Form H1652
Instructions

Application for Meals in Adult Day Care Center

10-2008

PURPOSE

To obtain information from program participants needed to determine eligibility for free or reduced-price meals.

When to Prepare

The program applicant, a spouse, a dependent, or a representative designated by the applicant completes the application at the time of initial application and at least annually thereafter.

Number of Copies

Applicant completes one copy.

Transmittal

Keep the original in your CACFP files and give a copy to the program applicant.

How to Obtain Copies

Make additional copies as needed or download Form H1652 from the Texas Department of Agriculture (TDA) website at www.snptexas.org.

Form Retention

Keep Form H1652 for three years and 90 days after the end of the program year. Exception: If audit findings, claims or litigation have not been resolved by the end of the retention period, you must retain all forms and records until all issues are resolved.

DETAILED INSTRUCTIONS

Applicant's Name — The contractor must ensure that the complete name of the applicant is entered in the box provided.

Address and Telephone Number — The contractor should check to see if the address and telephone number of the applicant are provided.
**Part 1** — If the applicant receives assistance under Medicaid, SSI or Food Stamps, Part 1 must be completed. The box for the appropriate program(s) must be checked and the case or identification number for each of the programs must be entered.

If the applicant does not receive benefits from Medicaid, SSI, or Food Stamps, or if incomplete information is provided on Part 1, Part 2 must be completed.

**Part 2** — The contractor must ensure that information to determine household size and income is provided for the applicant, spouse, and direct dependents of the applicant. This includes the name, age, and gross monthly income of each.

On line 1, the applicant's name, age, and the amount of any gross income, welfare, unemployment benefits, pensions, retirement, or other income received by the applicant must be entered.

On line 2 the same information for the applicant's spouse, if living in the applicant's household, must be entered.

On lines 3-8 the same information for direct dependents that live in the applicant's household must be entered.

**Total Number of Household Members** — The contractor must check to ensure that the total number of household members entered by the applicant equals the sum of the individuals listed on lines 1 through 8.

**Total Gross Monthly Income** — The contractor must calculate the total gross monthly income using the information provided in Part 2. Enter the total income in the box provided.

Bi-weekly income must be multiplied by 2.15 to obtain monthly income. Weekly income must be multiplied by 4.33 to arrive at the monthly income. Bi-monthly income must be multiplied by 2 to arrive at the monthly income. Multiplying the bi-weekly, weekly or bi-monthly income by any other numbers may result in your incorrectly categorizing a program participant.

The contractor must ensure that the applicant has read and/or understands the Notice (first paragraph) at the top of page 2. This explains that the applicant or the adult household member who completes the information and signs the form, must list his/her Social Security number (SSN), or write "none" if the applicant does not have an SSN. His/Her SSN may be used to verify the information on the application and he/she is responsible for its accuracy. If the information is found to be inaccurate, the applicant or household member signing the form may lose benefits and legal action may be taken against him/her.
Part 3 — Part 3 asks that the applicant provide ethnicity or race.

Although this information would be helpful, it is not required to be completed for the applicant to be eligible. To complete Part 3, the applicant should check the box by the ethnic group or race of his/her choice.

Part 4 — The applicant must read or have someone read to him/her the certification statement at the beginning of Part 4. This statement explains that federal funds will be received based on the information provided by the applicant or adult household member signing the form, that this information may be verified and that if incorrect information is submitted intentionally, he/she could be subjected to prosecution.

Signature — The contractor must ensure that the applicant or adult household member listed on Page 1 that completed the application, has signed and dated the form. Also ensure that if the applicant or adult household member listed on Page 1 could not sign the form, that the applicant placed an "X" on the signature line.

Social Security Number — The contractor must ensure that the SSN of the applicant or adult household member signing the form is entered in the box provided. If the applicant's Medicaid, SSI, or food stamp number is provided in Part 1, the SSN is not required.

Representative/Witness — If an applicant lives alone and cannot complete or sign the application, the applicant may ask a representative to complete the application in his/her behalf or witness his/her mark on the signature line. The representative may also date the applicant's mark and complete the SSN box. The representative may be a relative, friend or center employee. The representative or witness is not required to enter his/her SSN nor is he/she responsible for the information provided by the applicant.

If the applicant signed with his/her mark, the contractor must ensure that the representative or witness signed and dated the form in the space provided.

Part 5 — Part 5 is for the contracting agency use only.

Signature — The center representative that reviews the form and makes the eligibility determination must sign the form.

Date of Signature — The center representative who reviews the form, makes the eligibility determination, and signs the form must enter his/her date of signature.

Category — The contractor must make an eligibility determination based on information provided on Form H1652.
- **For eligibility based on family size and income**, the completed Form H1652 must include the applicant's name, and Parts 2 and 4 of the form must be complete and correct. The contractor must compare the total number of household members to the total gross monthly income for the adult household members with USDA standards (Form H4504) to determine whether the applicant is eligible for free or reduced-price meals.

- **For eligibility based on receipt of Food Stamp, Medicaid, or SSI benefits**, the completed Form H1652 must include the applicant's name, and Parts 1 and 4 of the form must be complete and correct.

A contractor must include any program participant in the "paid" category who is not income eligible, who is not eligible based on receipt of Food Stamps, Medicaid, or SSI, or who is not eligible because a Form H1652 is incomplete.