

APPLICATION FOR FREE AND REDUCED-PRICE MEALS-CACFP

(Return this completed form to the center)

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
CHILD NUTRITION & FOOD DISTRIBUTION PROGRAMS
(Rev.6/05) G/Tools/CACFP/Application for Free and Reduced-Price Meals

- Foster Child:** If this application is for a foster child, complete ONLY SECTION 1 sign below and return
- Food Stamp Households, TANF, or Commodity Recipients:** If this application is for a child(ren) receiving Food Stamp, TANF, or Commodity benefits complete ONLY SECTION 2, sign below and return.
- All Other Households:** Complete ONLY SECTION 3, sign below and return.

1. **Foster Child:** In certain cases a foster child is eligible for free or reduced-price meals regardless of your household income. If you have a foster child living with you who meets the definition of a foster child as defined on the back of this application, complete this section only, sign the application and return it to the center office. You must complete a separate application for each foster child.

Foster Child's Name	Center	Age	Monthly Income (monies received for child's personal use only, even if \$0)
			\$

2. **Food Stamp Households, TANF or Commodity Recipients:** If you are NOW receiving Food Stamps or TANF for your child(ren), enter the Food Stamp or TANF case number(s) in the space provided at the left. If you are now receiving Commodity assistance for your child(ren) indicate "yes" in the space beside the notation "Commodity Assistance." If all children receive Food Stamps, TANF or Commodity Assistance, do not complete Section 3. Sign the application and return it to the center. If there is any child for whom you do not receive Food Stamps, TANF or Commodity assistance, complete Section 3 below. If you receive a Meal Benefit Notice from the Department of Human Services, you may sign that notice and submit it to the center instead of this application.

Case Number	Child's Name	Center	Age	Child's Name	Center	Age
TANF #	1.			4.		
F.S. #	2.			5.		
Commodity Assistance	3.			6.		

3. **All Other Households:** (a) List the names of EVERYONE living in your household. If you need more space, attach a separate sheet of paper. (b) List all income received on the same line with the person who received it. Record income under the correct pay period category. See the back of this application for additional assistance with income. (c) Print the Social Security Number of the household member who signs the form. If this household member does not have a social security number, write "none".

Household Members: List the names of all household members	Center (if applicable)	Age	Earnings from work before deductions. Enter gross income under the appropriate pay period. Record each income only once.					Other Income		
			Weekly	Every Two Weeks	Twice a Month	Monthly	Annual	Farm/Self-Employment (Annual) (See Back)	Child Support/ Alimony Per Month	All Other Income (interest, unemploy., soc. Security) (Indicate how often)

Household Member Name	Social Security Number
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OTHER BENEFITS: If your children are not currently covered by health insurance, they may be eligible for one of the children's health insurance programs. Call 1-877-KIDS NOW (1-877-543-7669) for information and application assistance.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that center officials may verify the information on the application; and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult Household Member	Date	Home Phone	Work Phone
Print Name (Last, First)	Street Address	City	State Zip

Foster Children

DEFINITION A foster child is a child who is living with a household, but who remains the legal responsibility of the welfare agency or court. Such a child is considered a household of one.

INCOME FOR FOSTER CHILDREN In determining income for the foster child, only the following should be considered.

1. Funds provided by the welfare agency that are specifically identified by category for personal use of the child, such as for clothing, school fees, and allowances. Welfare funds identified by category for shelter and care, and those identified as special needs funds, such as those for medical and therapeutic needs are not considered as income. Where welfare funds cannot be identified by category, no portion of the provided funds is considered as income.
2. Other funds received by the child. This includes but is not limited to, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time jobs.

Social Security Numbers

Section 9 of the National School Lunch Act requires that unless your children's Food Stamp or TANF case number is provided or Commodity Assistance is received for your child(ren), you must include a social security number on the application. This should be the social security number of the adult household member signing the application, or an indication that the household member does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the application does not have a social security number, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Stamp or welfare office to determine current certification for the receipt of Food Stamps or TANF benefits, contacting a local food distribution office to verify a household's receipt of Commodity assistance, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR OFFICIAL USE ONLY

Date Received	Date of Approval & Notification to Family
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Determination:
 Approved Free Reduced-Price Denied

Reason For Denial:

Signature of Determining Official

Calculating Income

To determine yearly income:
 If paid every week, multiply the weekly gross income by 52.
 If paid every two weeks, multiply the gross income by 26.
 If paid twice a month, multiply the gross income by 24.
 If paid once a month, multiply the gross income by 12.

Calculating Farm or Self-Employment Income

Persons engaging in farming or who operate other types of private business where cash flow varies throughout the year, making it impossible to predict income with any accuracy, may use their income tax records for the preceding calendar year and adjust for the current year. Any adjustments made for the current year must be substantiated with documents for verification purposes. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income.

ALSO, IF YOU HAVE ADDITIONAL INCOME FROM OTHER SOURCES, THIS INCOME MUST BE TREATED AS SEPARATE AND APART FROM THE INCOME GENERATED FROM YOUR BUSINESS OR FARM VENTURE.

The information for arriving at allowable income from a private business operation may be taken from the Income Tax Return – 1040 form.

***FARMING INCOME:** Add together the amounts reported on the following lines of your 1040 Form, if the amounts relate to farm income.

Line 13 \$ _____	(capital gain or loss)	
Line 14 \$ _____	(other gains or losses)	
Line 17 \$ _____	(rent, royalties, etc.)	
Line 18 \$ _____	(farm income or loss)	Total \$ _____

(Transfer this total to the front of the application under Farm/Self Employment Income. If the total is negative, it must be transferred to the front of this application as \$0. A NEGATIVE CANNOT BE USED TO OFFSET ANY OTHER INCOME)

***SELF-EMPLOYED OR BUSINESS INCOME:** Add together the amounts reported on the following lines of your 1040 Form, if related to business income.

Line 12 \$ _____	(business income or loss)	
Line 13 \$ _____	(capital gain or loss)	
Line 14 \$ _____	(other gains or losses.)	
Line 17 \$ _____	(rent, royalties, etc.)	Total \$ _____

(Transfer this total to the front of the application under Farm/Self Employment Income. If the total is negative, it must be transferred to the front of this application as \$0). A NEGATIVE CANNOT BE USED TO OFFSET ANY OTHER INCOME.

NOTE: THIS IS FOR THE CALCULATION OF FARM AND BUSINESS INCOME ONLY. ALL OTHER INCOME RECEIVED BY THE FAMILY MUST BE LISTED ON THE FRONT OF THIS FORM.