Revised FY2015-2016

ADULT ENROLLMENT FORM/INCOME APPLICATION

1. Participant Information: (To be completed by Caretaker/Guardian)

If an adult participant is a member of a SNAP, SSI or Medicaid participant, the adult participant is automatically eligible to receive free Program meal benefits, subject to the completion of the application as described in paragraph (e)(1)(iii) of this section;

If your participant receives assistance from the items below, please complete and skip to section 3.

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, SSI or Medicaid #
			-	M T W Th F Sa Su	B AM L PM S LN	
			-	M T W Th F Sa Su	B AM L PM S LN	
			-	M T W Th F Sa Su	B AM L PM S LN	
			-	M T W Th F Sa Su	B AM L PM S LN	
			-	M T W Th F Sa Su	B AM L PM S LN	

***Caretaker/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 Last, First	GROSS MONTHLY Income From Work (Before Deductions	MONTHLY Income From Welfare Payments, Alimony	MONTHLY Income From Pensions, Retirement, Social Security, Unemployment Compensation	Any Other MONTHLY Income
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_____ ☐ No Social Security Number X_____

Last four digits Social Security Number* **Date**

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

Application approved for:

☐ Free Meals ☐ SNAP/SSI/Medicaid

☐ Reduced Price Meals ☐ Income Household

☐ Paid Total Household Monthly Income_____

Household Size_____

_____

Signature of Determining Official

_____

Date

**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."