Tiny Treasures CDC Participates In The Child and Adult Care Food Program Site # 170

USDA Requires The Information Below Because Your Child Receives Benefits From This Federal Program

First Name Include Nicknames	Last Name	Date of Birth	Hours of Care From____to____	Indicate Child's Normal Days of Care	Indicate Normal Meals Child Receives Daily[1]
			–	M TU W TH F S SU	B AM LU PM SU EVE
			–	M TU W TH F S SU	B AM LU PM SU EVE
			–	M TU W TH F S SU	B AM LU PM SU EVE
			–	M TU W TH F S SU	B AM LU PM SU EVE

[1] B=Breakfast AM= Morning Snack LU= Lunch PM= Afternoon Snack SU=Supper EVE=Evening Snack

1. Enter Ethnic Identity:

Everyone Check One below:

Hispanic ☐
Non-Hispanic ☐

2.Enter Racial Identity:

Everyone Check One Or More below:

☐ American Indian/Alaskan Native ☐ Black/African American
☐ Asian ☐ White ☐ Native Hawaiian/Other Pacific

Date: _____ **Parent/Guardian Signature:** _____ **Print Name:** _____

Street Address:_____ **City:** _____ **Zip:** _____

Phone:_____ **Alternate Phone:** _____

Enter Confidential Eligibility Information In Boxes # 1, 2 or 3 Below And Sign in Box #4 :

Box # 1. Enter one of the requested case numbers below if applicable:

SNAP (Food Stamps) #_____ **TANF #**_____ **FDPIR#**_____

Box # 2. If you enter nothing in #1 and your before-tax household income falls below these guidelines..

Household size	Weekly Income	Monthly Income	Yearly Income	Household size	Weekly Income	Monthly Income	Yearly Income
1	398	1,723	20,665	5	961	4,165	49,969
2	539	2,333	27,991	6	1,102	4,775	57,295
3	680	2,944	35,317	7	1,243	5,386	64,621
4	821	3,554	42,643	8	1,384	5,996	71,947
Each additional person:	+141	+589	+7,326	Each additional person:	+141	+611	+7,326

.....supply income information for all people in your household other than the children on this form:[2 &3]

Names of other household members	Monthly wages	Monthly Social Security Check	Monthly child support or public assistance	Monthly retirement pensions check	Monthly Other Earnings
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$

If you fill out Box #2 enter last 4 digits of your Social Security # XXX-XX-☐☐☐☐ **Check here if you don't have a SS #☐**

Box # 3. Name any children you are enrolling who are Court Appointed Foster Children living with you or Homeless Children you are hosting (including children evacuated from Japan or Bahrain):[3]

1._____ **2.**_____ **3.**_____ **4.** _____

Box # 4. Sign Here If You Have Entered Information In Boxes # 1, # 2, or # 3:

I certify that all of this 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; that Program officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal criminal laws.

Signature: _____ **Print Name:** _____ **Date :**_____

Office use only: Total household size:_____ Total monthly household income $_____

Approved: ☐Free ☐Reduced

☐Paid-Reason: ☐Income over guidelines ☐Incomplete ☐Other

Signature of Eligibility Official_____ Date ___/__/_____

USDA is an equal opportunity employer and provider.