Child Care Center Meal Benefit Form Completion Checklist

You may find the following checklist helpful in ensuring that all meal benefit forms are completed and certified correctly. Sections 1 through 5 are completed by the parent or guardian.

Section 1: Form has child(ren)'s name and has checked box for any foster child(ren).

Section 2: Form has a case number in one category. (No household size or income information is required. Go to Section 4.)

Section 3: Form has list of all other household members (related or unrelated) and current monthly income. (Go to Section 4.)

Section 4: Form is signed and dated by the parent or guardian.

If eligibility is based on household size and income, the form has the last four digits of a Social Security number (SSN); or the box is checked if the parent or guardian does not have an SSN.

An SSN is not required if eligibility is based on receipt of benefits.

Section 5: Parent or guardian indicated the child's racial/ethnic identity. This information is voluntary.

The **For Official Use Only Section** is completed by the agency's eligibility official.

Check the **Yes** box if eligibility determination is based on receipt of benefits. Check the **No** box if eligibility determination is based on status as foster child(ren) or household size and income.

Check the **Yes** box if eligibility determination is based on status as foster child(ren). Check the **No** box if eligibility determination is based on receipt of benefits or household size and income.

For Income Eligibility: Calculate the total monthly household income and total number of household members. Write these totals in the spaces provided. If more than one income frequency is reported, convert the frequencies to annual income using the chart listed on the form.

Compare the household size and income to the current Income Eligibility Guidelines to determine the child(ren)'s eligibility category. Check appropriate box for **Free**, **Reduced-price**, or **Base**.

Signed and dated by determining official. Signature date can be no later than the last day of the month in which eligibility is reported on the Claim for Reimbursement form.

Have another staff person double check to ensure accuracy.

Transfer information to Enrollment Roster for month in which eligibility is certified. Have another staff person double check to ensure information has been transferred accurately.