

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 <i>Note: Social Security numbers, Medicaid numbers and EBT numbers are not accepted.</i> Master Case Number: _____ | | | |
| Child's Last Name, First Name | Date of Birth M / D / Y | Date Enrolled M / D / Y | | | | |
| | | | | | | |
| | | | | | | |
| Part 3. Foster Children | | | Date of Birth M / D / Y | Date Enrolled M / D / Y | Foster Child's personal use income | |
| | | | | | \$ | |
| Part 4. Household Income – Complete Part 4 if you did not complete Part 2. | | | | | | |
| Names of all household members not listed above unless they have income | | GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) <i>Frequency of pay: W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly</i> | | | | Check if Zero income |
| Last Name, First name | Earnings from Work <small>How much? / Frequency?</small> | Welfare, Child Support, Alimony <small>How much? / Frequency?</small> | Pensions, Retirement, Social Security <small>How much? / Frequency?</small> | All other incomes <small>How much? / Frequency?</small> | | |
| | | | | | | <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>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.</i> | | | | | | |
| 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 | | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander Native | | |
| <input type="checkbox"/> Not Hispanic or Latino | | <input type="checkbox"/> Asian | | <input type="checkbox"/> White | | |
| | | <input type="checkbox"/> Black or African American | | | | |

FOR SPONSOR USE ONLY

Total Household Size: _____

Total Annual Income: _____

SNAP/TANF/FDPIR/OTHER:

Foster Child:

Tier 1 Eligible:

Eligible to claim own:

Verification Complete:

Not eligible:

Signature of Sponsor Official _____

Date of Signature _____

Effective Date _____

Expiration Date: _____

| Household Size | Household Income | | | | |
|----------------------------------------|------------------|---------|-----------------|-----------------|--------|
| | Annual | Monthly | Twice per Month | Every Two Weeks | Weekly |
| 1 | 22,459 | 1,872 | 936 | 864 | 432 |
| 2 | 30,451 | 2,538 | 1,269 | 1,172 | 586 |
| 3 | 38,443 | 3,204 | 1,602 | 1,479 | 740 |
| 4 | 46,435 | 3,870 | 1,935 | 1,786 | 893 |
| 5 | 54,427 | 4,536 | 2,268 | 2,094 | 1,047 |
| 6 | 62,419 | 5,202 | 2,601 | 2,401 | 1,201 |
| 7 | 70,411 | 5,868 | 2,934 | 2,709 | 1,355 |
| 8 | 78,403 | 6,534 | 3,267 | 3,016 | 1,508 |
| For each additional family member add: | 7,992 | 666 | 333 | 308 | 154 |