MEAL BENEFIT FORM FOR PARENTS (TIER II HOMES)

Complete, sign, and return this form to the day care home (DCH) sponsor listed below or your child care provider. See cover letter to give permission.

If you need assistance completing this form, call: Juanita Royal (916) 344-6259 Ext. 321

Name of DCH provider:

Part 1—Children's Information: Enter the name(s) of all children from your household enrolled in your care.

Last Name	First Name	Birthdate	Foster Child *	NSLP, HS, ES, EvS**
			☐	☐
			☐	☐
			☐	☐
			☐	☐

*If the foster child receives personal-use income, please enter the amount and the frequency it is received in the last column in Part 3.

**If any child in your household participates in Head Start (HS), Early Start (ES) or Even Start Programs (EvS) or is receiving free or reduced-price meals in the National School Lunch Program (NSLP), indicate above.

Part 2—Categorical Eligibility (Household): If anyone in your household receives CalFresh (formerly Food Stamps), California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR), enter that person's name below, check the appropriate program box and enter the program case number.

Last Name, First Name	Check One	Case Number
	☐ CalFresh ☐ CalWORKs ☐ FDPIR	

Part 3—Income Eligibility (Not required if you reported qualifying program in Part 2.)

☐ Check this box if no one in the household receives income.

Household Members' Names (List **all** household members not listed in Part 1. If you have foster children in your care, list personal-use income of the foster child.)	**List Gross Income** and how often it was received (e.g., weekly, every two weeks, twice a month, monthly, or annually)***			
	Earnings from Work Before Deductions	Alimony, Child Support	Retirement, Pensions, Social Security	All Other Income (include foster child's personal-use income here)
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$

Enter the total number of household members
(Children listed in Part 1 plus other household members listed in Part 3): _____ (Go to Part 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.

Part 4—Signature and Certification		
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, and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.		
Printed Name of Adult: Signature of Adult:		Date:
Last four digits of Social Security Number (SSN):		☐ I do not have an SSN
Address:	City/State/Zip Code:	Daytime Phone Number:

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 an 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.

Part 5—Racial/Ethnic Identity (Optional)			
Ethnicity:	☐ Hispanic or Latino	☐ Not Hispanic or Latino	
Race (select one or more):	☐ American Indian or Alaska Native	☐ Asian	☐ Black or African American
	☐ Native Hawaiian or Other Pacific Islander		☐ White

U.S. DEPARTMENT OF AGRICULTURE NONDISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.
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) E-mail: program.intake@usda.gov

This institution is an equal opportunity provider.

DCH Use Only	
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12	
Enter **Total Gross Income** below, and check the frequency it is received: $ _____ ☐ Weekly ☐ Every two Weeks ☐ Twice a Month ☐ Monthly ☐ Annually	
Categorical Eligibility: ☐ CalFresh ☐ CalWORKs ☐ FDPIR ☐ Foster Child ☐ National School Lunch Program ☐ Head Start ☐ Early Start ☐ Even Start	
Child(ren) eligible for ☐ Tier II High (Reimbursed at Tier I rate) ☐ Tier II Low (Reimbursed at Tier II rate)	
Printed Name:	Certification Date:
Signature: *This form must be signed and dated by the agency's official*	

INSTRUCTIONS FOR COMPLETING THE MEAL BENEFITS FORM FOR PARENTS (TIER II HOMES)

If you need help, please call: Juanita Royal (916) 344-6259 Ext. 321

Name of DCH Provider

a) Print your name.

Part 1—Children's Information

a) Print the name(s) of your child(ren) enrolled in care and their birthdate(s).

b) If your child is a foster child, check the box to the right of the child's birthdate in the column marked **Foster Child**.

c) If your child(ren) participate(s) in HS, ES, or EvS; or receive(s) free or reduced-price meals in the National School Lunch Program, check the appropriate box in the column marked **HS/ES/EvS/NSLP**. These children qualify for Tier I reimbursement. It does not qualify the provider as a Tier I home.

Part 2—Categorical Eligibility (Household): If anyone in your household receives CalFresh (formerly Food Stamps), CalWORKs, or FDPIR, complete Part 2, and sign the form in Part 4. Do not complete Part 3.

a) Print the benefit recipient's name. Only one benefit recipient is needed.

b) Check the box corresponding with the program that qualifies the household for higher reimbursement.

c) Write the CalFresh, CalWORKs, or FDPIR case number.

d) Skip Part 3. Complete Part 4. Part 5 is optional.

All children in the household are categorically eligible for Tier I reimbursement if any member of the household receives CalFresh, CalWORKs, or FDPIR benefits.

Part 3—Income Eligibility: Complete this section if you do not receive benefits listed in Part 2.

a) Print the names of all household members not listed in Part 1. Do not list the children in care. Include household members even if they do not have income. Include yourself, your spouse, or your significant other, and all other household members such as your grandmother, etc. if they are part of your household.

b) Write the amount of income each person receives before taxes or any other deductions were made, and how often it was received. If no income, indicate no income. Each income amount should be entered in the appropriate column on the form. If you have foster children in your care and are completing this section to qualify other children for higher reimbursement, list any personal-use income of the foster child. Foster payments you receive from the placing agency for the care of the child do not need to be reported.

c) If anyone is self-employed, write the amount of income that person earns from self-employment. Call the number listed at the top of the form if you need assistance.

d) If your household currently has no income, check the box marked, Check here if no household income.

e) Enter the total number of household members. Count the children in Part 1 and the household members in Part 3.

f) Go to Part 4.

INCOME TO REPORT		
Earnings from Work: • Wages/salaries/tips • Strike benefits • Unemployment compensation • Worker's compensation • Net income from self-employment **Child Support/Alimony** • Public assistance payments • Alimony/child support payments	**Pensions/Retirement/Social Security** • Pensions • Supplemental security income • Retirement income • Veteran's payment • Social Security	**Other Monthly Income** • Disability benefits • Cash withdrawn from savings • Interest dividends • Income from estates/trusts/investments • Regular contributions from persons not living in the household • Net royalties/annuities/net rental income • Military allowance for off-base housing • Any other income

Part 4—Signature and Certification

a) Print the name of the household member signing this form.

b) The form must have the signature of an adult household member.

c) The adult household member who signs the statement must include the last four digits of their SSN. If they do not have an SSN, check the **I do not have an SSN** box. An SSN is not needed if you listed a CalFresh, CalWORKs, or FDPIR case number.

Part 5—Racial/Ethnic Identity: You are not required to answer this question to get meal benefits, but completion of this information will assist with the fair and equitable treatment of all participants.

a) Ethnicity:

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

p 2) Not Hispanic or Latino.

b) Race: Select one or more.

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

2) 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.

3) 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**.

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

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