

**MEAL BENEFIT FORM FOR PROVIDERS**

Complete, sign, and return this form to your day care home (DCH) sponsor.  
 If you need assistance completing this form, call: (213) 380-3850

Name of DCH provider: Sandy Ross

Indicate if you are applying for eligibility as a Tier I home? YES  or NO   
 Indicate if your child(ren) is/are enrolled for care in your home? YES  or NO   
 Indicate if you are applying for Tier I meal benefits for your own child(ren)? YES  or NO

**Part 1—Children’s Information:** Enter the name(s) of all children from your household enrolled in your care.

Last Name	First Name	Birthdate	Foster Child*
Ross	Andy	01/02/16	

\*If the foster child receives personal-use income, please enter the amount and the frequency it is received in the last column in Part 3.

**Part 2—Categorical Eligibility (Household):** If anyone in your household receives CalFresh (formerly Food Stamps), California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR), enter that person’s name below, check the appropriate program box and enter the program case number

Last Name, First Name	Program: CalFresh/CalWORKs/FDPIR	Case Number

**Part 3—Income Eligibility (Not required if you reported a case number in Part 2)**

Does any person in the household receives income? YES  or NO

List Gross Income and how often it was received (e.g., weekly, every two weeks, twice a month, monthly, or annually) \*\*

Household Members’ Names (List all household members not listed in Part 1.)	Earnings from Work Before Deductions	Alimony, Child Support	Retirement, Pensions, Social Security	All Other Income (include foster child’s personal-use income here)
Sandy Ross	\$1,000 monthly	0	0	0
Tom Ross	\$2,000 monthly	0	0	0

Enter the total number of household members (Children listed in Part 1- other household members listed in Part 3): 3 (Go to Part 4.)

\*\*Applicants without income are requested to write a zero in the applicable field or mark no income. Any income field left blank is a positive indication of no income and certifies that there is no income to report. Applications with blank income fields will be processed as complete.

#### Part 4—Signature and Certification

##### PENALTIES FOR MISREPRESENTATION:

I certify that all of the above information is true and correct and that the CalFresh, CalWORKs, or FDPIR, 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 agency 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.

Printed Name of Adult: Sandy Ross  
Signature of Adult: Sandy Ross  
Date Signed: 08/14/18  
Last four digits of Social Security Number (SSN), or indicate do not have SSN: 6262  
Address: 1234 Sunny Blvd.  
City, State, Zip: Los Angeles, CA 90001  
Daytime Phone Number: (213) 111-2222

##### Privacy Act Statement

The Richard B. Russel National School Lunch Act (NSLA) requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the SSN of the adult household member who signs the application. The last four digits of the SSN are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP, or CalFresh), Temporary Assistance for Needy Families (TANF, or CalWORKs) Program, or FDPIR case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have an SSN. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for the administration and enforcement of the program.

The last four digits of the SSN 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 CalFresh, CalWORKs, or FDPIR office to determine current certification for CalFresh, CalWORKs, or FDPIR 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 last four digits of the SSN may also be disclosed to programs as authorized under the NSLA and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain federal, state, and local education, and health and nutrition programs.

**Part 5—Racial/Ethnic Identity (Optional)**

**Ethnicity (select one):**

- Hispanic or Latino
- Not Hispanic or Latino

**Race (select one or more):**

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

**U.S. DEPARTMENT OF AGRICULTURE NONDISCRIMINATION STATEMENT**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

(2) Fax: 202-690-7442

(3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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