

This Center Participates In The Child and Adult Care Food Program: Site Number: 862

Scan To ShareFile or Scan to enroll@ cnpinc.org

Center Name: Overhills Child Development Center

First Name Include Nicknames	Last Name	Date of Birth	Normal Drop Off And Pick Up Times		Indicate Child's Normal Days of Care	Indicate Normal Meals Child Receives Daily ¹
			Drop Off :	Pick Up :	M TU W TH F S SU	B AM LU PM SU EVE
			Drop Off :	Pick Up :	M TU W TH F S SU	B AM LU PM SU EVE
			Drop Off :	Pick Up :	M TU W TH F S SU	B AM LU PM SU EVE
			Drop Off :	Pick Up :	M TU W TH F S SU	B AM LU PM SU EVE

¹ B=Breakfast AM= Morning Snack LU= Lunch PM= Afternoon Snack SU=Supper EVE=Evening Snack**Check One Ethnicity Below:**Hispanic ☐Non-Hispanic ☐**Check One Or More Race(s) Below:**☐ American Indian Including South or Central America/Alaskan Native☐ Black/African American☐ Asian☐ White☐ Native Hawaiian/Other Pacific Islander

Enter Confidential Eligibility Information In Boxes A, B, or C

Everyone signs in Box D: **Box A** Name any children on this form who are:Enrolled in Head Start: _____Court Appointed Foster Children living with you: _____Homeless Children you are hosting: _____Migrant Children: _____

Up to 15 years of age

Runaway Children: _____**Box B** Enter a case number here if you have one:

SNAP (Food Stamps) # _____

TANF # _____

FDPIR# _____

Box C**ONLY IF** you enter nothing in Boxes A or B **AND** your before-tax household income falls below the guidelines on the back in Box C, enter names and income amounts below for all people in your household **other than the children on this form. Include Yourself!**

Names of household members	Monthly wages	Monthly Social Security Check	Monthly child support or public assistance	Monthly retirement pensions check	Monthly Other Earnings
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

ONLY IF you fill out Box C, enter last 4 digits of your Social Security # XXX-XX-☐☐☐☐ Check if you don't have a SS # ☐**Box D** **EVERYONE** Signs And Dates **HERE**:

Date: _____ Parent/Guardian Signature: _____ Print Name: _____

Street Address: _____ City: _____ Zip: _____

Phone: _____ Alternate Phone: _____

I certify that all of this 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; that Program officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal criminal laws.**Office use only:** Total household size: _____ Total monthly household income \$ _____Approved: Free ☐ Reduced ☐Paid-Reason: Income over guidelines ☐ Incomplete ☐ Other ☐

Signature of Eligibility Official _____ Date ____/____/____

State Use Only:

Verified By: _____

Verified Classification : Free
Reduced
Paid

Reason For Change _____

Child Nutrition Program, Inc. Sponsor 7484

To Centers:

1. Aid parents in filling in name, date of birth, normal hours and days of care and normal meals.
2. *Get this form to our office during a child's first month of enrollment or your reimbursement may be adversely effected.*

Box A

Foster Child, Homeless Child, Migrant Child, or Runaway Child

Indicate if child is a Foster Child, is homeless, runaway, or is a migrant child. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children. Additionally, when a host family applies for free and reduced price meals for their own children, the host family may include the homeless family as household members if the host family provides financial support to the homeless family. In such cases, the host family must also include any income received by the homeless family.

Box B

Income information you give us will in no way reduce your benefits.



Any information you give us concerning income or ethnic and racial identity is confidential and kept securely.

Box C

Check this table to see if your household income falls below these figures. Then, write your income in the table on the front. The Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e. sharing living expenses). The income which you report must be the total gross income, before deductions, received by all members of your household last month (i.e. wages, public assistance, TANF or retirement, etc.).

Household size	Weekly income	Monthly income	Yearly income	Household size	Weekly income	Monthly income	Yearly income
1	\$536	\$2,322	\$27,861	5	\$1,302	\$5,640	\$67,673
2	\$798	\$3,152	\$37,814	6	\$1,493	\$6,469	\$77,626
3	\$919	\$3,981	\$47,767	7	\$1,685	\$7,229	\$87, 579
4	\$1,110	\$4,810	\$57,720	8	\$1,876	\$8,128	\$97,532
				each additional person add:	\$192	\$830	\$9,953

Net Income (before taxes or any other deductions) to report from last month in Box D:

Earnings from Employment <ul style="list-style-type: none"> • Wage/salaries/tips • Strike benefits • Unemployment compensation • Net income from self-owned business or farm • Worker's compensation Public Assistance/Child Support/Alimony <ul style="list-style-type: none"> • Public assistance payments • TANF payments • Alimony/Child support payments 	Pensions/Retirement/Social Security <ul style="list-style-type: none"> Pensions • Supplemental security income • Retirement income • Veteran's payments • Social Security Military Households <ul style="list-style-type: none"> • All cash income, including military housing/uniform allowances. Does not include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.) 	Other Income <ul style="list-style-type: none"> • 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 • Any other income
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To Parents:

We are a Sponsoring Organization for The Child and Adult Care Food Program. This Federal program supplements your Center's nutrition program. The goal of the food program is to support your Center in serving your children healthy meals. If you can supply income information on this form, it will help us all in assuring your children are given high quality meals. We are available to answer any questions you may have. If income changes during the year, you can amend this form any time.

704-375-3938 800-352-1547

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 child for free or reduced price meals. You must include the last four digits of social security number if an adult household member who signs fills out the Household Income Information. The Social Security number is not required when you apply on behalf of a foster child or you list a Food Stamp, Temporary Assistance for Needy Families (TANF) for Food Distribution Program on Indian Reservations (FDPIR) case number for your 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 child is eligible for free or reduced price meals and for administration and enforcement of the Program. If a child is a Head Start participant, the child is automatically eligible to receive Program meal benefits, subject to submission by Head Start officials of a Head Start Statement of income eligibility or income eligibility documentation.