

USDA Food Stamp DRAFT Application for Meal Services	FOR USDA USE ONLY Authorization Number: Date Authorized: Authorization Initials: Sponsor Type: County Code:
Part 1 - Meal Service Types Directions: Review the descriptions below and check the meal service type that describes the meal service.	
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.	Private For-Profit Dining Facility <input type="checkbox"/> Private For-Profit Meal Delivery <input type="checkbox"/> Franchise yes <input type="checkbox"/> no <input type="checkbox"/>
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 eligible to receive funding under part B of title XIX of the Public Health Service Act (42 U.S.C. 300x et. seq.).	Private Non-profit Organization/Institution <input type="checkbox"/> Publicly Operated Organization/Institution <input type="checkbox"/>
Meal Delivery Service means a public or a private non-profit 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.	Public Meal Delivery <input type="checkbox"/> Private Non-profit Meal Delivery <input type="checkbox"/>
Communal Dining Facility means a public or private non-profit establishment that prepares and serves meals for elderly persons and their spouses or for SSI recipients and their spouses.	Public Communal Facility <input type="checkbox"/> Private Non-profit Communal Facility <input type="checkbox"/>
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.	Public Establishment <input type="checkbox"/> Private Non-profit Establishment <input type="checkbox"/>
Shelter for Battered Women and Children means a public or private non-profit 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.	Public Facility <input type="checkbox"/> Private Non-profit Facility <input type="checkbox"/>
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.	Public Facility <input type="checkbox"/> Private Non-profit Facility <input type="checkbox"/>
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.	Senior Citizens Center <input type="checkbox"/> Residential Building <input type="checkbox"/>
You need to complete a separate FNS-252-2 application for each type of meal service you operate.	

*** 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 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 Food Stamp benefits:

Site Name

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

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

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

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:

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 Food Stamp 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

Part 5 - Agreement and Signature Block

I understand and agree to:

- I have the authority to contract for the meal service.
- I have provided truthful and complete information on this form.
- I hereby agree, by my signature below, 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 follow, Food Stamp Program regulations. I am aware that violations of program rules can result in fines, legal sanctions, withdrawal and/or disqualification from the Food Stamp Program.
- I accept responsibility on behalf of the meal service for violations of Food Stamp Program regulations, including those committed by any of the meal service's representatives, both paid or unpaid, new and part-time. These include violations, such as but not limited to:
 - Trading cash for food stamp benefits
 - Knowingly accepting food stamp benefits from people not authorized to use them
 - Accepting food stamp benefits as payments on credit accounts or loans
 - Using food stamp benefits to cover the cost of room and board or treating food stamp customers differently
 - Accepting food stamp benefits as payments for ineligible items
- Participation can be denied or withdrawn if the meal service violates any laws or regulations by Federal, State or local agencies.
- Any individual or meal service accepting or redeeming food stamp 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 food stamp 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.

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
- Copy of State certification that the facility is eligible to receive funding under Part B of Title XIX of the Public Health Service Act.

SECTION C: Public or Private Non-Profit Meal Delivery Service; Public or Private Non-Profit Communal Dining Facility; Public or Private Non-Profit 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 - By law we are allowed to ask you for the information on the application, including social security numbers (SSNs) and employer identification numbers (EINs). You do not have to give us these numbers, but we will deny your application if you do not give us the numbers. We can use and share the information you give us with other Federal, State or local offices as explained in the next section of this document called "Use and Disclosure." (See Title 7 U.S.C. 2018(c), Title 26 U.S.C. 6109(f), Title 42 U.S.C. 405(c) and Title 31 U.S.C. 77019(c)). We can only share SSNs and EINs with other Federal agencies which are allowed, by law, to have these numbers in their own records (See Title 26 U.S.C. 7213 and Title 7 U.S.C. 2018(c)).

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 food stamp laws and rules. We will also use the information to check on people and meal facilities that we think may be violating food stamp 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 Stamp 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 food stamp 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, 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 and unpaid, from breaking food stamp rules such as, but not limited to: (a) trading cash for food stamp benefits; (b) taking food stamp benefits from people not certified to use them; (c) taking food stamp benefits to pay on a credit account or loan; (d) taking food stamp benefits to pay for items not allowed to be paid for with food stamp benefits. We can withdraw a meal service's right to take food stamp 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 food stamp law or rules.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs or disability. To file a complaint of Discrimination, write: USDA, Director, Office of Civil Rights, Room 326W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a Collection of Information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0008. The time required to complete this information collection is estimated to average 18 hours and 11 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Department Clearance Officer, OIRM, AG Box 7630, Washington, D.C. 20250.