

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 <sup>1</sup>
			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

<sup>1</sup> 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, and/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**

**IF** you enter nothing in Boxes A, B, or C **AND** your before-tax household income falls below the guidelines on the back in Box D, 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 D, enter last 4 digits of your Social Security # XXX-XX- Check if you don't have a SS # ☐



**Box D EVERYONE Signs 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.

<b>Office use only:</b> Total household size: _____ Total monthly household income \$ _____ Approved: Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid-Reason: Income over guidelines <input type="checkbox"/> Incomplete <input type="checkbox"/> Other <input type="checkbox"/> Signature of Eligibility Official _____ Date ____/____/____	<b>State Use Only:</b> Verified By: _____ Verified Classification: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid Reason For Change _____
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