

**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<br><i>Note: Social Security numbers, Medicaid numbers and EBT numbers are not accepted.</i><br><b>Master Case Number:</b> |   |                                       |                             |
| Child's Last Name, First Name   | Date of Birth<br>M / D/ Y | Date Enrolled<br>M / D/ Y   |  |   |                                       |                             |
|   |                           |   |  |   |                                       |                             |
|   |                           |   |  |   |                                       |                             |
| <b>Part 3.</b> Foster Children  | Date of Birth<br>M / D/ Y | Date Enrolled<br>M / D/ Y   | Foster Child's personal use income   |   |                                       |                             |
|   |                           |   | \$   |   |                                       |                             |
| <b>Part 4.</b> 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><br><i>Frequency of pay: W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly</i> |  |   |                                       | Check if <b>Zero</b> income |
| Last Name, First name   | Earnings from Work        |   | Welfare, Child Support, Alimony  |   | Pensions, Retirement, Social Security | All other incomes           |
|   | How much? / Frequency?    | How much? / Frequency?  | How much? / Frequency?   | How much? / Frequency?  | How much? / Frequency?                | How much? / Frequency?      |
|   |                           |   |  |   |                                       | <input type="checkbox"/>    |
|   |                           |   |  |   |                                       | <input type="checkbox"/>    |
|   |                           |   |  |   |                                       | <input type="checkbox"/>    |
| <b>Part 5. Signature</b> – 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.<br><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:   |   |                                       |                             |
| <b>Part 6: (Optional) Racial / Ethnic identity of children listed above.</b>  |                           |   |  |   |                                       |                             |
| 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: <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