

## Child Care Center Meal Benefit Income Eligibility Form

### Sun Bright Childcare & Learning Center 3424 N 11th St, Philadelphia, Pennsylvania 19140

Fill out all fields (\*) in PRINT with Black ink. If left blank- forms will NOT be processed- Child(ren) will NOT be placed on the roster to receive meals.

Part 1. All household Members			
*Names of <b>Enrolled</b> child(ren) in this daycare: <b>Kids attending THIS location</b> <input type="checkbox"/> <b>FIRST and LAST</b>	CHECK IF A <b>FOSTER CHILD</b> (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PARK 5 TO SIGN THIS FORM)	*CHECK IF NO INCOME	*AGE
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Names of all Household Members (First, Middle Initial, Last)	Total # of people in your house* : _____		
<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	

**\*Part 2. Benefits: Do you receive SNAP Benefits?**  YES  NO (Check One)  
 If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 3  
**\*NAME:** \_\_\_\_\_ **CASE NUMBER:\*** \_\_\_\_-\_\_-\_\_\_\_\_

**Part 3. If any child you are applying for is homeless, migrant or a runaway, check the appropriate box and call [ Your center director, Homeless Liaison, Migrant Coordinator at Phone #] Homeless  Migrant  Runaway**

**Part 4. Total Household Gross income and how often it was received e.g. weekly, bi-weekly, monthly**

Name (List ONLY household members with income)	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All other income
(Example) Jane Smith	\$ Gross Income/ How often	\$ Gross Income/ How often	\$ Gross Income/ How often	\$* ____/____
<input type="checkbox"/> *	\$* ____/____	\$* ____/____	\$* ____/____	\$* ____/____
<input type="checkbox"/> *	\$* ____/____	\$* ____/____	\$* ____/____	\$* ____/____
<input type="checkbox"/> *	\$* ____/____	\$* ____/____	\$* ____/____	\$* ____/____

**Part 5. Signature and Last Four Digits of Social Security Number (Adult Must Sign)**  
 \*Sign here: \_\_\_\_\_ \* Print Name: \_\_\_\_\_ \*Date \_\_\_\_\_  
 \*Address \_\_\_\_\_ \*Phone number \_\_\_\_\_  
 \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_ Last four digits of Social Security Number \_\_\_\_\_  
 I do not have a Social Security Number

**Part 6. Participant's ethnic and racial identities (optional)**  
 Hispanic of Latino  Not Hispanic or Latino  Asian  White  American Indian or Alaska Native  Native Hawaiian or Pacific Islander  Black or African American