

July 1, 2017

Dear Participant:

Greenbelt Children's Center offers healthy meals every day. Although all participants receive the meals at no charge, the U.S. Department of Agriculture (USDA) provides funds that support the nutrition program based on your eligibility. This letter is a request for you to complete the information on the enclosed Meal Benefit Application to assist our agency's food service program.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH ENROLLED PARTICIPANT?** **No.** Use one Meal Benefit Application for all participants in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Greenbelt Children's Center, 7600 Hanover Parkway, Suite 100, Greenbelt, MD, 20770, 301-345-8830.
2. **ADDITIONAL USDA REIMBURSEMENT IS AVAILABLE TO OUR AGENCY FOR MEALS SERVED TO PARTICIPANTS IN THE FOLLOWING HOUSEHOLDS:**
 - getting money or help from the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA).
 - with a gross income within the free limits or reduced limits on the federal Income Eligibility Guidelines.
 - with some people participating in WIC.
 - recipients of Medicaid or SSI.
3. **I COMPLETED AN APPLICATION LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** **Yes.** Your application is only good for one year. You must submit a new application each year.
4. **WILL THE INFORMATION I GIVE BE CHECKED?** **Yes** and we may also ask you to send written proof.
5. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** **Yes.** You or your children do not have to be U.S. citizens to qualify.
6. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** Your household includes the participant, and if residing with the participant, the spouse, and dependent children of the participant.
7. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
8. **WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** **YOUR** basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
9. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for FSP, TCA, and medical assistance programs or other assistance benefits, contact your local assistance office or call 1-800-332-6347.

If you have other questions or need help, please call **301-345-8830**.

Sincerely,

Flora L. Gee, Director

Meal Benefit Application for Child Care Centers

July 1, 2017- June 30, 2018

For more information, read **Instructions for Completing** or call: 301-345-8830.

Step 1 List all enrolled children (if more spaces are required for additional names, attach another sheet of paper).

Children in **Foster Care** and children who meet the definition of **Homeless, Migrant, Runaway, Head Start, Early Head Start or Even Start** are eligible for free meals. If **ALL** children listed are foster, homeless, migrant, runaway or in Head Start, Early Head Start or Even Start, skip to Step 4.

First and Last Names of All ENROLLED	Check all that apply:					
	Foster Child	Homeless	Migrant	Runaway	Head Start Early Head Start	Even Start

Step 2 Do any Household Members (including you) currently participate in the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA)? Circle One:
Yes No

If you answered **NO**, complete Step 3.

If you answered **YES**, provide a case number then go to Step 4

Case Number:

Step 3 Report Income for ALL Household Members (skip this step if you answered 'Yes' to Step 2)

List all Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes) for each source in whole dollars only. If they do not receive income from any source, enter '0'. If you enter '0' or leave any fields blank you are certifying (promising) that there is no income to report.

How Often = Weekly, Every 2 Weeks, Monthly, Twice a Month or Yearly

First and Last Names of ALL Household Members	Earnings from Work		Child Support, Alimony, Public Assistance		Pensions, Retirement, Other Income	
	Income	How Often?	Income	How Often?	Income	How Often?

Total Household Members (Children and Adults):

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:

Check if No SSN:

Step 4 Contact Information and Adult Signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable State and Federal laws. I understand my child's eligibility status may be shared as allowed by law.

Printed Name:	Signature:
Street Address:	
Date:	Phone #:

Step 5 OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community.

Ethnicity (Check One):

Hispanic or Latino
 Not Hispanic or Latino

Race (Check one or more):

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

DO NOT FILL OUT THIS SECTION. CENTER USE ONLY

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income (Children and Adults): \$ _____ Weekly Every 2 Weeks Twice a Month Monthly Yearly

Eligibility: Free Categorically Eligible Reduced Paid

Determining Official's Signature: _____ Date: _____

Date Withdrawn: _____

