

Institution Name: FOOD FOR KIDS, INC

Agreement Number: \_\_\_\_\_

Facility/Provider Name: \_\_\_\_\_

### Child and Adult Care Food Program (CACFP) Participant Enrollment Form

Dear Parent/Guardian,

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The enrolled participant will receive nutritious meals and snacks at no cost to you. CACFP needs verification of enrollment for each participant in this facility. Please fill out the parent/guardian section of this form, sign it and return it to the above facility/provider. Provide information for one participant per section. **(In order for the institution to receive reimbursement for meals served/claimed, this form must be completed for each enrolled participant annually.)**

Parent/Guardian Please Complete:

Participant's (Child) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex:  Male  Female

Date participant enrolled in the facility: \_\_\_\_\_

Food Allergies:  Yes  No

If "yes" specify: \_\_\_\_\_

**(If the participant cannot be served the CACFP Meal Pattern, a statement from the participant's Health Care Provider must be provided.)**

Check Days of Normal Care at facility:  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Check meals normally eaten at facility:  Breakfast  AM Snack  Lunch  PM Snack  Supper  Evening Snack

Please list the normal times of arrival and departure (check AM or PM) **Arrive:** \_\_\_\_\_  am  pm **Depart:** \_\_\_\_\_  am  pm

School Times: **Depart:** \_\_\_\_\_  am  pm **Return:** \_\_\_\_\_  am  pm

**If participant is an infant (0-11 months), please complete this box below. Check all applicable choice(s):**

This institution/ facility offers \_\_\_\_\_ formula for infants through CACFP. It is our choice  
(To be completed by facility/provider)

whether or not to use this formula based on your infant's needs. Baby foods provided by the institution/facility must be in compliance with the infant meal pattern as required by 7CFR 226.20.

- I will use the formula offered by this facility. I give permission for the formula to be mixed and/or bottles to be prepared for my infant by this facility's staff.
- I will not use the formula offered by this facility.  
If not, which formula will you send for your infant? \_\_\_\_\_  
If the formula you provide is a special formula, a medical statement must be submitted.
- I will provide breastmilk for my infant.
- My infant is four (4) months old and older and is developmentally ready for baby foods. I want the institution/facility to provide the following baby food(s) for my infant, which is/are allowed under 7CFR 226.20 (b)(2)(3)(4).  
\_\_\_\_\_

*Note to parents who are getting formula through the WIC Program: Your baby is eligible to get formula from this child care institution/facility as well as from the WIC Program. It is your decision which formula you want your baby to use when she/he is at child care. If you find you are getting more formula than your baby needs, you may wish to talk with your WIC nutritionist or your child care provider.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_ Check Work Shift:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  Other (Specify) \_\_\_\_\_

**For Facility/Provider Use Only:**

Signature of Facility Representative/Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Date the Participant Withdrew: \_\_\_\_\_

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly. 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, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

# 2021-2022 Child and Adult Care Food Program Meal Benefit Income Eligibility Application

Complete one application per household. Please use a pen (not a pencil).

## STEP 1 List ALL Household Members who are infants, children, and students up to and including age 18 (if more spaces are required for additional names, attach another sheet of paper)

| <p><b>Definition of Household Member:</b> "Anyone who is living with you and shares income and expenses, even if not related."</p> <p>Children in <b>Foster care</b> and children who meet the definition of <b>Homeless, Migrant</b> or <b>Runaway</b> are eligible for free meals. Read <b>How to Apply for Free and Reduced Price School Meals</b> for more information.</p> | Child's First Name | MI | Child's Last Name | Age | Enrolled? |    | Homeless, Migrant, Runaway |  |
|---|--------------------|----|-------------------|-----|-----------|----|----------------------------|--|
|   |                    |    |                   |     | Yes       | No | Foster Child               |  |
|   |                    |    |                   |     |           |    |                            |  |
|   |                    |    |                   |     |           |    |                            |  |
|   |                    |    |                   |     |           |    |                            |  |
|   |                    |    |                   |     |           |    |                            |  |

Check all that apply

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If **NO** > Go to STEP 3.

If **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

### A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

How often?

| Child income            | Weekly                | Bi-Weekly             | 2x Month              | Monthly               |
|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| \$ <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any income fields blank, you are certifying (promising) that there is no income to report.

| Name of Adult Household Members (First and Last) | Earning from Work       | How often?            |                       |                       |                       | Public Assistance/ Child Support/Alimony | How often?            |                       |                       |                       | Pensions/Retirement /All Other Income | How often?            |                       |                       |                       |
|--|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  |                         | Weekly                | Bi-Weekly             | 2x Month              | Monthly               |  | Weekly                | Bi-Weekly             | 2x Month              | Monthly               |                                       | Weekly                | Bi-Weekly             | 2x Month              | Monthly               |
| <input type="text"/>                             | \$ <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/>                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/>               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="text"/>                             | \$ <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/>                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/>               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="text"/>                             | \$ <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/>                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/>               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="text"/>                             | \$ <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/>                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/>               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="text"/>                             | \$ <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/>                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/>               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total Household Members \*  Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

\* Please ensure this number matches total members listed

Check if no SSN

## STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that determining officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

|  |                      |                                    |                      |                      |
|--|----------------------|------------------------------------|----------------------|----------------------|
| <input type="text"/>                   | <input type="text"/> | <input type="text"/>               | <input type="text"/> | <input type="text"/> |
| Street Address (if available)          | Apt #                | City                               | State                | Zip                  |
| <input type="text"/>                   | <input type="text"/> | <input type="text"/>               | <input type="text"/> | <input type="text"/> |
| Printed name of adult signing the form | Signature of adult   | Daytime Phone and Email (optional) |                      |                      |
| <input type="text"/>                   | <input type="text"/> | <input type="text"/>               |                      |                      |
| <input type="text"/>                   | <input type="text"/> | Today's date                       |                      |                      |

**INSTRUCTIONS** Sources of Income

| Sources of Income for Children                                      |   |
|---|---|
| Sources of Child Income   | Example(s)  |
| - Earnings from work  | - A child has a regular full or part-time job where they earn a salary or wages   |
| - Social Security<br>- Disability Payments<br>- Survivor's Benefits | - A child is blind or disabled and receives Social Security benefits<br>- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits |
| -Income from person outside the household                           | - A friend or extended family member regularly gives a child spending money   |
| -Income from any other source                                       | - A child receives regular income from a private pension fund, annuity, or trust  |

| Sources of Income for Adults   |   |   |
|--|---|---|
| Earnings from Work   | Public Assistance / Alimony / Child Support   | Pensions / Retirement / All Other Income  |
| - Salary, wages, cash bonuses<br>- Net income from self-employment (farm or business)<br><br>If you are in the U.S. Military:<br><br>- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)<br>- Allowances for off-base housing, food and clothing | - Unemployment benefits<br>- Worker's compensation<br>- Supplemental Security Income (SSI)<br>- Cash assistance from State or local government<br>- Alimony payments<br>- Child support payments<br>- Veteran's benefits<br>- Strike benefits | - Social Security (including railroad retirement and black lung benefits)<br>- Private pensions or disability benefits<br>- Regular income from trusts or estates<br>- Annuities<br>- Investment income<br>- Earned interest<br>- Rental income<br>- Regular cash payments from outside household |

**OPTIONAL** Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino  
 Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPPIR) case number or other FDPPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.  
 To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410  
 Fax: (202) 690-7442; or  
 Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)  
 This institution is an equal opportunity provider.

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**Do not fill out** For Official Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income   Weekly  Bi-Weekly  2x Month  Monthly  Household Size   Categorical Eligibility   Free  Reduced  Paid

Determining Official's Signature  Date  Confirming Official's Signature  Date