

JULY 2006 – JUNE 2007 FAMILY APPLICATION~CHILD AND ADULT CARE FOOD PROGRAM

PART I **Child Care Provider:** _____
Child's Name(s): (FIRST AND LAST)

PART 2A-IF YOUR HOUSEHOLD CURRENTLY RECEIVES BENEFITS FROM ONE OR MORE ELIGIBLE PROGRAMS listed on the back, complete this part and sign the statement in Part 3. Do not complete Part 2C.

Program Name	Identification Number
_____	_____
_____	_____

PART 2B - FOSTER CHILD: Complete this Part and Part 3. If a foster child is listed in Part 1, check here [] and write the child's personal use income and how often it is received \$ _____ / _____ (List 0 if the child has no personal use income)

PART 2C - ALL OTHER HOUSEHOLDS: If you did not complete Part 2A, complete this Part and Part 3. List all household members and monthly income for each person who received it. List each amount under the correct column. Continue on the back if necessary.

Names of All Household Members (exclude foster children)	Check PFD*	Earnings from Work (Before Deductions) include all jobs	Child Support, Alimony, Unemployment, Welfare	Pension, Retirement, Social Security payments	Net Income from Self Employment	All other Income
1.		\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$
5.		\$	\$	\$	\$	\$

*The Alaska Permanent Fund Dividend must be checked for each family member who received the most current check. Include everyone who was approved for a PFD, even if all or part of the check was garnished by a government agency. The application will be considered incomplete if this information is missing.

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 eligible program 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 household member Social Security number Home phone number Work phone number

 Printed name of adult Date Signed Mailing address - city, state, zip code

Section 9 of the National School Lunch Act requires that, unless the participant's food stamp, ATAP number is provided, the social security number of the household member signing the statement must be provided or an indication that the household member signing the statement does not possess a social security number. Provision of a social security number is no mandatory, but if a social security number is not provided or an indication is not made that the adult house hold member signing the statement does not have one, the statement 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 statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting eligible program offices to determine current certification for receipt of food stamps or ATAP 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.

PART 4 - Racial / Ethnic Identity: You are not required to answer this question.
 _____ White, not of Hispanic Origin _____ Black, not of Hispanic Origin _____ Hispanic _____ Asian/Pacific Islander _____ American Indian / Alaska Native

Part 2B - continued

Names of All Household Members (exclude foster children)	Check PFD*	Earnings from Work (Before Deductions) include all jobs	Welfare child support, alimony unemployment	Pension, retirement, Social Security payments	Net Income from Self Employment	All other Income
6.		\$	\$	\$	\$	\$
7.		\$	\$	\$	\$	\$
8.		\$	\$	\$	\$	\$
9.		\$	\$	\$	\$	\$
10.		\$	\$	\$	\$	\$

PART 2A

If your household receives benefits from one or more of the following programs, please list the program in Part 2A of the Family Application (on the reverse side). If the program does not list identifying case numbers, list n/a.

- **National School Lunch Program** - one or more children in your household receive free or reduced price meals at school.
- State or federal **Child Care Assistance** programs at many income levels. Your provider will submit a copy of the authorization and his/her sponsor will determine eligibility based on your family size.
- **Head Start** - one or more children in your household are income eligible for the Head Start Program. List the name of the Head Start Program and provide documentation from the Head Start program.
- The federal **Food Stamp Program**. Must list case number.
- **Alaska Temporary Assistance Program** (formerly AFDC). Must list case number.
- **Temporary Assistance for Needy Families** (TANF). Must list case number.

PART 2B

CACFP regulations define foster children as a family of one. The income received for their care is not counted as part of your family income nor is the foster child counted in your family size. The only income counted is income received by the child for personal use. Please identify the child in PART 1 and list his /her income in PART 2B.

FOR SPONSOR USE ONLY:		Categorically eligible	[]Yes	[]No	Eligibility dates: _____	to _____
		Income eligible	[]Yes	[]No	Eligibility dates: _____	to _____
Family size _____	Income _____	PFD's _____	TOTAL INCOME \$ _____ per _____			
Notes:						

Signature of sponsor _____				Date _____		