

<p>USDA Supplemental Nutrition Assistance Program Application for Meal Services</p>	<p>FOR USDA USE ONLY FNS Number: Date Authorized: Authorization Initials: Sponsor Type: County Code:</p>
<p>Part 1 - Meal Service Types Directions: Review the descriptions below and check the meal service type that describes the meal service. You may only check one box (one meal service type) per application.</p>	
<p>Private For-Profit Restaurant or Private For-Profit Meal Delivery Service means private for-profit establishments that contract with an appropriate State or local agency to offer meals at concessional prices to homeless individuals, elderly persons and their spouses or supplemental security income (SSI) recipients and their spouses.</p>	<p>Private For-Profit Restaurant <input type="checkbox"/> Private For-Profit Meal Delivery <input type="checkbox"/> Franchise yes <input type="checkbox"/> no <input type="checkbox"/></p>
<p>Drug and/or Alcohol Treatment Program means any drug addiction or alcoholic treatment and rehabilitation program conducted by a private nonprofit organization or institution, or a publicly operated community mental health center, that is operating under part B of Title XIX of the Public Health Service Act (42 U.S.C. 300x et. seq.).</p>	<p>Private Nonprofit Organization/Institution <input type="checkbox"/> Publicly Operated Organization/Institution <input type="checkbox"/></p>
<p>Meal Delivery Service means a public or a private nonprofit organization that prepares and delivers meals to elderly persons and their spouses and/or to the physically or mentally handicapped and persons otherwise disabled, and their spouses if they are unable to adequately prepare all of their meals.</p>	<p>Public Meal Delivery <input type="checkbox"/> Private Nonprofit Meal Delivery <input type="checkbox"/></p>
<p>Communal Dining Facility means a public or private nonprofit establishment that prepares and serves meals for elderly persons and their spouses or for SSI recipients and their spouses.</p>	<p>Public Communal Facility <input type="checkbox"/> Private Nonprofit Communal Facility <input type="checkbox"/></p>
<p>Homeless Meal Provider means a public or private nonprofit establishment (e.g., soup kitchen, temporary shelter), approved by an appropriate State or local agency, that feeds homeless persons. If the site receives donated food items from USDA, the site must also purchase and serve other food.</p>	<p>Public Establishment <input type="checkbox"/> Private Nonprofit Establishment <input type="checkbox"/></p>
<p>Shelter for Battered Women and Children means a public or private nonprofit residential facility that serves meals or provides food to battered women and children. If such a facility serves other individuals, part of the facility must be set aside on a long-term basis to serve battered women and children.</p>	<p>Public Facility <input type="checkbox"/> Private Nonprofit Facility <input type="checkbox"/></p>
<p>Group Living Arrangement means a public or private nonprofit residential setting that serves no more than 16 residents and that is certified by the appropriate State agency(ies) in accordance with 1616(e) of the Social Security Act or standards determined by USDA to be comparable.</p>	<p>Public Facility <input type="checkbox"/> Private Nonprofit Facility <input type="checkbox"/></p>
<p>Private For-Profit Senior Citizens' Center or Residential Building means a facility that prepares and serves meals to elderly or SSI recipients. Participating residential buildings must be occupied primarily by elderly or SSI recipients.</p>	<p>Senior Citizens Center <input type="checkbox"/> Residential Building <input type="checkbox"/></p>
<p>You need to complete a separate FNS-252-2 application for each type of meal service you operate.</p>	

***Part 2 - Sponsoring Organization or Business**
Directions: All applicants must complete this section.

Name:

Doing Business As (if applicable):

Mailing Address:

City: State: Zip:

Federal Employer Identification Number (EIN), if applicable:

Name of Person Responsible for Operation of Meal Service:

Title:

Telephone: ()

Fax, optional:

E-mail, optional:

If this is a private for-profit restaurant, private for-profit meal delivery service, or private for-profit senior citizens center or residential building, you must also complete Part 4.

Part 3 - Site Specific Information - Site Where Meals Are Served

Directions: All applicants must complete this section. You must provide information on all meal sites under the meal service's sponsorship.

Number of sites to accept Supplemental Nutrition Assistance Program benefits:

Site Name #1

Location Address:

City: State: Zip:

Check days of operation: M T W TH F SA SU

Meals served: Breakfast Lunch Dinner

Person Responsible for On-Site Operation, if different from Part 2:

Title:

Telephone:

If a Group Living Arrangement, number of residents served:

Site Name #2

Location Address:

City: State: Zip:

Check days of operation: M T W TH F SA SU

Meals served: Breakfast Lunch Dinner

Person Responsible for On-Site Operation, if different from Part 2:

Title:

Telephone:

If a Group Living Arrangement, number of residents served:

Site Name #3

Location Address:

City: State: Zip:

Check days of operation: M T W TH F SA SU

Meals served: Breakfast Lunch Dinner

Person Responsible for On-Site Operation, if different from Part 2:

Title:

Telephone:

If a Group Living Arrangement, number of residents served:

List additional sites on a separate sheet of paper and attach, using the same format above.

Part 4 - Ownership Information

NA

Directions: Complete this section only if you are a private for-profit restaurant, private for-profit meal delivery service, or private for-profit senior citizens center or residential building.

Form of Ownership: Sole Proprietorship Partnership Privately-held corporation
 Limited Liability Company Publicly-owned Corporation (if you check this, skip to Part 5)

Enter primary owner(s) or corporate officer(s) if one or if more people or a private for-profit corporation owns the meal service. In community property states, the spouse's information must also be entered. Community property states are: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, the state of Washington, and Wisconsin. Print names as they appear on the social security card.

Name (First, Middle, Last):

Title: Social Security Number:

Date of Birth:

Home Address:

City: State: Zip:

Enter other owner's or officers; information below, if applicable.

Name (First, Middle, Last):

Title: Social Security Number:

Date of Birth:

Home Address:

City: State: Zip:

Name (First, Middle, Last):

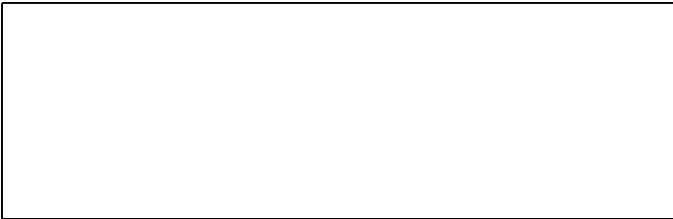
Title: Social Security Number:

Date of Birth:

Home Address:

City: State: Zip:

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SUBMIT APPLICATION TO YOUR LOCAL FNS FIELD OFFICE.

Part 5 - Agreement and Signature Block

I understand and agree:

- I have the authority to contract for the meal service.
- I have provided truthful and complete information on this form.
- I hereby agree to release to the Department of Agriculture (USDA), by my signature below my tax records and also to allow USDA to verify the accuracy of information submitted with this application.
- Any information I provide may be verified and shared by/with other agencies as described in attachment B. If I provide false information, my application may be denied or withdrawn.
- I accept responsibility to report changes in the meal service's ownership, address, type of business, and operation to the FNS field office.
- I will follow, and ensure representatives will follow, the Supplemental Nutrition Assistance Program regulations.
- I am aware that violations of program rules can result in fines, legal sanctions, withdrawal, or disqualification from the Supplemental Nutrition Assistance Program.
- I accept responsibility on behalf of the meal service for violations of the Supplemental Nutrition Assistance Program regulations, including those committed by any of the meal service's representatives, both paid or unpaid, new, full-time or part-time. These include violations, such as but not limited to:
 - Trading cash for Supplemental Nutrition Assistance Program benefits;
 - Knowingly accepting Supplemental Nutrition Assistance Program benefits from people not authorized to use them;
 - Accepting Supplemental Nutrition Assistance Program benefits as payments on credit accounts or loans;
 - Using Supplemental Nutrition Assistance Program benefits to cover the cost of room and board or treating Supplemental Nutrition Assistance Program customers differently than other customers;
 - Accepting Supplemental Nutrition Assistance Program benefits as payments for ineligible items.
- Participation can be denied or withdrawn if the meal service violates any laws or regulations issued by Federal, State or local agencies, including civil rights laws and their implementing regulations.
- Participation in the Supplemental Nutrition Assistance Program requires that I will not discriminate against any customer on the grounds of race, color, national origin, age, sex, handicap (disability), political belief or religion; and that I will immediately take any measures necessary to make sure that my customers are not discriminated against.
- Any individual or meal service accepting or redeeming Supplemental Nutrition Assistance Program benefits, if not authorized to do so, is subject to substantial fines and administrative sanctions.
- Approval to participate will be automatically withdrawn and the meal service will no longer be able to accept Supplemental Nutrition Assistance Program benefits upon loss of Federal tax-exempt status, cancellation or expiration of its contract with the State or local agency, or loss of its State certification, if required as a condition of eligibility.

I have read and understand the Privacy Act Statement, Warnings, and Certification as provided in attachment B.

Has the owner(s), manager(s), and/or officer(s) ever had a license denied, withdrawn, or suspended, or been fined for license violations (such as the Supplemental Nutrition Assistance Program, business, alcohol, tobacco, lottery, or health licenses)? If yes, provide an explanation on a separate sheet of paper. Yes No

Has any individual involved in the ownership or management of the meal service ever been convicted of any crime? If yes, provide an explanation on a separate sheet of paper. Yes No

Print Name:

Print Title:

Signature:

Date Signed:

Submit the supporting documentation as requested in Attachment A. If you have any questions, contact your local field office.

ATTACHMENT A - MEAL SERVICE APPLICATION REQUIRED DOCUMENTATION LIST

Directions: Provide all of the required documentation for the meal service type for which you are applying, along with the completed application form. Please keep attachments A and B for your records.

SECTION A: Private For-Profit Restaurant or For-Profit Meal Delivery Service

Required Documentation: (Provide all of the following)

- Copy of a government issued photo identification card and a copy of a Social Security card, or other verification of Social Security Number, for:
 - all owners/partners
 - all officer(s) of private corporations
 - also provide for spouses of owners/officers if store is located in a community property State (see Part 4 of the application)
- NOTE: Above documentation is not required for publicly-owned corporations
- Copy of the contract with the State agency
- Copy of a valid business license

SECTION B: Alcohol and / or Drug Treatment Program

Required Documentation:

- Proof of tax-exempt status as recognized by the Internal Revenue Service
- Certified by the State agency responsible for the rehabilitation of drug addicts or alcoholics (the State Title XIX agency) as:
 - i. Receiving part B Title XIX funding; or
 - ii. Operating under part B Title XIX even if no funds are being received; or
 - iii. Operating to further the purposes of part B of Title XIX, to provide treatment and rehabilitation of drug addicts and/or alcoholics.

SECTION C: Public or Private NonProfit Meal Delivery Service; Public or Private NonProfit Communal Dining Facility; Public or Private NonProfit Homeless Meal Provider; Shelter for Battered Women and Children

Required Documentation: For the four meal service types listed above, provide proof of the meal service's tax-exempt status as recognized by the Internal Revenue Service.

SECTION D: Group Living Arrangement

Required Documentation:

- Proof of tax-exempt status as recognized by the Internal Revenue Service.
- Certification by the appropriate State agency in accordance with regulations issued under 1616(e) of the Social Security Act or under comparable standards, as determined by the U.S. Department of Agriculture.

SECTION E: Private For-Profit Senior Citizens' Center or Residential Building

Required Documentation:

- If applying as a Residential Building, a signed statement from the owner(s) certifying: (1) that the building is occupied primarily by elderly persons (60 years of age or older) and SSI recipients and that it prepares and serves meals to such persons, and (2) that it does not provide a majority of the residents' meals (over 50 percent of three meals daily) as part of the institution's normal services.

ATTACHMENT B

Privacy Act Statement - Section 9 of the Food and Nutrition Act of 2008, as amended, (Title 7 U.S.C. 2011 et seq.) authorizes collection of this information. The primary use of this information is for the Supplemental Nutrition Assistance Program. Additional disclosures of the information may be to other FNS programs within Federal, State or local offices and investigative authorities, including local law enforcement agencies, when the Supplemental Nutrition Assistance Program becomes aware of a violation or possible violation of the Food and Nutrition Act, as explained in the next section of this document called "Use and Disclosure" [Title 7 U.S.C. 2018(c), Title 26 U.S.C. 6109(f), Title 42 U.S.C. 405(c) and Title U.S.C. 770119].

Where the owners' identification number is your Social Security Number (SSN), collection of this information is authorized by Section 271.1(b) of program regulations. Under this Section, we are also allowed to collect your Employee Identification Number (EIN) and tax information. We can only share SSNs and EINs with other Federal agencies which are allowed by law, to have these numbers in their own records [Title 26 U.S.C. 7213 and Title U.S.C. 2018(c)]. Furnishing the information on this form, including your SSN and EIN, is voluntary, but failure to do so may result in disapproval of this application.

If FNS or the Supplemental Nutrition Assistance Program uses the information furnished on this form for purposes other than those indicated on the form, it may provide you with an addition statement reflecting those purposes.

Use and Disclosure - We may use computers to check the information you give us against the information kept by other Federal agencies to ensure that the information you gave us is true, including SSNs and EINs. We will use the information you give us for managing and enforcing the Supplemental Nutrition Assistance Program laws and rules. We will also use the information to check on people and meal facilities that we think may be violating Supplemental Nutrition Assistance Program laws and rules. We can share SSNs and EINs with the Department of Justice for lawsuits and with the Treasury Department or other Federal agencies for reporting and collecting monies owed to us, including taking what you owe us out of future Federal tax refund, Federal salary, or Federal benefit you may receive (7 U.S.C. 2022 and 31 U.S.C. 3711). The information you give us (except SSNs and EINs) can also be shared with: (1) private collection agencies for collecting monies owed to us; (2) with local police and Federal and State agencies responsible for enforcing the Food and Nutrition Act or any other Federal or State laws and rules; and (3) State agencies responsible for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Penalty Warning Statement - We can deny or take away our approval for you to take Supplemental Nutrition Assistance Program benefits as payment for food provided in your meal service facility if you: (1) lie or give us untrue information; or (2) try to hide information we ask you to give us. If you lie, give us untrue information, or hide information from us, you and the people who own the meal service facility, can be made to pay \$10,000 or be put in jail for as long as five years or both (7 U.S.C. 2024 and 18 U.S.C. 1001).

Certification and Signature - By signing your name on this application, you are telling us that: (1) you are the meal service principal administrator, executive director, owner or that the meal service owner(s) have asked you to apply for them; (2) the information you and/or the owner(s) gave us on this form, or papers we asked for, is true, (3) you have read and understand all the information on this sheet; (4) you understand that you and the person(s) for whom you are applying are responsible for stopping workers, paid or unpaid, from breaking Supplemental Nutrition Assistance Program rules such as, but not limited to: (a) trading cash for Supplemental Nutrition Assistance Program benefits; (b) taking Supplemental Nutrition Assistance Program benefits from people not allowed to use them; (c) taking Supplemental Nutrition Assistance Program benefits to pay on a credit account or loan; (d) taking Supplemental Nutrition Assistance Program benefits to pay for items not allowed to be paid for with Supplemental Nutrition Assistance Program benefits; (e) treating Supplemental Nutrition Assistance Program customers differently than other customers. We can take away a meal service's right to take Supplemental Nutrition Assistance Program benefits as payment of food provided at your meal service facility if any owner(s), manager(s) or anyone working in the meal service violates any of the Supplemental Nutrition Assistance Program law or rules.

ATTACHMENT B - continued

Public reporting burden for this collection of information is estimated to average 11 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate (0584-0008) or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Dr., Alexandria, VA 22302. Do not return the completed form to this address.

To file a complaint of Discrimination, write to the USDA, Director, Office of Civil Rights, Room 326W Whitten Building, 1400 Independence Ave, SW, Washington, D.C. 20250-9410. Do not send the completed application form to this address.