## **Child Care Centers Meal Benefit Application**

July 1, 2025 - June 30, 2026

Children insted are forter. homeless migrant, nuneway or in lead Start, Early Head Start, Early Head Start are Even Start are cligible for free meab. If ALL children listed are forter, homeless migrant, nuneway or in lead Start, Early Head Start or Even Start, Solp to Step 4.    First and Last Names of All ENROLLED	Complete one application per household. For more information, read Instructions for Completing or call [410-238-3232]									
First and Last Names of All ENROLLED    First and Last Names of All ENROLLED   Foster Child   Homeless   Milgrant   Runaway   Inlead Spart   Seep Seat   Seep Seat		List all enrolled children (if more spaces are required for additional names, attach another sheet of paper).								
First and Last Names of All ENROLLED    Foster Child   Homeless   Migrant   Runnersy   Strip yound Start   Even Stant	Children in Foster Care and children who meet the definition of Homeless, Migrant, Runaway, Head Start, Early Head Start or Even Start are eligible for free meals. If ALL									
First and Last Names of All ENROLLED   Foster Child   Homeless   Milgrant   Renuwary   Red Start   Sarly Head Start   Early Head Start   Sarly H	children listed are foster, homeless, migrant, runaway or in Head Start, Early Head Start or Even Start, skip to Step 4.									
Step 2   Do any Nousehold Members (including you) currently participate in the Supplemental Nutrition Assistance Program (SNAP) or Temporary Cash Assistance	First and Last Names of All ENROLLED			Check all that apply:						
Step 2   Do any Household Members (including you) currently participate in the Supplemental Nutrition Assistance Program (SNAP) or Temporary Cish Assistance (TCA)* Circle Once: Yes No (TCA)* (The Content of ALL Household Members (Children and Adults) (If they do not receive income. For each Household Member listed, if they receive income, report total gross income (Berfore taxes) for each source in whole dollars only. If they do not receive income. For each Household Member listed, if they receive income, report total gross income (Berfore taxes) for each source in whole dollars only. If they do not receive income from any source, enter 'O'. If you enter 'O' or leave any Related blank, you are certifying (promising) that there is no income to report.    First and Last Names of ALL Household Members   Children and Adults)				Foster Child Homeley		Migrant	Runaway	Head Start Even Start		
Total Household Members (Children and Adults):   Last Four Digits of Social Security Number:   Income   How Often?			roster	Cillia	Homeless	iviigiuiit	Runaway	Early Head Start	Even start	
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Total Household Members (Children and Adults):   Last Four Digits of Social Security Number:   Income   How Often?	D	o any Household Members (including you) currently participat	e in the Su	ppleme	ntal Nutrition	Assistance Progi	ram (SNAP) or	Temporary Cash A	ssistance	
Step 3	Sten 2			<b>,</b>			(5 , 5.	Tomporun, Cuont		
Step 3   Report Income for ALL Household Members (skip this step if you answered "Yes" to Step 2)	If you answered	d <b>NO</b> , complete Step 3.	Case	, [						
List all Household Members (including yousef) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes) for each source in whole dollars only. If they do not receive income from any source, enter '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.    Now Often = Weekly, Every 2 Weeks, Monthly, twice a Month or Yearly	If you answered <b>YES</b> , provide a case number then go to Step 4			nber:						
List all Household Members (including yousef) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes) for each source in whole dollars only. If they do not receive income from any source, enter '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.    Now Often = Weekly, Every 2 Weeks, Monthly, twice a Month or Yearly	Step 3 Report Income for ALL Household Members (skip this step if you answered 'Yes' to Step 2)									
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How Often = Weeldy, Every 2 Weeks, Monthly, Twice a Month or Yearly  First and Last Names of ALL Household Members    Earnings from Work										
First and Last Names of ALL Household Members    Earnings from Work	7 3 11 37									
First and Last Names of ALL Household Members										
Income  How Often?    Income	First and Last Names of ALL Household Members			Work	Ci					
Step 4   Contact Information and Adults Signature			е Но	w Ofte	n? In					
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Step 4   Contact Information and Adults Signature										
Step 4   Contact Information and Adults Signature	Last Four Digits of Social Security Number (SSN) of Primary Chock if									
Certify (promise) that all information on this application is true, and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable State and Federal laws. I understand my child's eligibility status may be shared as allowed by law.    Printed Name:	Total Household	d Members (Children and Adults).	•							
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Federal funds, and that officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable State and Federal laws. I understand my child's eligibility status may be shared as allowed by law.  Printed Name:   Signature:    Street Address:   Date:   Phone #:    Step 5   OPTIONAL: Children's Racial and Ethnic Identities  We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community.  Ethnicity (Check One):   Race (Check one or more):   American Indian or Alaskan Native   Black or African American   White Native Hawaiian or Other Pacific Islander    DO NOT FILL OUT THIS SECTION. CENTER USE ONLY	•					- 1 1 1 1 - 1 - f 1 1		and a state of the state of		
laws. I understand my child's eligibility status may be shared as allowed by law.  Printed Name:  Street Address:  Date:  Phone #:  Step 5 OPTIONAL: Children's Racial and Ethnic Identities  We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community.  Ethnicity (Check One):  Race (Check one or more):  Hispanic or Latino Not Hispanic or Latino Not Hispanic or Latino Not Hispanic or Latino Not Hispanic or Latino White  Asian  DO NOT FILL OUT THIS SECTION. CENTER USE ONLY  Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12  Fotal Income (Children and Adults): \$  Eligibility: Free  Categorically Reduced Paid  Figible										
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Street Address:  Date:    Date:   Phone #:				Sig	nature:					
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Date Withdrawn: