

Dear Parent/Guardian:

Please complete, sign and return the attached Meal Benefit Application to Riverview Christian Early Learning Center as soon as possible. All children enrolled in our center receive their meals at no charge; however, we must determine family income to receive federal funds for the meals served to children. All meals must meet nutrition standards established by the U.S. Department of Agriculture (USDA). If a child has been determined by a recognized medical authority to be unable to consume certain foods because of medical or other special dietary needs, the center will make any substitution as prescribed by that medical authority. Substitutions will be made when supported by a statement from the recognized medical authority. If a substitution is required, there will be no extra charge for the meal. Please contact us for further information at 610-921-0285

For All Households: You must complete the attached Meal Benefit Application and return it to the center.

USDA defines a household as a group of related or unrelated individuals (not residents of a boarding house or an institution) who are living as one economic unit (i.e.; sharing living expenses). Therefore, the income reported on the Meal Benefit Application must include the gross income of all members of your household by source. The income you report must be the total gross income listed by source for each household member last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the Reduced Price Meal Income Chart, the center receives a higher level of reimbursement for meals served to your child(ren).

Households receiving Food Stamps or TANF only have to include your child(ren)'s name(s) and the nine digit Food Stamp or TANF case number, and an adult signature for the application to be complete. The nine digit case number sent to you by the County Assistance Office. You cannot use the numbers on your Medical Assistance or EBT Access Cards.

Households that do not receive Food Stamps or TANF must include the names of all household members, the amount of income each member received last month and where the income came from. An adult household member must sign the application and include their social security number, or indicate that they do not have a social security number.

Households with a foster child must include the foster child's name and the amount of "personal use" income the child received last month. An adult must sign the application.

Reduced Price Meal Income Chart
(July 1, 2009 – June 30, 2010)

Household Size	Annual	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
For each additional member add	+6,919	+577	+134

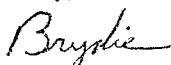
Must I Report Changes? You should notify us if you become unemployed and the loss of income during the period of unemployment causes your household income to be within eligibility standards.

Will Information On My Application Be Kept Confidential? We will use the information on the form to decide the level of reimbursement our center is eligible to receive. We may inform officials of other child nutrition, health and education programs of the information on this form to determine benefits for those programs.

Can I Apply For Free Or Reduced Price Meals Later? You may apply for free or reduced price meals at any time during the year. If you are not eligible now but have a decrease in household income, an increase in household size, become unemployed or begin to receive Food Stamps or TANF, complete a Meal Benefit Application at that time.

Program Non-Discrimination Clause: "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

Sincerely,



Pastor Brydie Harris

Part 1. Children or adults enrolled to receive day care. (Use a separate application for each foster child)

Names (First, Middle Initial, Last)	Food Stamp, TANF or FDPIR case # for <u>children only</u> . All the above or SSI or Medicaid case # for <u>adults only</u> . Skip to Part 4 if you listed a case #.

Part 2. Foster Child: In certain cases, foster children are eligible for free and reduced-price meals regardless of household income. If foster children live with you, please contact **[name]** and **[phone number]**. Skip to Part 4.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List everyone in household, including children)	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
<i>(Example)</i> Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list 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.)
I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Social Security Number: _____ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

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

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Tier I ___ Tier II ___

Reason: _____

Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____