MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM

INCOME ELIGIBILITY FORM

To apply for free meal eligibility for your child(ren), fill out this form and return it to your sponsor.

PART 1 CHILDREN ENROLLED IN THE PROGRAM

Complete information below for children enrolled in the program. If child(ren) are receiving food stamps or Temporary Assistance (TA), 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 TA 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 sponsor for more information.

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

PART 3 RACIAL ETHNIC INFORMATION

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

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

Hispanic or Latino
❑ YES ❑ NO

PART 4 SIGNATURE

I hereby certify that all information provided is correct and that all income is reported. 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, food stamp, FDPIR, or TANF 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.

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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: ❑ Eligible ❑ Ineligible

SIGNATURE OF SPONSOR REPRESENTATIVE	DATE
►	

MO 580-1843 (1-08) CACFP-1004