

## MEAL BENEFIT FORM FOR CHILDREN PROGRAM YEAR 17/18

Name of Child Care Center: Feather River College Child Development Center

Please read the instructions. If you need help completing this form call: 530-283-0521

Complete, sign, and return form to: CDC Office

### 1. CHILD INFORMATION

List names of all children enrolled for care

Check the box if the child is a foster child (the legal responsibility of a welfare agency or court).

Last	First	M.I.	If all children are foster children, go to number (#) 4 and sign this form.
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

### 2. BENEFITS

If you are receiving CalFresh, CalWORKs, or Food Distribution Program on Indian Reservations (FDPIR) benefits for your child, list the case number and **do not** complete #3. Go to #4.

CalFresh Case #:
CalWorks Case #:
FDPIR Case #:

### 3. ALL HOUSEHOLD MEMBERS

Complete this section if you **did not** complete #2. List all household members including children enrolled for care. List all income. Go to #4.

**Check here if this household receives no income.** Go to #4.

NAMES	GROSS INCOME and how often it was received (e.g. weekly, every two weeks, twice a month, monthly, or annually)*			
NAMES OF ALL HOUSEHOLD MEMBERS (INCLUDE THE CHILDREN LISTED ABOVE)	EARNINGS FROM WORK BEFORE DEDUCTIONS	CHILD SUPPORT, ALIMONY	PAYMENTS FROM PENSIONS, RETIREMENT, SOCIAL SECURITY	EARNINGS FROM ANY OTHER INCOME
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

\*Applicants without income are requested to write a **zero** in the applicable field or mark **no income**. Any income field left blank is a positive indication of no income and certifies that there is no income to report. Applications with blank income fields will be processed as complete.

**U.S. DEPARTMENT OF AGRICULTURE NONDISCRIMINATION STATEMENT**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410
- (2) Fax: 202-690-7442
- (3) E-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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<b>FOR AGENCY USE ONLY</b>	
<b>CATEGORICAL ELIGIBILITY</b>	
CalFresh/CalWORKS/FDPIR household categorically eligible free? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Foster child automatically eligible free? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>INCOME ELIGIBILITY</b> Annual Conversion: Weekly times (x) 52, Every 2 Weeks x 26, Twice a Month x 24, Month 12	
Total Income:	Household Size:
Eligibility Classification <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Base	
Determining Official (Print Name):	
Determining Official Signature :	Certification Date: