MEAL BENEFIT FORM FOR CHILDREN
PROGRAM YEAR _____

Name of Child Care Center: _____

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**.**
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2. BENEFITS
If you are receiving CalFresh, CalWORKs, or Food Distribution Program on Indian Reservations (FDPIR) benefits for your child, list the case number and **do not** complete #3. Go to #4.

CalFresh Case #:
CalWorks Case #:
FDPIR Case #:

3. ALL HOUSEHOLD MEMBERS
Complete this section if you **did not** complete #2. List all household. Go to #4.

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