



Providers Own Child Enrollment
Days in care: M, T, W, Th, F (Circle)
Hrs. in care: _____ to _____
Meals claimed: B, AM, L, PM, D (Circle)

DAY CARE HOME PROVIDER MEAL BENEFIT FORM FOR YEAR _____

Complete, sign, and return the form to: **3325 Myrtle Ave.
 North Highlands, Ca. 95660**

Please read the instructions. If you need help completing this form, contact: **Juanita Royal – (916) 344-8818 ext 121**

1. DAY CARE HOME PROVIDER'S NAME: _____

ARE YOU APPLYING FOR ELIGIBILITY AS A TIER 1 HOME? YES NO

ARE YOU APPLYING FOR TIER 1 MEAL BENEFITS FOR YOUR OWN CHILDREN? YES NO

2. INFORMATION ON YOUR OWN CHILD(REN):

FOR MEAL BENEFITS IN CHILD CARE:

Name of Child Care Center: _____

CHILD'S NAME:

_____ Last First M.I. Birth Date (mm/dd/yyyy)

CHILD'S NAME:

_____ Last First M.I. Birth Date (mm/dd/yyyy)

CHILD'S NAME:

_____ Last First M.I. Birth Date (mm/dd/yyyy)

CHILD'S NAME:

_____ Last First M.I. Birth Date (mm/dd/yyyy)

3. INFORMATION ON YOUR FOSTER CHILD: CHILD'S NAME: _____ Birth Date _____

If this is a foster child, check here and write the child's monthly personal use income here: \$ _____.

DO NOT complete Sections #4 or #5. Go to Section #6.

4. OTHER BENEFITS: If Are you are getting Food Stamps, CalWORKs, Kin-GAP, or FDPIR benefits for your child,? List list the CASE NUMBERcase number. **DO NOT complete Section #5. Go to Section #6.**

Food Stamp Case Number: _____ CalWORKs Case Number _____

FDPIR Case Number: _____ Kin-GAP Case Number _____

Check here if your child is enrolled in the federal Head Start or Even Start Program.

5. ALL OTHER HOUSEHOLDS: (Complete this part section only if you did not complete Sections #3 or #4.) List all household members including all of your children, even those listed above. List all income. Go to Section #6.

NAMES	CURRENT MONTHLY INCOME			
	MONTHLY EARNINGS FROM WORK (BEFORE DEDUCTIONS) JOB 1	MONTHLY WELFARE, CHILD SUPPORT, ALIMONY	MONTHLY PAYMENTS FROM PENSIONS, RETIREMENT, SOCIAL SECURITY	MONTHLY EARNINGS FROM JOB 2 OR ANY OTHER MONTHLY INCOME
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
8.	\$	\$	\$	\$

HOW TO COMPLETE THE MEAL BENEFIT FORM

Please complete the *Meal Benefit Form* using the instructions below.
Sign the form and return it to:

If you need help, please call:

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1. **Print your name (as the day care home provider) and check the box(es) that apply.**

 2. **INFORMATION ON YOUR OWN CHILDREN:**
 - a) Print the name and birth date of your own child(ren). This does not pertain to children in care that are not part of your household. Complete a separate form for each foster child.

 3. **INFORMATION ON YOUR FOSTER CHILD:** Complete this Section and sign the form in #6.
 - a) Print your foster child's name and check the box.
 - b) Write your foster child's monthly "personal use" income. Write "0" if the foster child does not get personal use income.
 - c) A foster parent or other official representing the child must sign the form in #6. You do not have to list a Social Security Number.
 - d) Complete a separate form for each foster child in your household. This does not pertain to children in care that are not part of your household.

 4. **OTHER BENEFITS:** Complete this Section and sign the form in #6.
 - a) List your current Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number(s) for your children.
 - b) *Check the appropriate box if your children are enrolled in the federal Head Start or Even Start program. (You will be required to provide documentation of their enrollment.)*
 - c) Go to #6. An adult household member must sign the form.

 5. **ALL OTHER HOUSEHOLDS:** Complete this Section and sign the form in #6.
 - a) Write the names of everyone in your household, even if they do not have an income. Include yourself, your spouse, all of your children including the child you are applying for, and all other household members.
 - b) Write the amount of income each person received last month before taxes or anything else was taken out **and** where it came from, such as earnings, welfare, pensions, and other income (see examples below for types of income to report). Each income amount should be entered in the appropriate column on the form. If a household member has two jobs, list the income from the first job in column 2 and the income from the second job in column 5. If any amount **last month** was more or less than usual, write that person's usual monthly income.
 - c) If anyone is self-employed, write the amount of income that person earns from self-employment. Please call the number listed at the top of the form, if you need help.
 - d) Sign the form and include your Social Security Number in #6. If you do not have a Social Security Number, check the box "*Check here if no Social Security Number.*"

 6. **SIGNATURE AND SOCIAL SECURITY NUMBER:**
 - a) The form must have a **signature** of an adult household member.
 - b) The adult household member who signs the statement must include his/her **Social Security Number**. If he/she does not have a Social Security number, check the box "*Check here if no Social Security Number.*" A Social Security Number is not needed if you listed a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number, or if you are applying for a foster child.

 7. **RACIAL/ETHNIC IDENTITY:** You **are not required** to answer this question to qualify for/receive meal benefits, but completing this information will help ensure that everyone is treated fairly.
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INCOME TO REPORT

Earnings from Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments

Pensions/Retirement/Social Security

Pensions
Supplemental security income
Retirement income
Veteran's payments
Social Security

Other Monthly Income/Self-Employment

Disability benefits
Cash withdrawn from savings
Interest dividends
Income from estates/trusts/investments
Regular contributions from persons not living in the household
Net royalties/annuities/net rental income
Military allowance for off-base housing
Any other income

REQUIRED DOCUMENTATION:

Section #4: Categorical and Expanded Categorical Eligibility – at least one of the following must be included:

- Current "Notice of Eligibility" letter for Food Stamp or FDPIR benefits for provider's household.
- Current certification to participate in the federal CalWORKs (TANF) or (federal) Head Start/Even Start for each child.
- Award letter from the appropriate agency that the provider's household is eligible to receive food stamps, CalWORKs (TANF), FDPIR, or Kin-Gap.

NOTE: Any document used to verify categorical eligibility must specify the certification period.

Section #5: Provider Income Eligibility – at least one of the following for each household member that has income must be provided:

- Pay or wage stubs from the employer or a letter from employer confirming wages.
- Documentation of all other income: e.g., monthly welfare benefits, unemployment compensation, child support payments that are received, etc.

NOTE: This written evidence must include name of the household member, amount and frequency of income received, and date of last income received.

- Most recent federal income tax (IRS) forms for each household member.
- If wage or tax documentation is not available: Provide employer's name, contact person and telephone.
- If a household member is certified as a migrant worker, the provider must provide the sponsor with the migrant agency contact information.

DESCRIPTION OF RACIAL AND ETHNIC CATEGORIES

The federal government has established the following five racial categories and one ethnic category:

RACIAL:

American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.

Black or African American – A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

ETHNIC:

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."