KY Child and Adult Care Food Program Income Application
2009-2010 Child Care Centers

Complete this form in order for this center to qualify for reimbursement for meals served to your child(ren).

1. **CHILD INFORMATION** (print) 2. **PROGRAM BENEFITS** If Foster Child or Kinship Care check here and give child's income.

	Name of Child	Birthdate	SNAP#	K-TAP#	
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

3. **HOUSEHOLD MEMBERS AND MONTHLY INCOME**: If you gave a SNAP or K-TAP case number, go to Part 4.

NAMES OF HOUSEHOLD MEMBERS Including Children Not Listed Above LAST FIRST	GROSS MONTHLY Income From Work (Before Deductions)	MONTHLY Income From Welfare Payments, Child Support, Alimony	MONTHLY Income from Pensions Retirement Social Security	Any Other MONTHLY Income
1. _____	$_____	$_____	$_____	$_____
2. _____	$_____	$_____	$_____	$_____
3. _____	$_____	$_____	$_____	$_____
4. _____	$_____	$_____	$_____	$_____
5. _____	$_____	$_____	$_____	$_____

4. 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 and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

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

Home Telephone No. _____Work Telephone No. _____Printed Name _____

Street/Apt.No._____City/State/Zip_____

5. Participant's ethnic and racial identities (optional) Mark one ethnic identity: _____Hispanic or Latino _____ Not Hispanic or Latino
Mark one or more racial identities: _____ Asian _____White _____Black or African American _____American Indian or Alaska Native
_____ Native Hawaiian or Other Pacific Islander
6. **OTHER BENEFITS**: Health Insurance: Please check "Yes" _____if you agree to have information from this form released to KY. Children's Health Insurance Program (KCHIP) officials for use in the determination of your child's eligibility for KCHIP.

I certify that I am the parent/guardian of the child for whom application is made. _____
Signature of Parent/Guardian **Date**

*Section 9 of the National School Lunch Act requires that, unless your child's SNAP or K-TAP case number is provided, you must include the social security number of the household member signing the statement or an indication that the household member signing the statement 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 made that the adult household member signing the statements does not have one, the statement 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 on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting the SNAP or welfare office to determine current certification for receipt of SNAP or K-TAP 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.

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MONTHLY INCOME CONVERSION – WEEKLY X 52 **EVERY 2 WEEKS X 26** **TWICE A MONTH X 24**

☐ SNAP/K-TAP Household

☐ Income Household:

Total Household Monthly Income: _____
Household Size: _____

Application approved for:
☐ Free Meals
☐ Reduced Price Meals
☐ Paid

Temporary approval for:
☐ Free Meals, Expires: _____

_____ _____ _____ _____
Signature of Determining Official Date W/D Date Re-enter Date