

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: _____

Tier 1 Eligible:

Total Annual Income: _____

Eligible to claim own:

SNAP/TANF/FDPIR/OTHER:

Verification Complete:

Foster Child:

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