

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
			:	:	M TU W TH F S SU	B AM LU PM SU EVE
			:	:	M TU W TH F S SU	B AM LU PM SU EVE
			:	:	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 # _____ FDIPIR# _____

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: _____ Print email: _____

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 _____