

**Instructions for Completing the Meal Benefit Application  
Family Child Care: July 1, 2009 - June 30, 2010**

Complete the form using the instructions below. Complete a separate application for each foster child. Call 1-800-477-3993, x3030 if you need assistance. Return the completed and signed form to The Planning Council 130 W Plume St., Norfolk, VA 23510.

PART 1 - Use one household Meal Benefit Application for all children in your household enrolled with your day care provider.  
1. Print the name of each enrolled child(ren).

**PART 1A - ENROLLED CHILD (CHILDREN) INFORMATION/CATEGORICAL ELIGIBILITY**

- This Part may apply to you if you are completing this application so that we may determine your FCC provider's eligibility for the higher reimbursement rate for meals served to your child.
- If a child is enrolled in any of the programs listed, provide a case number or check the box and proceed to Part 4, do not complete Part 3.
- If a FSP or TCA# is provided, a Social Security Number is not required in part 4.

**PART IB - CHILD CARE PROVIDER INFORMATION**

- To be completed by the Family Child Care Provider.
- List your FSP or TCA number, if applicable.
- Skip Part 3. You do not need to list names of household members or income if you list an FSP or TCA number for the household.
- An adult household member must sign the application in Part 4. A Social Security Number is not necessary.

**PAJRT 2 - COMPLETE ONLY IF APPLYING FOR A FOSTER CHILD**

- Check the box and list the personal use monthly income, if any, for the child.  
"Personal use" income is: (a) Money given by the Department of Social Services identified by category for the personal use of the child, such as for clothing, school fees, and allowances; and (b) All other money the child gets, such as money from his/her family and money from the full-time or regular part-time jobs of the child.
- Skip Part 3. Do not list any other child (children), household members, or income.
- A foster parent or other official representing the child must sign the application in Part 4. A Social Security Number is not necessary.

**PART 3 - TOTAL HOUSEHOLD GROSS INCOME**

- List the first and last name of everyone in your household, whether they get income or not. Your household includes all those living as one economic unit. Include yourself, all children living with you, and any other person living in your household, related or not (such as grandparents, other relatives, or friends). Do not list foster children; complete a separate application for each foster child as directed in Part 2.
- Next to each person's name list each type of income received last month, and how often it was received. You must indicate how much (the dollar amount), and how often received (weekly, every other week, twice a month, or monthly). If a household member has no income—indicate this by checking the box in the last column.
- Report all income as gross income, except as noted. Gross income is the amount earned before taxes and other deductions. This is not the same as take-home pay. For self-owned business, farm, or rental income, report income as net income.
- If you are in the Military Housing Privatization Initiative, do not include this housing allowance.
- Family child care providers completing this application to establish Tier I eligibility must provide the documents specified in the letter accompanying the application. These are necessary to complete the required verification process.

**PART 4 - SIGNATURE AND SOCIAL SECURITY NUMBER - ALL HOUSEHOLDS COMPLETE**

- All forms must have the signature of an adult household member.
- The form must have the Social Security Number of the adult who signs unless the adult does not have a Social Security Number. Write "none" to show that the adult does not have a Social Security Number. A Social Security Number is not needed if you listed a FSP or TCA number for either yourself (if you are the provider), or each enrolled child (children), or if you are applying for a foster child.

**PART 5 - RACIAL/ETHNIC IDENTITY**

- You are not required to answer this question to get meal benefits. This information will help ensure that everyone is treated fairly.

**Income to Report:**

Earnings from Work  
Wages/salaries/tips

Additional Income

Child Support  
Alimony TCA  
Payments Pensions  
Retirement Social  
Security

All Other income

Disability benefits  
Cash withdrawn from savings  
Interest/Dividends  
Income from Estates/Trusts/  
Investments Regular  
contributions from  
persons not living in the household  
Net royalties/annuities/  
net rental income  
Strike benefits  
Unemployment compensation Workers  
compensation Net income from self-owned  
business or farm Supplemental Security  
Income (SSI) Veterans benefits (VA)

**Income Eligibility Guidelines - Reduced-Price Meals  
July 1, 2009 to June 30, 2010**

Household Size	Year	Month	Week
1	\$20,036	\$1,670	\$386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
For each add'l member add:	\$6,919	\$577	\$134