

**OHIO CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT  
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED PRICE MEALS  
2005 - 2006**

**INSTRUCTIONS:** To apply for free and reduced price meals, read the Household Letter/instructions on backside. Complete application and return to the center. In accordance with the NSLA, information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure. **Part 1** is to be completed by all households. **Part 2** is to be used only for a child living in a household receiving Food Stamps or Ohio Works First (OWF) benefits. **Part 3** is only for children NOT receiving Food Stamp or OWF benefits. **Part 4** is to be completed for foster children.

\* Asterisk items must be filled in for each part you complete. Form must be updated annually and is valid for only 12 months including the month signed.

PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER			PART 2 – LIST EACH CHILD'S FOOD STAMP CASE NUMBER OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 10 TO 12 DIGITS.
*CHILD (REN) NAME	AGE	BIRTH DATE	*FOOD STAMP OR OWF CASE NUMBER
1.			
2.			
3.			
4.			

**PART 3 – HOUSEHOLD SIZE AND HOUSEHOLD INCOME:** If Part 2 is completed skip to Part 5.

Monthly Income Conversion: Weekly x 4.33, Every 2 weeks x 2.15, Twice a Month x 2

*LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1	*Gross MONTHLY Earnings (before deductibles)		*MONTHLY Welfare Payments, Child Support, Alimony	*MONTHLY Pensions, Retirement, Social Security	*ANY OTHER MONTHLY Income
	Job 1	Job 2			
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	\$
7.	\$	\$	\$	\$	\$

**PART 4 – FOSTER CHILD:**  (check) List foster child's monthly personal use income. Enter "0" if none. \$

**PART 5 – SIGNATURE AND SOCIAL SECURITY NUMBER:** I certify that the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of federal funds; that program officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal statutes.

→ _____ * SIGNATURE OF ADULT HOUSEHOLD MEMBER	→ _____ * DATE	→ _____ SOCIAL SECURITY NUMBER (SSN) Required only for Part 3 Write "None" if adult signer doesn't have a SSN.
Print Name: _____	Daytime Phone Number: _____	Work Phone Number: _____
Street / Apt: _____	City / State / Zip: _____	County: _____

**PART 6 - RACIAL/ETHNIC IDENTITY:** (Optional): Please check appropriate box to identify the race or ethnicity of your child (ren).

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White

Privacy Act Statement: Section 9 of the National School Lunch Act (NSLA) requires that, unless your child's food stamp or OWF 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. This notice must be brought to the attention of the household member whose social security number is disclosed. 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 or shared with other persons directly connected with the administration or enforcement of the program under the NSLA or Child Nutrition Act of 1966 to determine program eligibility. 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 OWF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove 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.

**State Distribution: Week of 6/6/2005**

<p><b>SPONSOR USE ONLY:</b></p> <p>A valid food stamp case number or OWF case number has been provided: : (circle one) <b>YES</b> <b>NO</b></p> <p>If yes and the form is complete, the child may be claimed as free. If no, you must categorize by income.</p> <p>TOTAL HOUSEHOLD SIZE: _____ TOTAL MONTHLY INCOME, ALL SOURCES: \$ _____</p> <p>SIGNATURE OF STAFF CATEGORIZING FORM: _____ DATE CATEGORIZED: _____</p>	<p><b>CHECK ONE:</b></p> <p>APPROVED FREE <input type="checkbox"/></p> <p>APPROVED REDUCED <input type="checkbox"/></p> <p>NOT ELIGIBLE(PAID) <input type="checkbox"/></p>
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# HOUSEHOLD LETTER

## Dear Parent or Guardian:

Our child care center must provide a copy of this letter with the Income Eligibility Application for Free and Reduced Price Meals. It explains how your family can apply for free or reduced price meals and learn more about receiving free medical benefits. The completion of the Income Eligibility Application is optional. To apply for free and reduced price meals, complete the application on the reverse side using the instructions for your type of household. An application must contain complete information to be considered for free or reduced price meals. Once completed, you must report to your child's center any changes in your income of \$50 per month or \$600 per year, any change in your household size and any termination of your child's certification to receive food stamps or OWF benefit. During periods of unemployment, your child(ren) is eligible for meal reimbursement provided the loss of income during this time causes the family to be within eligibility standards for meals.

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### PART 1 - CHILD INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART.

- Print the name of the child(ren) enrolled at the child care center. Children from the same household (except foster children) may be listed on the same application.
- List their age and birthday.

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### PART 2 - HOUSEHOLDS GETTING FOOD STAMPS OR OWF: COMPLETE THIS PART AND PART 5 - If a child is a member of a food stamp or OWF household, the child is automatically eligible to receive free CACFP benefits subject to application completion.

- List a current food stamp or OWF case number for each child. This will be a 10 or 12-digit number.
- Sign the application in PART 5. An adult household member must sign.

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### SKIP PART 3 - Do not list names of household members or income if you list a food stamp or OWF case number for each child.

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### PART 3 - ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 5

- Write the names of all household members including yourself and the child(ren) that attends the child care center, whether they receive income or not. A household is defined as a group of related or unrelated individuals who are living as one economic unit that share housing and/or significant income and expenses of its members. Attach another piece of paper if you need more space to list all household members.
- Income is any money received on a recurring basis, including gross earned income. Write the amount of income each household member received the previous month, before taxes or anything else is taken out, in the appropriate column. If any amount during the previous month was more or less than usual, write that person's usual monthly income. To figure monthly income: weekly income x 4.33, income paid every 2 weeks x 2.15, income paid twice a month x 2. Examples of household sources of income may include: Earnings from work such as wages, salaries, tips, strike benefits, unemployment compensation, worker's compensation, net income from self-owned business or farm; welfare, public assistance, child support payments, and alimony; pensions, retirement income, social security, veteran's payments, or supplemental security income; other income such as disability benefits, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, regular contributions from persons not living in the household, net royalties/annuities, net rental income, or other income.
- An adult household member must sign the application and give his/her social security number(SS#) or indicate that they do not have a SS# in PART 5.

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### PART 4 - HOUSEHOLDS WITH A FOSTER CHILD: COMPLETE THIS PART AND PART 5 - In certain cases foster children are eligible for free or reduced price meals regardless of the income of such household with whom they reside. If you wish to apply for such benefits for a foster child living with you, complete the application as if for a family of one since a foster child is the legal responsibility of a welfare agency or court. Complete a separate application for each foster child.

- List the foster child's monthly "personal use" income. Write "0" if the foster child does not receive "personal use" income.
- An adult member of the foster home must sign the application in PART 5.
- A social security number is not needed for the foster child's application. "Personal use" income is: (1) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (2) all other money the child receives, such as money from his/her family and money from the child's full-time or regular part-time jobs.

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### PART 5 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART

- All applications must have the signature of an adult household member.
- An application that lists monthly income must have the social security number of the adult who signs. If the adult does not have a social security number, write "none" or something else to show that the adult does not have a social security number. If you listed a food stamp or OWF number for each child or if you are applying for a foster child, a social security number is not needed.

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### PART 6 - RACIAL/ETHNIC IDENTITY

Complete the racial/ethnic identity question if you wish. You are not required to answer this question to be eligible to get free or reduced price meals. This information is collected to make sure that everyone is treated fairly and will be kept confidential. No child will be discriminated against because of race, color, national origin, gender, age or disability.

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### HEALTHY START & HEALTHY FAMILIES

Families with children eligible for free or reduced price meals may be eligible for FREE health care coverage through Ohio's Healthy Start & Healthy Families programs. These programs include coverage for doctor visits, immunizations, physicals, prescriptions, dental, vision, mental health, substance abuse and more. Please call **1-800-324-8680** for more information or to request an application. Information can also be found on the web at [www.state.oh.us/odjfs/ohp/bcps/hshf/index.stm](http://www.state.oh.us/odjfs/ohp/bcps/hshf/index.stm). \* Note: If you have an Ohio Medicaid Card, you are already getting these services.

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**NON-DISCRIMINATION STATEMENT:** "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, gender, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

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### REDUCED INCOME ELIGIBILITY GUIDELINES

Guidelines to be effective from July 1, 2005 through June 30, 2006

Households with incomes less than or equal to the reduced price values below are eligible for free meal benefits.

HOUSEHOLD SIZE	YEAR	MONTH	WEEK
1	17,705	1,476	341
2	23,736	1,978	457
3	29,767	2,481	573
4	35,798	2,984	689
5	41,829	3,486	805
6	47,860	3,989	921
7	53,891	4,491	1,037
8	59,922	4,994	1,153
For each additional household member add:	6,031	503	116