

See INSTRUCTIONS on reverse.

**CHILD CARE CENTER NAME** Brooklyn Child Care Incorporated (BCCI)

Print the name of the child(ren) enrolled in this child care center

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**DIRECTIONS**

**Complete SECTION A if anyone in your household**

- 1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
- 2. Receives Temporary Assistance to Needy Families (TANF)
- 3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
- 4. Is a foster child

**SECTION A**

SNAP Case # \_\_\_\_\_

TANF # \_\_\_\_\_

FDPIR # \_\_\_\_\_

Names of Foster Children \_\_\_\_\_  
\_\_\_\_\_

**An adult household member must sign the application before it can be approved.** After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR SPONSOR USE ONLY**

CACFP Agreement # \_\_\_\_\_

Total Number of Household Members \_\_\_\_\_  
(INCLUDING FOSTER CHILDREN, IF APPLICABLE)

Total Household Income \$ \_\_\_\_\_

Free \_\_\_\_\_ Reduced \_\_\_\_\_ Paid \_\_\_\_\_

Date of Determination \_\_\_\_\_

Signature of Center Staff \_\_\_\_\_

**Complete SECTION B if no one in your household** participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

**SECTION B**

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
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- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_
- 6. \_\_\_\_\_ \$ \_\_\_\_\_
- 7. \_\_\_\_\_ \$ \_\_\_\_\_

**An adult household member must sign the application before it can be approved.** After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER     DATE \_\_\_\_\_

USDA is an equal opportunity provider and employer.