*Dear Parent or Guardian:*

*Our center has been approved for participation in the Child and Adult Care Food Program (CACFP). The CACFP reimburses the center for the partial cost of meals. Participation in the CACFP enables us to keep our fees lower as well as serve nutritious meals to children in our program.*

***The parent/guardian must complete Parts 1 and 4 and one of the following options:*** *Part 2, Part 3A or Part 3B, to determine the amount of CACFP funds the center will be eligible to receive. This form will be placed in our files and treated as confidential information.* ***Note: no white out or erasure should be used. If there is an error cross through, correct, and initial.***

**Part 1 FOR CHILD ENROLLMENT:**

- CHILD'S NAME: List the first and last name of all children enrolled at this center.
- DATE OF BIRTH: List each child's date of birth.
- TIMES OF CARE, DAYS OF CARE and MEALS SERVED: List the regular times of care for each child by listing their arrival time and leave time, check each day the child will be in care and check each meal type received while in care.
- ETHNICITY/RACE: Using the codes provided, enter the codes for ethnicity and race.
- FOSTER CHILD: If the child is a foster child (the legal responsibility of a foster care agency or the court), please check the box.

**Part 2 FOR A HOUSEHOLD RECEIVING BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), TEMPORARY ASSISTANCE FOR FAMILIES (TAF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR):**

- Complete Parts 1, 2 and 4 on the reverse side.
- Provide the name and case number for the program from which benefits are received.

**Part 3A FOR A HOUSEHOLD EXCEEDING THE INCOME GUIDELINES LISTED ON THE CHART BELOW:**

- Complete Parts 1, 3A and 4 on the reverse side.

**TO CALCULATE ANNUAL INCOME**

Weekly Income X 52 ♦ Every 2 Weeks Income X 26 ♦ Twice a Month Income X 24 ♦ Monthly Income X 12

| Household Size: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Each Additional Family Member |
|---|---|---|---|---|---|---|---|---|
| Annual Income: | $21,775 | $29,471 | $37,167 | $44,863 | $52,559 | $60,255 | $67,951 | + $7,696 |

**Part 3B FOR ALL OTHER HOUSEHOLDS:**

- Complete Parts 1, 3B and 4 on the reverse side using the additional information below.
- HOUSEHOLD NAMES: Write the names of everyone in your household not listed in Part 1. Include yourself and all other children, your spouse, grandparents, other relatives and unrelated people in your household. Use a separate sheet of paper if you do not have enough space.
- GROSS INCOME BEFORE DEDUCTIONS: Write the amount of income each person gets on the same line as their name. Use the appropriate column(s): Earnings from Work, Welfare/Child Support/Alimony, Pensions/Retirement/Social Security or Other Income (see list below). Next to the amount of income write how often the income was received. Income is all money before taxes or anything else is taken out. If a person does not have income, check the box for zero income.
  - OTHER INCOME: strike benefits, unemployment compensation, worker's compensation, disability benefits, interest/dividends, cash withdrawn from savings, income from estates/trust/investments, royalties/annuities/rental income, and regular contributions from persons not living in the household.
  - FOSTER CHILDREN: List any personal income received by the foster child under Part 3B. Personal income is (a) money given for the child's personal use, such as clothing, school fees and allowances and (b) all other money the child gets, such as money from his/her family.
  - MILITARY HOUSING BENEFITS: Report off-base housing allowance as income. If the housing is part of the Military Housing Privatization Initiative, do not include as income.
  - SELF-EMPLOYMENT: Report income derived from the business venture less operating costs for net income. The loss from the business cannot be deducted from a positive income earned in other employment. The least possible income is zero.
- SOCIAL SECURITY NUMBER: Write the last four (4) digits of the social security number of the adult household member who signs the form. If the adult household member does not have a social security number, check the box. Use of this information is for CACFP use only and is required.

**Part 4 SIGNATURE AND CONTACT INFORMATION:**

- Sign and date the application. The form must be signed by the parent or guardian.
- Complete the contact information – name, address, telephone number, and employer information.

# ENROLLMENT & INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS
## JULY 1, 2015 THROUGH JUNE 30, 2016

**Part 1. CHILD ENROLLMENT: Complete the information below for all children in care. If the child is a foster child (legal responsibility of a foster care agency or the court), please check the box.**

| Last Name, First Name | Date of Birth | Times of Care | | Regular Days of Care | | | | | | | Meals Served During Care | | | | | | Ethnicity/ Race* | | Foster Child |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Arrival Time | Leave Time | M | T | W | T | F | S | S | B | AM | L | PM | D | EV | Ethnicity | Race | |
| | | | | | | | | | | | | | | | | | | | ❑ |
| | | | | | | | | | | | | | | | | | | | ❑ |
| | | | | | | | | | | | | | | | | | | | ❑ |
| | | | | | | | | | | | | | | | | | | | ❑ |

*Ethnicity (select one): H=Hispanic or Latino or N=Not Hispanic or Latino
*Race (select one or more): W=White, B=Black or African American, I=American Indian or Alaskan Native, A=Asian, or P=Native Hawaiian or other Pacific Islander

**Part 2. HOUSEHOLDS RECEIVING BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), TEMPORARY ASSISTANCE FOR FAMILIES (TAF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR): Complete Parts 1, 2 and 4.**

Program Name: _____ Case No. _____

**Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES: Complete Parts 1, 3A and 4.**

If your family income exceeds the income guidelines (listed on reverse side), check this box ❑

**Part 3B. ALL OTHER HOUSEHOLDS – If you do not have a FAP, TAF or FDPIR case number: Complete Parts 1, 3B and 4.**

| | GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| List the Names of All Household Members not listed in Part 1 | Earnings from Work | | Welfare, Child Support, Alimony | | Pensions, Retirement, Social Security | | All Other Income | | Check If ZERO income |
| | How much? | How often? | How much? | How often? | How much? | How often? | How much? | How often? | |
| *(Example) Jane Smith* | *$200* | *W* | *$150* | *2M* | *$100* | *M* | | | |
| 1 | | | | | | | | | ❑ |
| 2 | | | | | | | | | ❑ |
| 3 | | | | | | | | | ❑ |
| 4 | | | | | | | | | ❑ |
| 5 | | | | | | | | | ❑ |
| 6 | | | | | | | | | ❑ |

Social Security Number of Household Member who signs form:

Last four digits of Social Security Number: XXX- XX -_____ If you do not have a Social Security Number, check this box ❑

Privacy Act Statement: 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 social security number is not required when you apply on behalf of a foster child or you list a Food Assistance Program (FAP), Temporary Assistants for Families (TAF) or Food Distribution Program on Indian Reservation (FDPIR) case number for your child or other (FDPIR) identifier 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 CACFP.

**Part 4. SIGNATURE AND CONTACT INFORMATION:**

***I certify that all information on this form is true and that all income is reported. I understand that the facility will receive Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose their meal benefits, and I may be prosecuted.***

_____ _____
Signature of Parent or Guardian Date

_____
Print Name

_____
Address

_____
City State Zip Code

_____
Daytime Telephone

_____
Employer(s)

**FOR CENTER USE ONLY**

_____ FAP/TAF/FDPIR HOUSEHOLD

_____ Homeless Documentation from school, emergency shelter, or agency

_____ ANNUAL INCOME: _____ HOUSEHOLD SIZE: _____

_____
Sponsor's Determining Signature Date

_____
Sponsor's Confirming Signature Date

**HOUSEHOLD CATEGORY:** ❒ Free ❒ Reduced Price ❒ Paid

**Foster Child – Free Category**
List name of foster child(ren):