

**PARENT INSTRUCTIONS
HOUSEHOLD ELIGIBILITY APPLICATION**

Follow These Instructions and Return the Completed form to your Center. Once approved for meal benefits, a child's Household Eligibility Application is effective for 12 months.

FOSTER CHILD(REN)

A foster child remains the legal responsibility of the State through a foster care agency or the court. If you submit documentation from the state or local agency that the child is in foster care, that documentation replaces completing a household eligibility application.

- 1) If all children in your household (who attend this center) are foster children that are the legal responsibility of a foster care agency or court, provide the following:
 - Part 1—List the name(s) and age(s) of your foster child(ren) attending this center.
 - Part 2—Check the box(es) indicating a foster child(ren).
 - Part 3—5 Skip
 - Part 6—Provide a signature of an adult household member and date the application.
 - Part 7-8 (OPTIONAL)
- 2) If you have some foster children that are the legal responsibility of a foster care agency or court along with other children attending this center, please provide the following:
 - Part 1—List ALL household members, including the foster child(ren), and the age(s) of the child(ren) attending the center.
 - Part 2—Check the box(es) identifying the foster child(ren).
 - Part 3—Record a valid SNAP/TANF case number if applicable
 - Part 4—Skip
 - Complete Parts 5 and 6 if applicable. See the instructions for **INCOME—HOUSEHOLDS REPORTING** section.
 - Part 7-8 (OPTIONAL)

SNAP OR TANF BENEFITS - HOUSEHOLDS RECEIVING

If any member (child or adult) of your household receives SNAP or TANF benefits, provide the following:

- Part 1—List ALL people in your household (including grandparents, other relatives, or friends who live with you) and the age(s) of the child(ren) attending the center.
- Part 2—Skip
- Part 3—Record a valid SNAP or TANF case number for any member (child or adult) of this household. You will find your SNAP or TANF case number on your letter of eligibility for benefits.
- Part 4—5 Skip
- Part 6—Provide a signature of an adult household member and date the application.
- Part 7-8 (OPTIONAL)

HOMELESS, MIGRANT, OR RUNAWAY

If no one in your household receives SNAP or TANF benefits and if any child is homeless, a migrant or runaway, follow these instructions.

- Part 1—List ALL household members, and the age(s) of the child(ren) attending the center.
- Part 2—3 Skip
- Part 4—If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your local school.
- Part 5—Complete only if a child in your household isn't eligible under Part 4. See instructions for **INCOME—HOUSEHOLDS REPORTING** section below and complete Part 5 and 6.
- Part 6—Provide a signature of an adult household member and date the application.
- Part 7-8 (OPTIONAL)

INCOME - HOUSEHOLDS REPORTING

If no one in your household receives SNAP or TANF benefits, please report all household income. The Household Eligibility Application must include the following information:

- Part 1—List the names of ALL household members and the age(s) of the child(ren) attending the child care center.
- Part 2—4 Skip
- Part 5—List total gross income (before deductions), not take-home pay; and the frequency, how often the money is received, for each household member for last month. If the income last month was not the usual amount you normally receive, you may provide a projected amount that better represents your gross income.
 - o For ONLY the self-employed, list income after expenses. This is for your business, farm, or rental property.
 - o If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
 - o If you have no income, list zero in the earnings from work column.
- Part 6—Provide a signature of an adult household member and date the application. Also, provide the last four digits of the social security number for the adult signing the application. If you refuse to provide the last four digits of the social security number, the application cannot be approved. If the adult does not have a social security number, mark the box, I do not have a social security number.
- Part 7-8 (OPTIONAL)

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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