CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

Child's Name:	Center Name	& Address: Luba	vitch Educatio	onal Center, 17	7330 NW 7th	Ave, Mia	ami FL 331	69		
Please read the instructions and accompanying	g Parent Letter before com	pleting this form. If	you need assi	stance comple	eting this for	m, call: (_)			
STEP 1: Complete the following table for all								child listed at top	of form)	
Child's Name (Last Name, First Name) Date of Birth		Attends this cent	er? (circle)	Foster Chil	d? (circle)	Migran	? (circle)	Homeless/Run	iaway? (circle)	
		Yes N	lo	Yes	No	Yes	No	Yes	No	
		Yes N	lo	Yes	No	Yes	No	Yes	No	
		Yes N	lo	Yes	No	Yes	No	Yes	No	
			lo	Yes	No	Yes		Yes	No	
STEP 2: Do any household members (children if NO, go to STEP 3. If YES, enter one of the fo	ren or adults) receive Foollowing case numbers, the	od Assistance Progen go to STEP 5.	gram (FAP/SI	NAP) or Temp	oorary Assis	stance fo	r Needy F	amilies (TANF) b	enefits?	
FAP/SNAP Case Number: STEP 3: Children's Income Information (see	reverse side for what ty			r: nis step if you		# in STE	 P 2)			
Children's Income - sometimes children earn	or receive income. Enter	the total income rec	eived by all ch	nildren listed ir	STEP 1, the	en check	how often	the income is rec	eived.	
Children's income – Total: \$	How often rece	ived? (check only	one): ☐ We	ekly Bi-W	/eekly DT	wice a Mo	onth	onthly	lly STEP 2)	
STEP 4: Household income and adult house										
Adult Household Members and Income – lis taxes & deductions) from each source in what does not receive income from any source,	hole dollars only (no cen	ts) and how often i enter "none" or "0" o	t is received or leave any ir	(i.e., weekly, ncome fields b	bi-weekly, to lank, you are	wice a m	g that there	itniy, or annualiy	report.	
Adult Household Member's Name (Last Name, First Name)		mount / How often?)		ublic Assistance/Child Support/Alimo (\$ Amount / How often?)			(\$ Amount / How often?)			
		eekly Biweekly Monthly rice a Month Annually	\$		ly Biweekly Mont a Month Annually	,	\$		Biweekly Monthly Jonth Annually	
		eekly Biweekly Monthly vice a Month Annually	\$		ly Biweekly Mont a Month Annually	,	\$		Biweekly Monthly Month Annually	
Total Household Members (Add STEP 1 & 4)): Last four digits	of Social Security	Number (SS	N) of adult ho	ousehold me	ember:	_	If no SS	SN, write "none."	
STEP 5: Contact information and adult sign	ature		all income in a	anatad Lunde	rotand that th	nic inform	ation is hain	a given in connect	ion with the receip	
By signing below, I am certifying (promising) that of federal funds and that institution officials may v	all information on this applic verify (check) the information	cation is true and that n. I am aware that if I	purposely give	eporteu. i unue false informat	ion, I may be	prosecute	ed under ap	plicable state and	federal laws.	
Home address (if available):	Street Add	Iress, City, State, Zip C	Code			•	•			
Signature of adult household member:				:				_ Date signed:		
OPTIONAL: Child's ethnic and racial identities We Responding to this section is optional and does not affect	are required to ask for informat ct your child's eligibility for free	ion·about your child's et or reduced-price meals.	hnicity and race. Ethnic	. This informatior ity (check one):	is important a	nd helps m ic or Latino	ake sure that Not	we are fully serving Hispanic or Latino	the community.	
Race (check one or more): American Indian or	Alaskan Native Asian	Black or Afric	an American	Native Hav	waiian or Other	Pacific Isla	inder	_ White		
FOR CONTRACTOR USE ONLY:				T-4-111	ald Income	¢				
Categorical Eligibility: FAP/SNAP or TANF Hou		Total Household S							Li.	
Eligibility Determination: ☐ Free ☐ Reduced-P NOTE: If different income frequencies an	rice ☐ Non-needy re listed, convert all income	How Often Income to an annual amount	e is Received (t. Annual Inco	Frequency): □ me Conversio	l Weekly ⊔ n: Weekly x 5	Biweekly 2, Biweek	ly x 26, Twi	a Month Li Monti ce a Month x 24, M	onthly x 12	
Reason for Non-needy Status: Income too High	n ☐ Incomplete Application	☐ Other Reason: _		<u> </u>						
Determining Official's Signature:		Date:	Secon	d Party Check	Signature:				Date:	
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