

MEAL BENEFIT FORM FOR YEAR _____

Complete, sign, and return the form to _____

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

1. CHILD INFORMATION:

CHILD'S NAME: _____
Last First M.I.

CHILD'S NAME: _____
Last First M.I.

CHILD'S NAME: _____
Last First M.I.

CHILD'S NAME: _____
Last First M.I.

FOR MEAL BENEFITS IN CHILD CARE:

Name of Child Care Center: _____

2. FOSTER CHILDREN: (See the instructions). If this is a foster child, check here and write the child's monthly personal use income here: \$ _____, Go to Section #5.

3. OTHER BENEFITS: If you are getting Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits for your child, list the case number. **DO NOT** complete Section #4. Go to Section #5.

Food Stamp Case Number: _____

FDPIR Case Number: _____

CalWORKs Case Number: _____

Kin-GAP: _____

4. ALL OTHER HOUSEHOLDS: (Complete this section only if you did not complete Sections #2 or #3.) List all household members. List all income. Go to Section #5.

NAMES	CURRENT MONTHLY INCOME			
	MONTHLY EARNINGS FROM WORK (BEFORE DEDUCTIONS) JOB 1	MONTHLY WELFARE, CHILD SUPPORT, ALIMONY	MONTHLY PAYMENTS FROM PENSIONS, RETIREMENT, SOCIAL SECURITY	MONTHLY EARNINGS FROM JOB 2 OR ANY OTHER MONTHLY INCOME
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
8.	\$	\$	\$	\$
9.	\$	\$	\$	\$
10.	\$	\$	\$	\$
11.	\$	\$	\$	\$