

See INSTRUCTIONS on reverse.

**DAY CARE CENTER NAME:** RED HAT DAY CARE CENTER

Print the name of the child(ren) enrolled in Day Care:

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

**DIRECTIONS:**

**Complete SECTION A if your household:**

1. Receives Temporary Assistance to Needy Families (TANF)
2. Receives Food Stamps
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR)
4. Currently has a foster child enrolled in day care

**Complete SECTION B if Section A does not apply:**

Sign, date and indicate the Social Security number of the adult signing the certification and return the completed form to the day care center.

SECTION A	SECTION B															
<p>TANF Number _____</p> <p>Food Stamp Case Number _____</p> <p>FDPIR Number _____</p> <p>Foster Child's Name _____</p> <p>Foster Child's Personal Monthly Income \$ _____</p> <p><b>An adult household member must sign the application before it can be approved.</b> After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>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 <b>last month</b> in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, welfare payments, child support and any other sources of income.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name of Household Members</th> <th style="width: 30%;">Monthly Gross Income</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>\$ _____</td></tr> <tr><td>2. _____</td><td>\$ _____</td></tr> <tr><td>3. _____</td><td>\$ _____</td></tr> <tr><td>4. _____</td><td>\$ _____</td></tr> <tr><td>5. _____</td><td>\$ _____</td></tr> <tr><td>6. _____</td><td>\$ _____</td></tr> </tbody> </table> <p><b>An adult household member must sign the application before it can be approved.</b> After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.</p> <p>Signature: _____</p> <p>Print Name: _____</p> <p>SS# _____ Date: _____</p>		Name of Household Members	Monthly Gross Income	1. _____	\$ _____	2. _____	\$ _____	3. _____	\$ _____	4. _____	\$ _____	5. _____	\$ _____	6. _____	\$ _____
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FOR SPONSOR USE ONLY																
<p>Sponsor Agreement Number _____</p> <p>Total Household Members _____</p> <p>Total Income \$ _____</p> <p>Free _____ Reduced _____ Paid _____</p> <p>Signature of Determining Official _____</p> <p>Date Determined ____ / ____ / ____</p>																