



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
CHILD AND ADULT CARE FOOD PROGRAM  
**INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS**

To apply for free or reduced-price meal eligibility for your child(ren), fill out this form and return it to your child care center.

**PART 1 CHILDREN ENROLLED AT THE CHILD CARE CENTER**

Complete information below for children enrolled at the center. If child(ren) are receiving food stamps or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a food stamp case number or Temporary Assistance case number for all of the children listed in Part 1.

| NAME | BIRTH DATE | FOSTER CHILD | FOOD STAMP CASE NUMBER | TEMPORARY ASSISTANCE CASE NUMBER |
|------|------------|--------------|------------------------|----------------------------------|
|      |            |              |                        |                                  |
|      |            |              |                        |                                  |
|      |            |              |                        |                                  |
|      |            |              |                        |                                  |

**PART 2 HOUSEHOLD AND INCOME INFORMATION**

List all other members of the household besides the children listed in Part 1. For each household member, indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

| HOUSEHOLD MEMBERS | GROSS WAGES | WELFARE, CHILD SUPPORT, ALIMONY | PENSIONS, RETIREMENT, SOCIAL SECURITY | OTHER   |
|-------------------|-------------|---------------------------------|---------------------------------------|---------|
|                   | MONTHLY     | MONTHLY                         | MONTHLY                               | MONTHLY |
|                   |             |                                 |                                       |         |
|                   |             |                                 |                                       |         |
|                   |             |                                 |                                       |         |
|                   |             |                                 |                                       |         |
|                   |             |                                 |                                       |         |

**PART 3 RACIAL ETHNIC INFORMATION**

Please check the race or ethnic identity of the participant. You are not required to answer this question.

☐ American Indian or Alaska Native      ☐ Asian      ☐ Black or African American      Hispanic or Latino  
☐ Native Hawaiian or Other Pacific Islander      ☐ White      ☐ YES ☐ NO

**PART 4 SIGNATURE**

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

|                                  |                        |              |
|----------------------------------|------------------------|--------------|
| SIGNATURE OF ADULT FAMILY MEMBER | SOCIAL SECURITY NUMBER | DATE         |
| PRINTED NAME OF ADULT            | ADDRESS                | PHONE NUMBER |

Section 9 of the National School Lunch Act requires that, unless your children's food stamp or Temporary Assistance case number is provided, you must include a social security number of the adult household member signing the application or indicate that the household member signing the application 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 has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy

of information stated on the application. These verification efforts may be carried out through program reviews 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 Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide 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 CENTER USE ONLY - DO NOT WRITE BELOW THIS LINE**

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: | TEMPORARY ASSISTANCE: |
|-----------------------|-----------------|-------------|-----------------------|

Eligibility Determination: ☐ Free    ☐ Reduced    ☐ Paid

|                                    |      |
|------------------------------------|------|
| SIGNATURE OF CENTER REPRESENTATIVE | DATE |
|------------------------------------|------|