



# CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

To apply for free and reduced price meals for your child, read the instructions and complete this form. Sign your name, date and return the application to Aquarelle Kids Academy. If you need assistance filling out this form, call this number: 352-242-6232.

**PART 1 – INFORMATION ON CHILD:**

Child's Name: \_\_\_\_\_  
Last Name First Name Date of Birth

**NAME AND ADDRESS OF CCC/OSHCC:**  
Aquarelle Kids Academy  
16010 Greater Groves Blvd. Clermont FL 34714

**PART 2 – HOUSEHOLDS RECEIVING FOOD STAMPS OR TANF BENEFITS:** Complete this part and Part 5.

Food Stamp Case Number: \_\_\_\_\_ TANF Case Number: \_\_\_\_\_

**PART 3 – HOUSEHOLDS WITH A FOSTER CHILD:** Complete this Part and Part 5. If this is a foster child, check this box   
List the child's monthly personal use income \$ \_\_\_\_\_ Write "0" if the child has no personal use income.**PART 4 – ALL OTHER HOUSEHOLDS:** If you gave a food stamp or TANF case number then skip to Part 5. Otherwise, complete this part and Part 5.

NAMES	INCOME AMOUNT / FREQUENCY			
	Example: \$100 / month or \$100 / twice a month or \$100 / biweekly or \$100 / week			
List the Names of <u>Everyone</u> in Your Household (include child listed in Part 1 above)	Gross Earnings (Before Deductions) If self-employed, list net income	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
7. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**PART 5 – SIGNATURE AND SSN:** An adult household member must sign the application before it can be approved.

**PENALTIES FOR MISREPRESENTATION:** I certify that all information on this application 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 institution 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 laws.

**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Write **NONE** if you don't have a Social Security Number

(Signature of Adult Household Member) \_\_\_\_\_ Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_  
Date Signed \_\_\_\_\_ Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

**PART 6 (Optional) - RACIAL IDENTITY OF CHILD**

- American Indian or Alaskan Native       Asian       Black or African American  
 Native Hawaiian or other Pacific Islander       White

**ETHNIC IDENTITY OF CHILD**

- Hispanic or Latino  
 Not Hispanic or Latino

Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless you list your child's food stamp or TANF case number or are applying for a foster child, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or TANF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

**For Contractor Use Only:**

- Food Stamp/TANF household       Foster Child       Zero Income Application – Temporary Free Until \_\_\_\_\_  
(evaluate every 45 days)

Total Household Size: \_\_\_\_\_ Total Household Income: \$ \_\_\_\_\_ Weekly / Biweekly / Twice a Month / Monthly / Annually

Note: If different income frequencies are listed, convert all income to an annual amount. **(Circle one of the above)**

Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Eligibility Determination:  Free       Reduced       Non-need

Reason for Non-need Status:  Income too High       Incomplete Application       Other (Reason) \_\_\_\_\_

Signature of Determining Official: \_\_\_\_\_ Date Signed: \_\_\_\_\_



## Child Care Food Program

# Child Participation Form

Name of Child: \_\_\_\_\_ Name of Facility: Aquarelle Kids Academy

Dear Parent:

Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

<b>If child care hours are the same every day, please complete this chart.</b>		
Day	Normal Hours in Care	Meals Normally Received While in Care
Mon – Fri	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

**OR**

<b>If child care hours are <u>not</u> the same every day, please complete this chart.</b>		
Monday	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Tuesday	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Wednesday	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Thursday	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Friday	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Saturday	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Sunday	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

**Check here if your child has no regularly scheduled hours of care**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_