

ADULT ENROLLMENT FORM/INCOME APPLICATION

1. Participant Information: (To be completed by Caretaker/Guardian) If an adult participant is a member of a SNAP, SSI or Medicaid participant, the adult participant is automatically eligible to receive free Program meal benefits, subject to the completion of the application as described in paragraph (e)(1)(iii) of this section; <i>*Adult participant means a person enrolled in an adult day care center who is functionally impaired with an Individual plan of care or 60 years of age or older. 7 CFR 226.2 (c)</i>	If your participant receives assistance from the items below, please complete and skip to section 3.
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Participant's Last Name	Participant's First Name	Date of Birth	Meals Normally Eaten (Circle all that apply)	Snap, SSI or Medicaid # (List Entire Number Below)
			<input checked="" type="radio"/> AM <input type="radio"/> PM <input type="radio"/> LN	
			B AM L PM S LN	

*Caretaker/Guardian works multiple shifts and participants may be in care different days/hours ____yes ____no

Does this Participant have a Plan of Care? (Less than 60 years of age) ____yes ____no

2. Income Application Household Members and Monthly Income:

NAMES OF HOUSEHOLD MEMBERS <small>Last, First</small>	GROSS MONTHLY Income From Work (Before Deductions)	MONTHLY Income From Welfare Payments, Alimony	MONTHLY Income From Pensions, Retirement, Social Security, Unemployment Compensation	Any Other MONTHLY Income
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$

3. 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 _____	_____
Signature of Adult Household Member	Home/Cell Phone Number
X _____	_____
Last four digits Social Security Number*	Date

FOR SPONSOR USE ONLY. DO NOT WRITE BELOW THIS LINE.

Application approved for:	<input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced Price Meals <input type="checkbox"/> Paid	<input type="checkbox"/> SNAP/SSI/Medicaid <input type="checkbox"/> Income Household Total Household Monthly Income _____ Household Size _____	_____ Signature of Determining Official _____ Date
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*7 CFR 226.15 (e)(2)

(Revised June 2017)

"The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program."

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