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 bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

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

Notation: (SNAP) *Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)*

***Child Care Centers**: To apply for **FREE** meals - If you are receiving benefits under Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) fill in your child's name, date of birth, age, the SNAP Case number or FDPIR case number and sign the form. DO NOT completes other Household Members or income information.

****Adult Day Care:** To apply for **FREE** meals - If enrolled participant household is recipient of Supplemental Nutrition Assistance Program (SNAP) or receives Supplemental Security Income (SSI) or Medicaid (MED), complete name, DOB, age, SNAP, 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:*	If foster Child Check here	Date of Birth:	Age	**Child Care Centers Only-check a box* ☐SNAP ☐FDPIR	***Adult Care Centers Only-* check a box ☐SNAP ☐FDPIR ☐SSI ☐MED
		/ /		*Case Number:	**Case Number:
		/ /			
		/ /			
		/ /			

Foster Child (complete if a foster child is enrolling for care)

☐ Check this box if this application includes 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 the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to

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

Privacy Act Statement: This explains how we will use the information you give us. 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 the participant 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 social security number is not required when you apply on behalf of a foster child or If the household is currently receiving benefits under the Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) and your child is enrolled in a child care center or receiving benefits under the Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Medicaid or Food Distribution Program on Indian Reservations (FDPIR) and an adult in your home is enrolled in an adult day care center. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

FOR SPONSOR USE ONLY

☐ **Child Day Care Center:**

☐ **Adult Day Care Center:** ☐ Approved Free ☐ Approved Reduced ☐ Paid

_____ _____ _____ _____

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

WHITE-Sponsor; Make Copy-Parent