



South Carolina Department of Social Services
**APPLICATION FOR FREE AND REDUCED-PRICE MEALS
 IN CHILD CARE FOOD PROGRAMS**

Part 1. Name of Enrolled Child(ren): _____

Part 2. List All Household Members (Including Enrolled Child(ren))

Names of all household members (First, Middle Initial, Last)	Check if No Income	If all children listed in Part 2 are Foster, Homeless, Migrant or Head Start skip to Part 5 to sign this form. Attach an approval letter from the Head Start agency for all Head Start children.	Foster	Homeless	Migrant	Head Start

Part 3. Benefits: If any member of your household received SNAP (formerly Food Stamps), Family Independence (FI), or FDPIR provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 4.**

NAME: _____ CASE NUMBER: _____

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income)	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
<i>(Example)</i> Jane Smith	\$200 Weekly	\$150 Twice a Month	\$100 Monthly	\$ _____ _____
	\$ _____ _____	\$ _____ _____	\$ _____ _____	\$ _____ _____
	\$ _____ _____	\$ _____ _____	\$ _____ _____	\$ _____ _____
	\$ _____ _____	\$ _____ _____	\$ _____ _____	\$ _____ _____
	\$ _____ _____	\$ _____ _____	\$ _____ _____	\$ _____ _____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **The adult signing the form must also list the last four digits of his or her Social Security Number or mark the “I do not have a Social Security Number” box.** (See Privacy Act Statement on page 3 of this form.)

I certify that all information on this form is true and that all income is reported. I understand that the center or child care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

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

INSTRUCTIONS FOR DSS Form 16160

Follow these instructions, if your household gets SNAP (formerly Food Stamps), Family Independence (FI) or Food Distribution on Indian (FDPIR):

Part 1: List all enrolled child(ren).

Part 2: List all household members including enrolled children.

Part 3: List the case number for any household members (including adults) receiving SNAP or FI or FDPIR benefits.

Part 4: Skip this part.

Part 5: Sign and date the form. The last four digits of a Social Security Number are **not** necessary.

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If all children you are applying for are foster children, or if you are only applying for benefits for the foster child:

Part 1: List all enrolled child(ren).

Part 2: List all foster children. Check the box indicating that the child is a foster child.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign and date the form. A Social Security Number is **not** necessary.

If some of the children in the household are foster children.

Part 1: List all enrolled child(ren).

Part 2: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.

Part 3: If the household does not have a case number, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got for the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign and date the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List all enrolled child(ren).

Part 2: List all and household members including enrolled children. For any people, including children, with no income, you must check the "No Income Box." If you are applying for a child(ren) who is homeless, migrant, Head Start or a foster child check the appropriate box. Attach a copy of the Head Start approval letter for all Head Start children.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got for the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign and date the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

The participant in the child care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Household size	Yearly
1	\$ 21,978
2	29,637
3	37,296
4	44,955
5	52,614
6	60,273
7	67,951
8	75,647
Each additional person:	+ 7,696

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Family Independence (FI) or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier, or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

For Sponsoring Organization or Child Care Facility Use ONLY.

FOSTER CHILDREN: Are there foster children listed on page 1? Yes No
Foster Children are categorically eligible for free. Centers should mark these children free on the Master Roster. Sponsors of homes should mark these children Tier I.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year

Household size: _____

For All Other Children: Eligibility: Free _____ Reduced _____ Paid _____ For Child Care Homes Only: Tier I _____ Tier II _____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETING DSS Form 16160

ALL HOUSEHOLDS:

Part 6: Answer this question if you choose.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

For Sponsoring Organization or Child Care Use ONLY: To be complete by CACFP Institutions only.
