

**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			Foster Child's personal use income			
	Date of Birth M / D/ Y	Date Enrolled M / D/ Y				
			\$			
<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>					Check if <b>Zero</b> income
	<i>Frequency of pay: W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly</i>					
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?	
						<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. <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				

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Income \$ \_\_\_\_\_ Household Size \_\_\_\_\_

SNAP/TANF/FDPIR/Other \_\_\_\_\_

Foster Child (Name of Child(ren): \_\_\_\_\_)

Tier 1 Eligible: \_\_\_\_\_ Yes \_\_\_\_\_ No

Eligible to claim own: \_\_\_\_\_ Yes \_\_\_\_\_ No

Verification complete: ☐Not Eligible: ☐

Signature of Sponsor Official

Date of Signature

Effective Date

Expiration