Meal Benefit Form for Children
Program Year _____

Name of Child Care Center: HAPPY MINDS KIDS ACADEMY

Please read the instructions. If you need help completing this form, please call: 949.455.1212

Complete, sign, and return this form to: MS. YVONNE or MS. FASHANA

1. Child Information

List names of all children enrolled for care.

Last Name	First Name	Middle Initial	Foster Child?

If all children listed are foster children, skip to Section 4.

2. Benefits

If you are receiving CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) benefits for your child, list the case number and **do not complete Section 3**. Skip to Section 4.

CalFresh Case Number: _____

CalWORKs Case Number: _____

FDPIR Case Number: _____

3. All Other Households

Complete this section if you did not complete Section 2. List all household members including children enrolled for care. List total household gross income and how often it is received (e.g., weekly, every two weeks, twice a month, monthly, or annually).

☐ Check here if this household receives no income. Skip to Section 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.

Names of all household members, including child(ren) listed above	**Earnings from work before deductions**	**Child support, alimony**	**Payments from pensions, retirement, Social Security**	**Earnings from any other income**
Example: Janet Smith	*$200/weekly*	*$150/twice a month*	*$100/monthly*	*$0*

4. Last Four Digits of Social Security Number (SSN) and Signature

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 (MBF) and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Printed Name: _____

Last Four Digits of SSN: _____ Check Here if No SSN: ☐

Signature of Parent or Guardian: _____ Date: _____

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.

5. Racial/Ethnic Identity

You are not required to answer these questions. If you choose to do so, please mark one or more of the following racial identities:

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

If you choose to do so, please mark one of the following ethnic identities:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

For Agency Use Only

Categorical Eligibility:

CalFresh/CalWORKS/FDPIR household categorically eligible? ☐ Yes ☐ No

Foster child automatically eligible free? ☐ Yes ☐ No

Income Eligibility:

Annual Conversion (required if household reports various pay frequencies in Section 3):
Weekly times (x) 52, every 2 weeks x 26, twice a month x 24, monthly x 12

Total Household Income and Frequency: _____ per _____

Household Size: _____

Eligibility Classification:

Eligibility Classification: ☐ Free ☐ Reduced-price ☐ Base

Determining Official Name: _____

Determining Official Signature: _____ Date: _____

How to Complete the Meal Benefit Form

1. **Child Information**
    a. Print your child's name.
    b. Indicate **yes** to the right of a child's name if they are a foster child.

2. **Benefits:** If you receive any benefits listed in this section, complete this section, and then skip to Section 4 and sign the form.

    a. List your current CalFresh, CalWORKs, or FDPIR case number(s) for your child(ren).

    b. Sign the form in Section 4. An adult household member must sign. You do not have to list an SSN.

3. **All Other Households:** Complete this section only if you do not have a case number for the benefits listed in Section 2.

    a. Complete this section and sign the form in Section 4. Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child you are applying for, and all other household members. If your household includes any foster children formally placed by a state child welfare agency or a court, you may choose to include the child(ren) in this list.

    b. Write the amount of income each person received last month before taxes or anything else was taken out **and** where it came from, such as earnings, pensions, and other income (see examples below for types of income to report). **If you have chosen to include any foster children in your care, only the personal use income is to be listed. Foster payments you receive from the placing agency for the care of the child do not need to be reported.** Each income amount should be entered in the appropriate column on the form. If any amount **last month** was more or less than usual, write that person's usual monthly income.

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

    d. Sign the form and include the last four digits of your SSN in Section 4. If you do not have an SSN, place a checkmark next to **No SSN**.

4. **Last Four Digits of SSN and Signature:**

    a. The form must have a signature of an adult household member.

    b. The adult household member who signs the statement must include the last four digits of their SSN. If they do not have an SSN, they will place a checkmark next to the No SSN line.

    c. The last four digits of the adult household member's SSN is not needed if a CalFresh, CalWORKs, or FDPIR case number is provided.

5. **Racial/Ethnic Identity:** You are not required to answer this question to get meal benefits, but completion of this information will help ensure that everyone is treated fairly.

Income to Report

Earnings from Work

- Wages, salaries, or tips
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-employment

Child Support or Alimony

- Public assistance payments
- Alimony or child support payments

Pensions, Retirement, or Social Security

- Pensions
- Supplemental security income
- Retirement income
- Veteran's payments
- Social Security

Other Monthly Income

- Disability benefits
- Cash withdrawn from savings
- Interest dividends
- Income from estates, trusts, or investments
- Regular contributions from persons not living in the household
- Net royalties, annuities, or net rental income
- Military allowance for off-base housing
- Any other income

Description of Racial and Ethnic Categories

The federal government has established the following five racial categories and two ethnic categories:

Race:

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

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.

Black or African American—A person having origins in any of the black racial groups of Africa.

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

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

Ethnicity:

Hispanic or Latino—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin" can be used in addition to "Hispanic or Latino."

Not Hispanic or Latino

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1. Mail: U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or

2. Fax: (833) 256-1665 or 202-690-7442; or

3. Email: program.intake@usda.gov

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