



## INFANT AND CHILD INCOME ELIGIBILITY APPLICATION

INSTITUTION NAME: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_ AGREEMENT#: \_\_\_\_\_

1. PARTICIPANT'S NAME & DATE OF BIRTH:

First Name Last Name Date of Birth First Name Last Name Date of Birth

2. SNAP, TANF or FDPIR case number:

SNAP # \_\_\_\_\_ TANF#: \_\_\_\_\_ FDPIR # \_\_\_\_\_

If you have provided the case number; DO NOT complete #3 and #4. Skip to complete #5 and #6.

3. Is this application for a:

Foster Infant/Child?  Yes  No Homeless Infant/Child?  Yes  No Infant/Child from a migrant family?  Yes  No

4. HOUSEHOLD MEMBERS MONTHLY INCOME:

Names of All Other Household Members	Monthly Wages / Salaries	Monthly Social Security	Monthly Public Assistance / Child Support	Monthly Retirement Pensions	Other Monthly Income
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

5. ETHNIC IDENTITY: (Check one).  Hispanic or Latino  Not Hispanic or Latino

RACE (Check one or more):  White  Black or African American  American Indian or Alaskan Native  Asian  Native Hawaiian or Other Pacific Islander

6. **SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:** I certify that all of the above information is true and correct; that the application is being made in connection with the receipt of federal funds, that Program officials may verify the information on the application; and that deliberate misrepresentation of any of the information on the application may subject me to prosecution under applicable State and Federal criminal statutes.

Signature of Adult Household Member (Required) \_\_\_\_\_ Date \_\_\_\_\_ Check if no SSN   
 Last Four Digits of Social Security Number (Required if qualifying by income)

Printed Name \_\_\_\_\_ Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**To be completed by Institution/Sponsor**

TOTAL HOUSEHOLD SIZE \_\_\_\_\_ TOTAL HOUSEHOLD MONTHLY INCOME \$ \_\_\_\_\_

Approved:  Free  Reduced-Price  Denied  
 Reason for denial:  Income too high  Incomplete application  Other: \_\_\_\_\_  
 Withdrew on (Date): \_\_\_\_\_

**For state use only:**  
 Verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Verified classification:  
 Free  Reduced-Price  Denied  
 Reason for classification change: \_\_\_\_\_

Signature of Eligibility Official (Individual at the Institution Level) – Required \_\_\_\_\_ Date – Required \_\_\_\_\_