

This must be filled out with ALL the children attending this specific site.

EX: if you have two children attending this site then

CHILD 1 NAME, CHILD 2 NAME

**Please include all household Members,
INCLUDING THE ENROLLED CHILDREN**

- IF they are FOSTER CHILDREN checkmark next to their name.
- IF THEY DO NOT HAVE AN INCOME checkmark in the correct box confirming they HAVE NO INCOME
- For those who do not have a checkmark ensure they are listed in part 4

• Reminder TANF and SNAP # benefits are 8 to 9 digits in length

• Reminder TANF and SNAP # benefits are 8 to 9 digits in length

**In filling part 4 list all the people receiving income.
Insure the income includes frequency of pay**

Please fill out completely.

Remember to place your last 4 digits of you SSN or if your household does not have a SSN to place a check mark confirming that you do not have one.

one of these three boxes must be filled.

THIS INSTITUTION IS AN EQUAL
OPPORTUNITY PROVIDER



PCCPA