

South Carolina Department of Social Services
APPLICATION FOR FREE AND REDUCED-PRICE MEALS
IN CHILD CARE FOOD PROGRAMS

1. Child(ren) Enrolled:

Last Name First Name Age Last Name First Name Age

2. Child's FS or FI Case Number: (if any)

Food Stamp (FS) Number Family Independence (FI) Number Food Distribution Program on Indian Reservations (FDPIR) Number

3. Head Start/Even Start: (if applicable)

Last Name First Name

Head Start Eligibility Statement Attached? Yes For: _____

Even Start Eligibility Statement Attached? Yes For: _____

4. Foster Child: List the child's personal use income and how often it is received here.

Write "0" if the child has no personal use income. \$ _____ / _____

5. Household Members and Income: If you gave a Food Stamp, FI or FDPIR case number for the child, or completed part 3 of this form, skip to part 6.

Names	Current Income/Frequency (For frequency, indicate weekly, monthly, etc.)			
List the Names of Everyone in the Household	Gross Earnings (Before Deductions) Job 1	Gross Earnings Job 2 or All Other Income	Welfare Payments, Child Support, Alimony	Payments From Pensions, Retirement, Social Security
Sample: <i>Jane Doe</i>	<i>\$170/Week</i>	<i>\$80/2 Weeks</i>	<i>\$360/Month</i>	\$ _____ / _____
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

6. Signature and Social Security Number:

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 CACFP officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

_____ _____ _____
 Signature of Adult Household Member Date Social Security Number*

Home Telephone: _____ Work Telephone: _____ Printed Name: _____

Street/Apt. No.: _____ City/State/Zip Code: _____

7. Ethnic/Racial Identity: You are not required to answer these questions. If you choose to do so:

Please check one or more of the following ethnic identities:

Hispanic or Latino Not Hispanic or Latino

Please check one or more of the following racial identities:

American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

* PRIVACY ACT STATEMENT: Section 9 of the National School Lunch Act requires that, unless your child's Food Stamp, FDPIR or Family Independence case number is provided or you have been provided an eligibility statement for Head Start or Even Start, you must include the Social Security number of the adult household member signing the application or indicate that the adult 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 signer does not have one, the application cannot be approved. 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 receipt of Food Stamps or Family Independence 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.

FOR CACFP INSTITUTION — DO NOT WRITE IN THE SPACE BELOW

Monthly Income Conversion: Weekly x 4.33 Every 2 Weeks x 2.15 Twice a Month x 2

Total Household Size: _____ Monthly Income: \$ _____ Food Stamp/Family Independence Household

Application Approved for: Free Meals Reduced-Price Meals Paid/Ineligible

Reason for Paid: Income Too High Incomplete Application Other: _____

Signature of Determining Official: _____ Date: _____

Date Notice Sent: (if Pricing Program) _____

INSTRUCTIONS FOR DSS FORM 16160

To apply for free and reduced-price meals, complete this application using the instructions below, sign your name and return the application to the center.

Part 1—Child Enrolled:

1. Print the name and age of all children enrolled.

Part 2—Households Getting Food Stamps, Participating in the Family Independence (FI) Program or Participating in the Food Distribution Program on Indian Reservations (FDPIR): Complete this part and part 5. Do not complete part 3 or 5.

1. List current Food Stamp, Family Independence or FDPIR case number.
2. An adult household member **must sign and date** the statement in part 6.

Part 3—Head Start or Even Start Eligibility:

1. If any child in the household is eligible for the Head Start or Even Start programs and currently fills a **federally funded** slot at their Head Start or Even Start center, complete this section. Do not complete sections 3 or 5.
Note: It is the parent/guardian's responsibility to obtain a Statement of Eligibility from the determining official at the Head Start or Even Start organization. The statement **must be** supplied to the day care center along with this form.
2. An adult household member **must sign and date** the application in part 6.

Part 4—Foster Child: A foster child who is the legal responsibility of the welfare agency or court may get meals regardless of your household income. Complete this part and part 6. Do not complete part 5.

1. Write the child's personal use income and how often it is received, such as weekly, every two weeks, twice a month or monthly. Write "0" if the child has no income. Personal income is: a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees and allowances; and b) all other money the child receives, such as money for his/her family and money from full-time or regular part-time jobs.
2. An adult household member **must sign and date** the statement in part 6.

Part 5—All Other Households: If you did not provide a Food Stamp, FI or FDPIR case and you do not have an eligibility statement for Head Start or Even Start, complete this part and part 6.

1. Write the name of everyone in your household. Include yourself and the child(ren) listed above, your spouse, all other children, grandparents, other relatives and unrelated people in your household. Use a separate sheet of paper, if you do not have enough space.
2. Write the amount of income each person now receives on the same line as their name, how often the person receives it, such as weekly, every two weeks, twice a month or monthly, and where it comes from, such as earnings, welfare, pensions or other. Income is all money before taxes or anything is taken out. If the amount received most recently is higher or lower than usual, write instead that person's usual income.
3. An adult household member must sign and date the application and provide his/her Social Security number in part 6.

Income to Report

Earnings from Employment

Wages/Salaries/Tips
Strike Benefits
Unemployment Compensation
Worker's Compensation
Net Income from Self-Owned
Business or Farm

Pensions/Retirement/Social Security

Pensions
Supplemental Security Income
Retirement Income
Veteran's Payments
Social Security

Other Income (continued)

Income from Estates/Trusts/Investments
Regular Contributions from Persons
Not Living in the Household
Net Royalties/Annuities/Net Rental Income
Any Other Monies Available to Pay for the
Child's Meals

Welfare/Child Support/Alimony

Public Assistance Payments
Welfare Payments
Alimony/Child Support Payments

Other Income

Earnings from Second Job
Disability Benefits
Interest/Dividends
Cash Withdrawn from Savings

Part 6—Signature and Social Security Number: All households complete this part.

1. All applicants must have the adult household member **sign and date** the application.
2. The applicant must have the **Social Security number** of the adult household member who signed the application. If he/she does not have a Social Security number, write "none" or something else to show that he/she does not have a Social Security number. If you listed a Food Stamp, Family Independence or FDPIR case number for the child(ren) or you provided an eligibility statement for Head Start or Even Start or if you are applying for a foster child, a Social Security number is not needed.

Part 7—Ethnic/Racial Identity: Put a check (✓) next to the ethnicity you identify with. Put a check (✓) next to the race or races you identify with. We need the information to be sure everyone gets benefits on a fair basis. You do not have to answer these questions to get free or reduced price meals. USDA is an equal opportunity provider and employer.

Ethnicity:

1. *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."
2. *Not Hispanic or Latino.*

Race:

1. *American Indian or Alaskan 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.
2. *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.
3. *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."
4. *Native Hawaiian or Other Pacific Islander.* A person having any origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. *White.* A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.