

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

<b>Part 1.</b> Enrolled children's information. Attach NS-301-H.a. to list more children			<b>Part 2.</b> 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> <b>Master Case Number:</b>
Child's Last Name, First Name	Date of Birth M / D / Y	Date Enrolled M / D / Y	
<b>Part 3.</b> 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	<b>GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed)</b> <i>Frequency of pay: W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly</i>				Check if <b>Zero</b> income
	<b>Earnings from Work</b>	<b>Welfare, Child Support, Alimony</b>	<b>Pensions, Retirement, Social Security</b>	<b>All other incomes</b>	
<b>Last Name, First name</b>	How much? / Frequency?	How much? / Frequency?	How much? / Frequency?	How much? / Frequency?	
					<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	<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	

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Total Household Size: _____	Tier 1 Eligible: <input type="checkbox"/>
Total Annual Income: _____	<b>Eligible</b> to claim own: <input type="checkbox"/>
SNAP/TANF/FDPIR/OTHER: <input type="checkbox"/>	Verification Complete: <input type="checkbox"/>
Foster Child: <input type="checkbox"/>	Not eligible: <input type="checkbox"/>

\_\_\_\_\_  
Signature of Sponsor Official

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Expiration date