

Home Provider Application to Claim Meals Served to Own Children and/or Tier I Determination

Part 1. Enrolled children's information. Attach NS-301-H.a. to list more children			Part 2. Enter Master Case Number if household qualifies for SNAP, TANF or FDPIR		
Child's Last Name, First Name	Date of Birth M / D / Y	Date Enrolled M / D / Y	<i>Note: Social Security numbers, Medicaid numbers and EBT numbers are not accepted.</i> Master Case Number:		
Part 3. Foster Children			Foster Child's personal use income		
	Date of Birth M / D / Y	Date Enrolled M / D / Y	\$		

Part 4. Total Household Income from Last Month – Complete Part 4 if you did not complete Part 2.

Names of all household members not listed above unless they have income	LAST MONTH'S HOUSEHOLD INCOME Do not list hourly wage.				Check if NO income
Last Name, First name	Gross Income (before taxes)	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>

Part 5. Signature – The adult household member who fills out the application must sign below.

If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.) If you have given a case number in Part 2 or if this application is only for a foster child, a social security number is not needed.

I certify that all information on this application is true and that all income is reported. I understand that the center will get Federal funds based on the information I give. I understand that state officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here:	Print Name:
Social Security Number (Last 4 digits):	Street Address:
<input type="checkbox"/> I do not have a Social Security Number	City/State/Zip:
Date signed:	Telephone:

Part 6: (Optional) Racial / Ethnic identity of children listed above.

Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White
	<input type="checkbox"/> Black or African American

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Total Household Size _____	Tier I Eligible <input type="checkbox"/>	_____	_____
Total Annual Income _____	Verification Done <input type="checkbox"/>	Signature of Sponsor Official _____	Date Signed _____
SNAP/TANF/FDPIR/Other <input type="checkbox"/>	Eligible to Claim Own <input type="checkbox"/>	_____	_____
Foster Child <input type="checkbox"/>	Not Eligible <input type="checkbox"/>	Effective Date _____	Exp. _____

Non-discrimination Statement: Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

INCOME ELIGIBILITY GUIDELINES

JULY 1, 2015 – JUNE 30, 2016

Household Size	Household Income				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional family member add:	7,696	642	321	296	148