

MEAL BENEFIT FORM FOR CHILDREN
PROGRAM YEAR 2019-2020

Name of Child Care Center: LA AIR FORCE BASE CHILD DEVELOPMENT CENTER

Please read the instructions. If you need help completing this form, call: 310-653-6800

Complete, sign, and return form to: CHILD DEVELOPMENT CENTER FRONT DESK

1. CHILD INFORMATION

List names of all children enrolled for care.

Last Name	First Name	Middle Initial	Foster Child?*

*If all children listed are foster children, go to Section 4.

2. BENEFITS

If you are receiving CalFresh, California Work Opportunity and Responsibility to Kids (CaWORKs), or Food Distribution Program on Indian Reservations (FDPIR) benefits for your child, list the case number and **do not** complete Section 3. Go to Section 4.

Program	Case Number
CalFresh	
CaWORKs	
FDPIR	

3. ALL OTHER HOUSEHOLDS

Complete this section if you did not complete Section 2. List all household members including children enrolled for care. List total household gross income and how often it is received (e.g., weekly, every two weeks, twice a month, monthly, or annually).

Check here if this household receives no income. _____ Go to Section 4.

Applicants without income are requested to write a **zero** in the applicable field or mark **no income**. Any income field left blank is a positive indication of no income and certifies that there is no income to report. Applications with blank income fields will be processed as complete.

Names of all household members, including child(ren) listed above	Earnings from work before deductions	Child support, alimony	Payments from pensions, retirement, Social Security	Earnings from any other income
Example: Janet Smith	\$200/weekly	\$150/twice a month	\$100/monthly	\$0

4. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SSN) AND SIGNATURE

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the CalFresh, CalWORKs, FDPIR, or other eligible program case number is current, correct, or that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on the meal benefit form (MBF) and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Printed Name: _____
Last Four Digits of SSN: _____ **No SSN:** _____
Signature of Parent or Guardian: _____
Date: _____

PRIVACY ACT STATEMENT

The Richard B. Russel National School Lunch Act (NSLA) requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the SSN of the adult household member who signs the application. The last four digits of the SSN are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP, or CalFresh), Temporary Assistance for Needy Families (TANF, or CalWORKs), Program or FDPIR case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a SSN. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for the administration and enforcement of the program.

The last four digits of the SSN may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits and investigations, and may include contacting employers to determine income, contacting a CalFresh, CalWORKs, or FDPIR office to determine current certification for CalFresh, CalWORKs, 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. The last four digits of the SSN may also be disclosed to programs as authorized under the NSLA and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain federal, state, and local education, and health and nutrition programs.

5. RACIAL/ETHNIC IDENTITY

You are not required to answer these questions. If you choose to do so, please mark one or more of the following racial identities:

- American Indian or Alaskan Native _____
- Asian _____
- Black or African American _____
- Native Hawaiian or Other Pacific Islander _____
- White _____

Please mark one of the following ethnic identities:

- Hispanic or Latino _____
- Not Hispanic or Latino _____

FOR AGENCY USE ONLY

CATEGORICAL ELIGIBILITY

CalFresh/CalWORKS/FDPIR household categorically eligible? Yes _____ No _____
Foster child automatically eligible free? Yes _____ No _____

INCOME ELIGIBILITY

Annual Conversion (required if household reports various pay frequencies in Section 3):
weekly times (x) 52, every 2 weeks x 26, twice a month x 24, monthly x 12
Total Household Income and Frequency: \$ _____ per _____
Household Size _____

ELIGIBILITY CLASSIFICATION

Eligibility Classification: Free _____ Reduced-price _____ Base _____
Determining Official Name: _____
Determining Official Signature: _____ Date: _____

HOW TO COMPLETE THE MEAL BENEFIT FORM

1. CHILD INFORMATION:

- a. Print your child's name.
- b. Indicate **yes** to the right of child's name if a foster child.

2. BENEFITS: Complete this section, then skip to Section 4 and sign the form.

- a. List your current CalFresh, CalWORKs, or FDPIR case number(s) for your child(ren).
- b. Sign the form in Section 4. An adult household member must sign. You do not have to list an SSN.

3. ALL OTHER HOUSEHOLDS: Complete this section only if you do not have a case number.

- a. Complete this section and sign the form in Section 4. Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child you are applying for, and all other household members. If your household includes any foster children formally placed by a state child welfare agency or a court, you may choose to include the child(ren) in this list.
- b. Write the amount of income each person received last month before taxes or anything else was taken out **and** where it came from, such as earnings, pensions, and other income (see examples below for types of income to report). **If you have chosen to include any foster children in your care, only the personal use income is to be listed. Foster payments you receive from the placing agency for the care of the child do not need to be reported.** Each income amount should be entered in the appropriate column on the form. If any amount **last month** was more or less than usual, write that person's usual monthly income.
- c. If anyone is self-employed, write the amount of income that person earns from self-employment. Please call the number listed at the top of the form if you need help.
- d. Sign the form and include the last four digits of your SSN in Section 4. If you do not have an SSN, place a checkmark next to **No SSN**.

4. LAST FOUR DIGITS OF SSN AND SIGNATURE:

- a. The form must have a signature of an adult household member.
- b. The adult household member who signs the statement must include the last four digits of his or her SSN. If they do not have an SSN, they will place a checkmark next to the **No SSN** line.

- c. The last four digits of the adult household member's SSN is not needed if a CalFresh, CalWORKs, or FDPIR case number is provided.

5. RACIAL/ETHNIC IDENTITY: You are not required to answer this question to get meal benefits, but completion of this information will help ensure that everyone is treated fairly.

INCOME TO REPORT

Earnings from Work

- Wages, salaries, or tips
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-employment

Child Support or Alimony

- Public assistance payments
- Alimony or child support payments

Pensions, Retirement, or Social Security

- Pensions
- Supplemental security income
- Retirement income
- Veteran's payments
- Social Security

Other Monthly Income

- Disability benefits
- Cash withdrawn from savings
- Interest dividends
- Income from estates, trusts, or investments
- Regular contributions from persons not living in the household
- Net royalties, annuities, or net rental income
- Military allowance for off-base housing
- Any other income

DESCRIPTION OF RACIAL AND ETHNIC CATEGORIES

The federal government has established the following five racial categories and one ethnic category:

RACE

American Indian or Alaska Native—A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.

Black or African American—A person having origins in any of the black racial groups of Africa. Terms such as **Haitian** or **Negro** can be used in addition to **Black or African American**.

Native Hawaiian or Other Pacific Islander—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

ETHNICITY

Hispanic or Latino—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term **Spanish origin** can be used in addition to **Hispanic or Latino**.

Not Hispanic or Latino

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

1. Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
2. Fax: 202-690-7442
3. Email: program.intake@usda.gov

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