Texas Department of Agriculture

Form H1531
November 2008

Child Care Food Program and Summer Food Service Program

Child Nutrition Program Application

Notice to Parents

The information requested on this form is required by the Child Nutrition Programs. It is not related to any fees you may be charged by the sponsor or institution. Financial information is for the exclusive use of the Child Nutrition Programs and is considered confidential.

1. Give the name and age of the child who will participate in the Child Nutrition Programs:

		For Institutional Use Only	
Child's Name	Date of Birth	Date Enrolled	Date Dropped

2. Are you now receiving Food Stamps or TANF for this child?..... ☐ Yes ☐ No

   If "Yes," what is your Food Stamp Case Number or your TANF Case Number? (You are not required to give this information.)

Food Stamp Case Number	TANF Case Number

   If you give your Food Stamp Case Number or TANF Case Number, it is not necessary to complete Item 3 below. Go to Item 5.

3. Give the following information about everyone living in your household, including yourself:

		Monthly Income Information				
		Salary Before Deductions		Welfare, Unemployment, Child Support	Pensions, Retirement, Social Security	All Other Monthly Income
Name (Last, First)	Age	First Job	Second Job			

Total Number of Household Members:	For Institutional Use Only	Total Household Monthly Income: $

4. Disclosure of information: The above household income information may be disclosed for the purpose of enrolling children in the children's health insurance program. Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility for free or reduced-price meals. I ☐ do ☐ do not elect to allow my household information to be disclosed.

5. I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given to receive federal funds; that program officials may verify the information on my application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature – Adult Household Member	Date	Social Security Number