  ***2023/2024 School Year*** **School or Site:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Amador Tuolumne Community Action Agency (ATCAA)***

***(209) 984-3960 x101***

**\*Please only fill out if you are eligible and want this program\***

**FOOD FOR KIDS PROGRAM APPLICATION**

**If your children don’t attend the same school, you must fill out a separate application for each child**

*PRINT LEGIBLY*

***Student Name***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_ **Teacher**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Student Name***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_ **Teacher**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Student Name***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_ **Teacher**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Student Name***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_ **Teacher**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone or Message Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Member Information** -**Include everyone in household**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Age** | **Name** | Age |
| 1. |  | 6. |  |
| 2. |  | 7. |  |
| 3. |  | 8. |  |
| 4. |  | 9. |  |
| 5. |  | 10. |  |

**Number of Household Members**: 1 2 3 4 5 6 7 8 9+

***Did you know that your family may qualify for other ATCAA Programs?***

 Would you like someone to contact you from one of our other programs? **Yes** or **No**  (please circle one)

**Please circle all that you would like information about:**

**Head Start Programs Youth Programs Family & Adult Programs Housing Weatherization Other Food Distributions**

**Verification of Eligibility**

*I certify under penalty of perjury that my household income does not exceed the monthly guidelines listed*

*below* ***or*** *for the past 12 months does not exceed the annual income guidelines listed below and those foods*

*received will be for personal home use and will not be sold, traded, or given away.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number in Household | Total Monthly Income | Max. Yearly Income | Number in Household | Total Monthly income | Max. Yearly Income |
| *1* | *$2,855.25* | *$34,263.00* | *6* | *$7,888.17* | *$94,658.00* |
| *2* | *$3,861.83* | *$46,342.00* | *7* | *$8,894.75* | *$106,737.00* |
| *3* | *$4,868.42* | *$58,421.00* | *8* | *$9,901.33* | *$118,816.00* |
| *4* | *$5,875.00* | *$70,500.00* | *Over 8*  | *Add $1,006.59 each* | *Add $12,079.00 each* |
| *5* | *$6,881.58* | *$82,579.00* |  |  |  |

**I certify that my income does not exceed $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ for a family of \_\_\_\_\_\_\_ persons.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Provided by California Department of Social Services Emergency Food Assistance Program, U.S. Department of Health and Human Services Community Food and

Nutrition Program, California Emergency Foodlink, and the Amador Tuolumne Community Action Agency Food Bank. No person shall be discriminated against in participating, due to

age, sex, color, religion, gender, marital status, ancestry, medical condition, physical or mental disability, citizenship or any other consideration made unlawful by state, federal or local laws.