

Home Provider Application to Claim Meals Served to Own Children and/or Tier I Determination

Part 1. Enrolled children's information. Attach NS-301-H.a. to list more children			Part 2. Enter Master Case Number if household qualifies for SNAP, TANF or FDPIR <i>Note: Social Security numbers, Medicaid numbers and EBT numbers are not accepted.</i> Master Case Number:
Child's Last Name, First Name	Date of Birth M / D/ Y	Date Enrolled M / D/ Y	
Part 3. Foster Children	Date of Birth M / D/ Y	Date Enrolled M / D/ Y	Foster Child's personal use income
			\$

Part 4. Household Income – Complete Part 4 if you did not complete Part 2.									
Names of all household members not listed above unless they have income		GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) <i>Frequency of pay: W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly</i>						Check if Zero income	
Last Name, First name		Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All other incomes	
		How much? / Frequency?		How much? / Frequency?		How much? / Frequency?		How much? / Frequency?	

Part 5. Signature – The adult household member who fills out the application must sign below.

If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.) If you have given a case number in Part 2 or if this application is only for a foster child, a social security number is not needed.
I certify that all information on this application is true and that all income is reported. I understand that the center will get Federal funds based on the information I give. I understand that state officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here:	Print Name:
Social Security Number (Last 4 digits):	Street Address:
<input type="checkbox"/> I do not have a Social Security Number	City/State/Zip:
Date signed:	Telephone:

Part 6: (Optional) Racial / Ethnic identity of children listed above.

Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark one or more racial identities: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander Native <input type="checkbox"/> White
---	---

FOR SPONSOR USE ONLY

Total Household Size: _____	Tier 1 Eligible: <input type="checkbox"/>
Total Annual Income: _____	Eligible to claim own: <input type="checkbox"/>
SNAP/TANF/FDPIR/OTHER: <input type="checkbox"/>	Verification Complete: <input type="checkbox"/>
Foster Child: <input type="checkbox"/>	Not eligible: <input type="checkbox"/>

Signature of Sponsor Official

Date of Signature

Effective Date