Texas Department of Agriculture

Form H1531
June 2007

Child Care Food Program and Summer Food Service Program

Child Nutrition Program Application

Woodbridge D.S.

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 4.

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. 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 school 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.

Social Security Number

Signature – Adult Household Member

Date