

CHILD ENROLLMENT FORM/INCOME APPLICATION

1. Participant Information: (To be completed by Parent/Guardian)							If your participant receives assistance from the items below, they are automatically eligible for free meals. (Please complete and skip to section 3.)		
If a child is a SNAP/K-TAP recipient or a Kinship/Foster/Head Start participant, the child is automatically eligible to receive free Program meal benefits, subject to the requirements of 7 CFR 226.23.									
Participant's Last Name	Participant's First Name	Date of Birth	Normal Typical Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)	Snap or K-TAP #	Kinship	Foster	
			-	M T W Th F Sa Su	B AM L PM S LN		<input type="checkbox"/>	<input type="checkbox"/>	
			-	M T W Th F Sa Su	B AM L PM S LN		<input type="checkbox"/>	<input type="checkbox"/>	
			-	M T W Th F Sa Su	B AM L PM S LN		<input type="checkbox"/>	<input type="checkbox"/>	
			-	M T W Th F Sa Su	B AM L PM S LN		<input type="checkbox"/>	<input type="checkbox"/>	
			-	M T W Th F Sa Su	B AM L PM S LN		<input type="checkbox"/>	<input type="checkbox"/>	

***Parent/Guardian works multiple shifts and participants may be in care different days/hours ____yes ____no**

2. Income Application Household Members and Monthly Income:				
NAMES OF HOUSEHOLD MEMBERS Including Children Not Listed Above Last, First	GROSS MONTHLY Income From Work (Before Deductions)	MONTHLY Income From Welfare Payments, Child Support, Alimony	MONTHLY Income From Pensions, Retirement, Social Security, Unemployment Compensation	Any Other MONTHLY Income Including Money Received from Kinship/Foster Child
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$

3. Signature and Social Security Number:		
I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.		
X _____ Signature of Adult Household Member	_____	
X _____ Last four digits Social Security Number*	<input type="checkbox"/> No Social Security Number	X _____ Date

FOR SPONSOR USE ONLY. DO NOT WRITE BELOW THIS LINE.

Application approved for: <input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced Price Meals <input type="checkbox"/> Paid	<input type="checkbox"/> SNAP/KTAP <input type="checkbox"/> Foster/Kinship <input type="checkbox"/> Income Household Total Household Monthly Income _____ Household Size _____	_____ Signature of Determining Official _____ Date
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*7 CFR 226.15 (e)(2) "USDA is an equal opportunity provider and employer."
 "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 last four digits of the Social Security Number are not required when you apply on behalf of a foster 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 the participant 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 the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program."

**INCOME ELIGIBILITY GUIDELINES
 For Child Care Centers
 (FOR INTERNAL/OFFICE USE ONLY)**

INCOME ELIGIBILITY SCALE

The eligibility scale is for determining participating children's eligibility category for federal meal reimbursement if they are not recipients of SNAP (Formerly food stamps) or K-TAP. Participants from households with total gross incomes at or below the following levels may be eligible for free or reduced-price reimbursement rates.

Income Guidelines for Free/Reduced Price Meals Effective July 1, 2016-June 30, 2017				
Household Size	Free Meals		Reduced Price Meals	
	<i>Monthly</i>	<i>Yearly</i>	<i>Monthly</i>	<i>Yearly</i>
1	\$1,287	\$15,444	\$1,832	\$21,978
2	\$1,736	\$20,826	\$2,470	\$29,637
3	\$2,184	\$26,208	\$3,108	\$37,296
4	\$2,633	\$31,590	\$3,747	\$44,955
5	\$3,081	\$36,972	\$4,385	\$52,614
6	\$3,530	\$42,354	\$5,023	\$60,273
7	\$3,980	\$47,749	\$5,663	\$67,951
8	\$4,430	\$53,157	\$6,304	\$75,647
For each additional family member add:	+\$451	+\$5,408	+\$642	+\$7,696

* The term "household" means a group of related or unrelated individuals who are not residents of an institution or boarding house but who are living as one economic unit, sharing housing and all significant income and expenses.

Note: Children that are recipients of the following programs are automatically eligible for the free reimbursement rate:

- SNAP (formerly known as Food Stamps)
- Kentucky Transitional Assistance Program (K-TAP)
- Foster Care Program
- Head Start or Even Start
- Kinship