OMB APPROVED NO. 0584-0008
Expiration Date: 01/31/2021

USDA Supplemental Nutrition Assistance Program
Application for Meal Services

FOR USDA USE ONLY
FNS 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.
You may only check one box (one meal service type) per application.

Private For-Profit Restaurant 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 Restaurant ☐ Franchise Yes ☐ No ☐
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.).	Private Nonprofit Organization/Institution ☐ Publicly Operated Organization/Institution ☐
Meal Delivery Service or Private For-Profit Meal Delivery Service means a public or a private 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 ☐ Private For-Profit Meal Delivery ☐ Private Nonprofit Meal Delivery ☐
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.	Public Communal Facility ☐ Private Nonprofit Communal Facility ☐
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 ☐ Private Nonprofit Establishment ☐
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.	Public Facility ☐ Private Nonprofit Facility ☐
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 ☐ Private Nonprofit Facility ☐
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 ☐ Residential Building ☐

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:
Location 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 (required):		

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, including all locations from which deliveries originate or sites where benefits are accepted.

Number of sites to accept Supplemental Nutrition Assistance Program benefits:		
Site Name #1:		
Enter Site Location address if it is different from the Location Address entered above in Part 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 #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

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 6)

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:	
Date of Birth:	Social Security Number:	E-mail (optional):	
Home Address:			
City:		State:	Zip:
Name (First, Middle, Last):		Title:	
Date of Birth:	Social Security Number:	E-mail (optional):	
Home Address:			
City:		State:	Zip:
Name (First, Middle, Last):		Title:	
Date of Birth:	Social Security Number:	E-mail (optional):	
Home Address:			
City:		State:	Zip:

Part 5 - Business Information. Must be completed by all applicants.

Has any officer, owner, partner, or member and/or manager currently or ever been suspended or debarred from conducting business with or participating in any program administered by the Federal Government? ☐ Yes ☐ No

If Yes, please explain:

Is any officer, owner, partner, and/or member currently receiving assistance through the Supplemental Nutrition Assistance Program? ☐ Yes ☐ No

If Yes, has the officer, owner, partner, and/or member reported this meal service ownership to their SNAP caseworker? ☐ Yes ☐ No

If No, please explain below:

Has any officer, owner, partner and/or member ever been disqualified from receiving assistance through the Supplemental Nutrition Assistance Program for an intentional program violation (IPV) or fraud? ☐ Yes ☐ No

If Yes, please explain:

Does any officer, owner, partner, or member currently own any other SNAP authorized stores or meal services? ☐ Yes ☐ No

If Yes, how many currently authorized stores or meal services do you own?

Has any officer, owner, partner, or member and/or manager ever been denied, withdrawn, disqualified, suspended, or been fined for Supplemental Nutrition Assistance Program (SNAP), WIC, business, alcohol, tobacco, lottery, and/or health violations? If yes, provide an explanation on a separate sheet of paper. ☐ Yes ☐ No

Was any individual involved in the ownership or management of the meal service convicted of any crime after June 1, 1999? If yes, provide an explanation on a separate sheet of paper.	☐ Yes ☐ No

Provide the name and address of the financial institution (bank) that you will be using for SNAP payment deposits. you have additional information or comments you would like to provide to FNS (such as a contact person to discuss the application), please provide the information here.

Financial Institution Name:			
Financial Institution Mailing Address:			Additional Address (Bldg #, Unit #, Stall#)
City:	State:	Zip:	If foreign address, add Country:

If you have additional information or comments you would like to provide to FNS (such as a contact person to discuss the application), please provide the information here.

Part 6 - 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 have provided or will provide may be verified and shared by the USDA 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 FNS.
- 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.

PENALTY WARNING STATEMENT - The Food and Nutrition Service can deny or withdraw your approval to accept Supplemental Nutrition Assistance Program benefits if you provide false information or try to hide information we ask you to give us. In addition, if false information is provided or information is hidden from the Food and Nutrition Service, the owners of the firm may be liable for a $10,000 fine or imprisoned for as long as five years, or both (7 U.S.C. 2024(f) and 18 U.S.C. 1001).

I have read, understand and agree with the conditions of participation outlined in the Privacy Act, Use and Disclosure, Penalty Warning and Certification Statements, and agree to comply with all statutory and regulatory requirements associated with participation in the Supplemental Nutrition Assistance Program.

X _____ Signature

X _____ Print Name

_____ Date Signed

_____ Print Title

Submit the supporting documentation as requested in Attachment A.

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 501(c)(3) non-profit 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 501(c)(3) non-profit tax-exempt status as recognized by the Internal Revenue Service.

SECTION D: Group Living Arrangement

Required Documentation:

- Proof of 501(c)(3) non-profit 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 - **Authority**: Section 9 of the Food and Nutrition Act of 2008, as amended, (7 U.S.C. 2018); section 205(c)(2)(C) of the Social Security Act (42 U.S.C. 405(c)(2)(C)); and section 6109(f) of the Internal Revenue Code of 1986 (26 U.S.C. 6109(f)), authorizes collection of the information on this application.

- Information is collected primarily for use by the Food and Nutrition Service in the administration of the Supplemental Nutrition Assistance Program;
- Additional disclosure of this information may be made to other Food and Nutrition Service programs and to other Federal, State or local agencies and investigative authorities when the Supplemental Nutrition Assistance Program becomes aware of a violation or possible violation of the Food and Nutrition Act of 2008, as explained in the next section called "Use and Disclosure";
- Section 278.1(b) of the Supplemental Nutrition Assistance Program regulations provides for the collection of each owner's Social Security Number (SSN), Employee Identification Number (EIN) and tax information;
- The use and disclosure of SSNs and EINs obtained by applicants is covered in the Social Security Act and the Internal Revenue Code. In accordance with the Social Security Act and the Internal Revenue Code, applicant social security numbers and employer identification numbers may be disclosed only to other Federal agencies authorized to have access to social security numbers and employer identification numbers and maintain these numbers in their files, and only when the Secretary of Agriculture determines that disclosure would assist in verifying and matching such information against information maintained by such other agency [42 U.S.C. 405(c)(2)(C)(iii); 26 U.S.C. 6109(f)];
- Furnishing the information on this form, including your SSN and EIN, is voluntary but failure to do so will result in denial of this application;
- The Food and Nutrition Service may provide you with an additional statement reflecting any additional uses of the information furnished on this form.

USE AND DISCLOSURE - Routine Uses: We may use the information you give us in the following ways:

- We may disclose information to the Department of Justice (DOJ), a court or other tribunal, or another party before such tribunal when the USDA is involved in a lawsuit or has an interest in litigation and it has been determined that the use of such information is relevant and necessary and the disclosure is compatible with the purpose for which the information was collected;
- In the event that the information in our system indicates a violation of the Food and Nutrition Act or any other Federal or State law whether civil or criminal or regulatory in nature, and whether arising by general statute, or by regulation, rule, or order issued pursuant thereto, we may disclose the information you give us to the appropriate agency, whether Federal or State, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation or order issued pursuant thereto;
- We may use your information, including SSNs and EINs, to collect and report on delinquent debt and may disclose the information to other Federal and State agencies, as well as private collection agencies, for purposes of claims collection actions including, but not limited to, the Treasury Department for administrative or tax offset and referral to the Department of Justice for litigation. (**Note**: SSNs and EINs will only be disclosed to Federal agencies authorized to possess such information);
- We may disclose information to other Federal and State agencies to verify the information reported by applicants and participating firms/meal service providers, and to assist in the administration and enforcement of the Food and Nutrition Act, as well as other Federal and State laws. (**Note**: SSNs and EINs will only be disclosed to Federal agencies authorized to possess such information);
- We may disclose information to other Federal and State agencies to respond to specific requests from such Federal and State agencies for the purpose of administering the Food and Nutrition Act as well as other Federal and State laws;
- We may disclose information to other Federal and State agencies for the purpose of conducting computer matching programs;
- We may disclose information (excluding EINs and SSNs) to private entities having contractual agreements with us for designing, developing, and operating our systems, and for verification and computer matching purposes;
- We may disclose information to the Internal Revenue Service for the purpose of reporting delinquent retailer and wholesaler monetary penalties of $600 or more for violations committed under the SNAP. We will report each delinquent debt to the Internal Revenue Service on Form 1099-C (Cancellation of Debt). We will report these debts to the Internal Revenue Service under the authority of the Income Tax Regulations (26 CFR Parts 1 and 602) under section 6050P of the Internal Revenue Code (26 U.S.C. 6050P);
- We may disclose information to State agencies that administer the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), authorized under Section 17 of the Child Nutrition Act of 1966 (CNA) (42 U.S.C. 1786), for purposes of administering that Act and the regulations issued under that Act;
- Disclosures pursuant to 5 U.S.C. 55 2a(b)(12). We may disclose information to “consumer reporting agencies” as defined in the Fair Credit Reporting Act (15 U.S.C. 1681a(f)) or the Debt Collection Act of 1982 (31 U.S.C. 3711(d)(4));
- We may disclose information to the public when a retailer/meal service provider has been disqualified or otherwise sanctioned for violations of the Program after the time for administrative and judicial appeals has expired. This information is limited to the name and address of the store/meal service, the owner(s) name(s) and information about the sanction itself. The purpose of such disclosure is to assist in the administration and enforcement of the Food and Nutrition Act and Supplemental Nutrition Assistance Program regulations.

ATTACHMENT B - continued

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.

Public reporting burden for this collection of information is estimated to vary from 1 to 19 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 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 Policy Support, Room 1014, 3101 Park Center Drive, Alexandria, VA 22302, ATTN: PRA (0584-0008). Do not return the completed form to this address.

To file a complaint of Discrimination, write to the USDA, Director, Office of Adjudication, 1400 Independence Ave, SW, Washington, DC 20250-9410. Do not send the completed application form to this address.