

**North Carolina DHHS Women's and Children's Health
Child and Adult Care Food Program
Child Enrollment & Eligibility Application**

**Program Year: 2015 –2016
Institution: Cape Fear Tutoring, Inc.
Agreement Number: 7506**

FACILITY NAME: Boys & Girls Clubs of North Central NC- Vance Unit CID 3133

1. CHILD INFORMATION				
First Name	Last Name	Birth Date	Age	Check if Child has Milk Allergies* <small>* If checked, a completed Parent Preference Form must be attached.</small>
				<input type="checkbox"/>

2. ENROLLMENT INFORMATION							
Normal Days Of Care:	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
Meals Served In Care:	<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Supper	<input type="checkbox"/> Evening Snack	
Normal Hours Of Care:	Arrival:	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Departure:	<input type="checkbox"/> AM	<input type="checkbox"/> PM	

3. ELIGIBILITY INFORMATION						
CHOOSE ONE ELIGIBILITY OPTION	Option 1: If your household receives SNAP (formerly Food Stamps), TANF, or FDIPIR benefits provide <u>one</u> of the following Case Numbers: SNAP # _____ TANF # _____ FDIPIR # _____					
	Option 2: Check if this is an EARLY HEAD START Participant <input type="checkbox"/>					
	Option 3: Check if this is a FOSTER CHILD <input type="checkbox"/>					
	Option 4: Check if this child is HOMELESS or EVACUATED from Japan or Bahrain* <input type="checkbox"/> <small>*Certification from the agency that assisted with the evacuation or is providing shelter is required and must be attached.</small>					
	Option 5: Total Household Gross Income (List ALL monthly income before taxes)					
	List names of all other people living in Child's Household (Adult signing form MUST be included)	Check if NO Income	Monthly Wages & Salaries	Monthly Public Assistance or Child Support	Monthly Social Security, Pensions, Retirement	Monthly Other Earnings
		<input type="checkbox"/>				
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

4. ETHNIC AND RACIAL IDENTITY OF PARTICIPANT	
Ethnic Identity: (Please check one)	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Racial Identity: (Please check one or more)	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

5. SIGNATURE AND SOCIAL SECURITY NUMBER (SS# is required for all households qualifying by income)

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; that Program officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal laws.

Signature of Household Member (Signer must be listed in household above)	Date	<u>XXX - XX -</u> _____ Last 4 digits of Social Security #	<input type="checkbox"/> I do not have a Social Security #
Printed Name	Home Phone	Work Phone	
Address, City, Zip			

Signature of Facility Representative (Required) _____ **Date** _____

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 your child 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 is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other FDIPIR 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 your child is eligible for free or reduced price meals and for administration and enforcement of the Program. If a child is a Head Start participant, the child is automatically eligible to receive free Program meal benefits, subject to submission by Head Start officials of a Head Start statement of income eligibility or income eligibility documentation.

FOR SPONSOR USE ONLY, to be classified and completed by institution/sponsor:	
TOTAL HOUSEHOLD SIZE _____	TOTAL HOUSEHOLD INCOME \$ _____
APPROVED: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied	
REASON FOR DENIAL: <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete application <input type="checkbox"/> Other	
Signature of Eligibility Official _____	Date _____

FOR STATE USE ONLY:	
Verified by: _____	Date: _____
Verified Classification: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied	
Reason for change in classification:	