

This institution is an equal opportunity provider.

Income Application

To apply for reimbursement for meals served to your own children, carefully complete, sign and return this form to your sponsor.

INCOME ELIGIBILITY

Complete this part for your children **NOT** included in Food Stamps, Cash Assistance, or FDPIR.

| Child's Name | Age | Birthdate |
|--------------|-------|-----------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |

Please list **ALL NAMES** of other **HOUSEHOLD MEMBERS**. INCLUDE YOURSELF, OTHER ADULTS AND CHILDREN. DO NOT INCLUDE CHILDREN LISTED ABOVE, UNLESS THEY RECEIVE A REGULAR INCOME. Write the amount of the monthly income and its source each person now receives on the same line as their name. List **GROSS** income BEFORE deductions for taxes, social security, etc.

| NAME | Monthly Earnings from work (Before Deductions) | Monthly Welfare Payments, Child Support, Cash Assistance & Alimony | Monthly Income from Pensions, Retirement and Social Security | Monthly Income from all other Income |
|----------|--|--|--|--------------------------------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ |

CATEGORICAL ELIGIBILITY

Complete this part for your children if you are currently receiving benefits from any of the following programs.
LIST OF ELIGIBLE PROGRAMS - Check all that applies and provide Case #.

- 1. Food Distribution Program on Indian Reservation (FDPIR) Case # _____
- 2. Cash Assistance (TANF) Case # _____
- 3. Food Stamps Case # _____

| Child's Name | Age | Birthdate |
|--------------|-------|-----------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

FOSTER CHILDREN

Foster Children are eligible for reimbursable meals regardless of the income of the household in which they reside. If you have *foster children in your home*, please indicate their names here and the total income each child receives for personal use.

| Child's Name | Age | Birthdate | Income |
|--------------|-------|-----------|--------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |

