



**5. SIGNATURE AND SOCIAL SECURITY NUMBER:**

**PENALTIES FOR MISREPRESENTATION:** *I certify that all of the above information is true and correct and that the food stamp, FDPIR, TANF or other eligible program case number is current, correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the Meal Benefit Form and that the deliberate misrepresentation of the information may subject me to Prosecution under applicable State and Federal laws.*

Signature of Adult: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you a family day care home provider applying for Tier I benefits? Y [ ] N [ ]

Printed Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Act Statement:** Unless you list the child's food stamp, FDPIR or TANF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR or TANF office to determine current certification for food stamps, FDPIR or TANF benefits, 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. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigation- violations of certain Federal, State and local education, health and nutrition programs.

**6. RACIAL/ETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so, please mark one or more of the following racial identities:**

[ ] American Indian or Alaska Native [ ] Asian [ ] Black or African American [ ] Native Hawaiian or Other Pacific Islander [ ] White

**Please mark one of the following ethnic identities:**

[ ] Hispanic or Latino [ ] Not Hispanic or Latino

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**For Official Use Only:**

Food Stamp/FDPIR/TANF or other eligible benefit program (Tier II day care homes only) household categorically eligible free:  
 [ ] Yes [ ] No

MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2

Total monthly income: \_\_\_\_\_ Household size: \_\_\_\_\_ Eligible: \_\_\_\_\_ NOT Eligible: \_\_\_\_\_

Eligibility Classification: Free \_\_\_\_\_ Reduced Price \_\_\_\_\_ Paid \_\_\_\_\_ Temporary: Free \_\_\_\_\_ Reduced Price \_\_\_\_\_  
 Tier I \_\_\_\_\_ Tier II \_\_\_\_\_ Time Period: \_\_\_\_\_

Determining official: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HOW TO COMPLETE THE INCOME ELIGIBILITY FORM

Please complete the Meal Benefit Form using the instructions below.

Sign the form and return it to \_\_\_\_\_ . If you need help, call: # \_\_\_\_\_

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### 1. CHILD INFORMATION:

Print your child's name.

- (a) If you are applying for school meals, include your child's grade and the name of the school.
- (b) If you are applying for meals for child care, include the name of the child care center or the name of the family daycare home provider and the name of the sponsor, if known.
- (c) If you are applying for meals under the Summer Food Service Program (SFSP), please check the box.

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### 2. FOSTER CHILDREN:

Complete this Part and sign the form in #5.

- (a) Write the foster child's monthly "personal use" income. Write "O" if the foster child does not get "personal use" income.
- (b) A foster parent or other official representing the child must sign the form in #5. You do not have to list a social security number.
- (c) Complete a separate form for each foster child.

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### 3. OTHER BENEFITS:

Complete this Part and sign the form in #5.

- (a) If you are applying for the Summer Food Service Program or school meals, list your current food stamp, FDPIR or TANF case number(s) for your child(ren).
- (b) If you are a family day care home provider applying for child care for tier I benefits, list your current food stamp, FDPIR or TANF case number(s) for you or your child(ren).
- (c) If your child is enrolled in a tier II family day care home, list any other eligible program and case number, if applicable. (See attached List of Other Categorically Eligible Programs.)
- (d) Sign the form in #5. An adult household member must sign. You do not have to list a social security number.

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### 4. ALL OTHER HOUSEHOLDS:

Complete this Part and sign the form in #5.

- (a) Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, 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 the examples below for types of income to report). Each income amount should be entered in the appropriate column on the form. 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 the person earns from self-employment; for example, income from being a family day care home provider, or operating a farm. Please call the number at the top of the form if you need help.
- (d) If you are a family day care home provider applying for tier I benefits, please provide income documentation supporting your status.
- (e) Sign the form and include your social security number in #5. *If you do not have a social security number, write "none".*

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### 5. SIGNATURE AND SOCIAL SECURITY NUMBER:

- (a) The form must have the **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, write "none".* A social security number is not needed if you listed a food stamp, FDPIR or TANF case number or if you are applying for a foster child.
- (c) If you are applying for tier I benefits as a family day care home provider, please indicate that in this section.

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**6. RACIAL/ETHNIC IDENTITY:** You are **not required** to answer this question to get meal benefits, but completion of 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 business, day care business or farm

#### 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

#### Welfare/Child Support/Alimony

Public assistance payments  
Welfare payments  
Alimony/child support payments

Net royalties/annuities/net rental income  
Military allowance for off-base housing  
Any other income  
Meal Benefit Form Instructions  
Translated Version - Spring 2000

**FLORIDA INCOME ELIGIBILITY GUIDELINES  
FOR FREE AND REDUCED PRICE MEALS  
Effective from July 1, 2008, to June 30, 2009**

Free Meal Scale is 130% of Federal Poverty Level					
Household size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	13,520	1,127	564	520	260
2	18,200	1,517	759	700	350
3	22,880	1,907	954	880	440
4	27,560	2,297	1,149	1,060	530
5	32,240	2,687	1,344	1,240	620
6	36,920	3,077	1,539	1,420	710
7	41,600	3,467	1,734	1,600	800
8	46,280	3,857	1,929	1,780	890
Each additional family member, add	4,680	390	195	180	90
Reduced Meal Scale is 185% of Federal Poverty Level					
Household size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	19,240	1,604	802	740	370
2	25,900	2,159	1,080	997	499
3	32,560	2,714	1,357	1,253	627
4	39,220	3,269	1,635	1,509	755
5	45,880	3,824	1,912	1,765	883
6	52,540	4,379	2,190	2,021	1,011
7	59,200	4,934	2,467	2,277	1,139
8	65,860	5,489	2,745	2,534	1,267
Each additional family member, add	6,660	555	278	257	129

**To determine annual income:**

- If you receive the income every week, multiply the total gross income by 52.
- If you receive the income every two weeks, multiply the total gross income by 26.
- If you receive the income twice a month, multiply the total gross income by 24.
- If you receive the income monthly, multiply the total gross income by 12.

**Remember:** The total income before taxes, social security, health benefits, union dues, or other deductions must be reported.