

**CENTER ELIGIBILITY APPLICATION**  
 CHILD CARE FOOD PROGRAM  
 (INSTRUCTIONS ON BACK)

**PART 1 FOR ALL HOUSEHOLDS: LIST ONLY ONE FOSTER CHILD PER APPLICATION FORM**

Mark (X) Box  
 If Foster Child

Participant's Last Name	First	M.I.	Age: _____	Birth date: _____	<input type="checkbox"/>
Participant's Last Name	First	M.I.	Age: _____	Birth date: _____	
Participant's Last Name	First	M.I.	Age: _____	Birth date: _____	
Participant's Last Name	First	M.I.	Age: _____	Birth date: _____	

**PART 2A FOR HOUSEHOLDS RECEIVING FOOD STAMPS, CalWORKs, FDPIR, or Kin-GAP BENEFITS: Complete Part 2A and Part 3. DO NOT COMPLETE PART 2B.**

Food stamp case number: \_\_\_\_\_ CalWORKs identification number: \_\_\_\_\_  
 FDPIR identification number: \_\_\_\_\_ Kin-GAP identification number: \_\_\_\_\_

**PART 2B ALL OTHER HOUSEHOLDS: If you did not complete Part 2A, complete Part 2B and Part 3.**

Current Income/Monthly (Monthly Income Conversion: Weekly X 4.33, Every 2 Weeks X 2.15, Twice A Month X 2)				
Names of All Household Members <small>(Do not include children listed above.)</small>	Job 1 - Earnings from Work <small>(See Back Page)</small>	Welfare, Child Support, Alimony	Payments from Pensions, Retirement, *Social Security	Earnings from 2 <sup>nd</sup> Job or any Other Income
	Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$
5	\$	\$	\$	\$
6	\$	\$	\$	\$

**PART 2C FOSTER CHILD: Complete Part 2C and Part 3. LIST ONLY ONE FOSTER CHILD PER APPLICATION FORM (NSD 3101)**  
 Foster child's total monthly income: \$ \_\_\_\_\_

**PART 3 SIGNATURE: An adult household member must sign the statement before it can be approved.**

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the food stamp, CalWORKs, FDPIR, or Kin-GAP 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.

Signature of adult: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 If NO Social Security Number, check box   
 Printed name of adult: \_\_\_\_\_ Date signed: \_\_\_\_\_

Home address \_\_\_\_\_ Zip code \_\_\_\_\_ Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_

**PART 4 RACIAL IDENTITY (Identification of children is voluntary):**

American Indian or  Alaska Native    Asian     Black     Native Hawaiian or other Pacific Islander     White

**ETHNIC IDENTITY**

Mark (X) box if this participant is Hispanic or Latino

**CERTIFICATION**

**PART 5 FOR SPONSOR USE ONLY: Monthly Income Conversion**  
 Weekly X 4.33    Every 2 Weeks X 2.15    Twice A Month X 2 (Not if annual income)

Total household income: \_\_\_\_\_ Household size: \_\_\_\_\_

Eligibility Category: Free: \_\_\_\_\_ Reduced-Price: \_\_\_\_\_ Base: \_\_\_\_\_

Sponsor Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Recertification Date:** \_\_\_\_\_ Free: \_\_\_\_\_ Reduced-Price: \_\_\_\_\_ Base: \_\_\_\_\_

Recertify only with the issuance of a new eligibility scale or with the reporting of updated eligibility information. Applications are valid for 12 months from the original certification date, not the new recertify date.

## **ELIGIBILITY APPLICATION INSTRUCTIONS**

Please complete the *Child Care Food Program Center Eligibility Application* using the instructions below. Sign the application and return it to the sponsoring organization. Call the sponsor if you need help:

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### **PART I - PARTICIPANT'S INFORMATION: ALL HOUSEHOLDS TO COMPLETE THIS PART.**

Print the names of children enrolled in the center. (Check box if a foster child. List only one foster child per form.)

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### **PART 2A - HOUSEHOLDS RECEIVING FOOD STAMPS, CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY FOR KIDS (CalWORKs), KINSHIP GUARDIAN ASSISTANCE PAYMENTS PROGRAM (Kin-GAP) OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) BENEFITS: COMPLETE PART 2A & PART 3.**

- (1) List your current food stamp case number or your CalWORKs or FDPIR identification number for the participant. Do not complete Part 2B.
- (2) An adult household member must sign the statement in Part 3.

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### **PART 2B - ALL OTHER HOUSEHOLDS: COMPLETE PART 2B AND PART 3.**

- (1) Write the names of everyone in your household.
- (2) Write the amount of income (before taxes or anything else is taken out), received last month for each household member, and where it came from, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount last month was more or less than usual, write that person's usual income.
- (3) Parent/guardian or another adult household member must sign and give his/her social security number in Part 3.

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### **PART 2C - FOSTER CHILD: COMPLETE PART 2C AND PART 3 FOR EACH FOSTER CHILD LIVING IN YOUR HOME AND ENROLLED FOR CARE.**

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### **PART 3 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.**

- (1) All Center Eligibility Applications must have the signature of an adult household member.
- (2) The adult household member who signs the statement must include his/her social security number. If he/she does not have a social security number, check box "none." If you listed a food stamp, CalWORKs, FDPIR, or Kin-GAP number or if the application is for a foster child, a social security number is not needed.

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\*Section 9 of the National School Lunch Act requires that, unless the participant's Food Stamp, CalWORKS, FDPIR, or Kin-GAP information is provided, you must include the social security number of the adult household member signing the application or an indication that the household member signing the application does not have 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 application does not have such 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, benefits, contacting the State's Employment Development Department offices 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 actions if incorrect information is reported."

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### **PART 4 - RACIAL/ETHNIC IDENTITY: IDENTIFICATION OF CHILDREN IS VOLUNTARY.**

You are not required to complete this section to receive meal benefits. However, this information will help ensure that every person is fairly treated.

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### **PART 5 - FOR SPONSOR USE ONLY: It is the sponsor's responsibility to complete Part 5.**

**NOTE - UPDATING THE FORM:** You must update the form if any family member becomes unemployed, whenever household income increases by \$50.00 per month, \$600.00 per year or more, when the number of household members decreases, or when Food Stamp, CalWORKs, FDPIR, or Kin-GAP benefits are terminated.

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## **INCOME TO REPORT**

### Earnings from Employment

Wages/salaries/tip, Strike benefits, Unemployment compensation, Worker's compensation, Net income from self-owned business, day care, farm, or other

### Welfare/Child Support/Alimony

Public assistance payments, Welfare payments, Alimony/child support payments

### Foster Child's Income

ONLY funds from welfare agency identified by category for personal use of child (clothing, school fees, etc.), funds from child's family for personal use and earning from other than occasional or part-time employment. DO NOT COUNT funds from welfare agency for shelter, care, etc.

### Pensions/Retirement/Social Security

Pensions, Retirement income, Veteran's payments, Social Security, \*Supplemental Security Income (\$10.00 may be deducted from SSI check amounts as the Food Stamp equivalency).

### Military Households

All cash income, including military housing/uniform allowances. Does not include "in-kind" benefits NOT paid in cash (Base housing, clothing, food, medical care, etc.)

### Other Income

Disability benefits, Cash withdrawn from savings, Interest/Dividends, Income from trusts/investments, Regular contributions from persons not living in household, Net royalties/annuities/net rental income, or any other income.