

MEAL BENEFIT FORM FOR CHILDREN PROGRAM YEAR 2017-18

Name of Child Care Center: Imperial Community College Developmental Preschool and Infant Programs

Please read the instructions. If you need help completing this form call: _____

Complete, sign, and return form to: _____

1. CHILD INFORMATION

List names of all children enrolled for care

Check the box if the child is a foster child (the legal responsibility of a welfare agency or court).

Last	First	M.I.	If all children are foster children, go to number (#) 4 and sign this form.
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

2. BENEFITS

If you are receiving CalFresh, CalWORKs, or Food Distribution Program on Indian Reservations (FDPIR) benefits

NAMES	GROSS INCOME and how often it was received (e.g. weekly, every two weeks, twice a month, monthly, or annually)*			
	EARNINGS FROM WORK BEFORE DEDUCTIONS	CHILD SUPPORT, ALIMONY	PAYMENTS FROM PENSIONS, RETIREMENT, SOCIAL SECURITY	EARNINGS FROM ANY OTHER INCOME
NAMES OF ALL HOUSEHOLD MEMBERS (INCLUDE THE CHILDREN LISTED ABOVE)				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$			
	\$	\$	\$	\$

*Applicants without income are requested to write a **zero** in the applicable field or mark **no income**. Any income field left blank is a positive indication of no income and certifies that there is no income to report. Applications with blank income fields will be processed as complete.

4. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SSN) AND SIGN

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U.S. DEPARTMENT OF AGRICULTURE NONDISCRIMINATION STATEMENT

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille,

HOW TO COMPLETE THE MEAL BENEFIT FORM

Using the instructions below, please complete, sign, and return the MBF to:

If you need help, call 52 T n BT -0.002 Tc 0.001 Tw 9.96 -0 0 9.96 57 3n (c)-8 (u)Tj 0.5ab)-1N21 ((6)15.3 (5.

