ If the Adult Household Member signing this form does not have a Social Security Number, Check this box. ☐ _____

Signature of Adult Family Member *Social Security Number* Date

Section 9 of the National School Lunch Act requires that, unless the participant's food stamp or FDPIR number is provided, you must include the social security number of the household member signing the statement or an indication that the household member signing the statement does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement 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 on the statement. 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 FDPIR office to determine current certification for receipt of food stamps 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 verify the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal action if incorrect information is reported.

FOR SPONSOR USE ONLY

☐ **Day Care Center/Head Start:**

☐ **Adult Day Care Center:** ☐ APPROVED FREE ☐ APPROVED REDUCED ☐ PAID

Approving Date	**Date Disenrolled**	**Name of Organization**	**Name of Person Approving Form**