**CACFP Enrollment Form / Free and Reduced-Price Income Application (Child Care)**

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

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### STEP 1

**REQUIRED – The parent / guardian must complete Parts 1 and 4. List ALL Children who attend day care.**

<table>
<thead>
<tr>
<th>CHILD’s</th>
<th>Last Name, First Name</th>
<th>Date of Birth</th>
<th>Time of Care</th>
<th>Regular Days of Care</th>
<th>Meals Served During Care</th>
</tr>
</thead>
<tbody>
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<td></td>
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</table>

**PARENTS OF INFANTS**

**My Choice of CACFP Infant Participation is:**

- Your child care center must offer at least one brand of formula if your child is on formula. You have the option of declining that brand and supplying your own formula. Children must be served breast milk or iron-fortified infant formula until they are one year of age. All other food items must be provided by your center when age-appropriate, consistent with CACFP guidelines.
- I choose to supply expressed breast milk to my child care provider to serve at meal time.
- I choose to accept the iron-fortified infant formula (brand:__________________) that my child care center has offered.
- My child care center has offered the following brand,____________________. I have chosen to decline this brand and provide the formula for my infant.

### STEP 2

**Optional - 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 case number here and proceed to STEP 4 (do not complete STEP 3)**

**CASE NUMBER:**

Write only one case number in this space.

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### STEP 3

**Optional – Parent / guardian should fill out household income to determine the amount of CACFP funds the center will be eligible to receive. This form will be placed in our confidential files.**

**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.

**B. All Other 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 fields blank, you are certifying (promising) that there is no income to report.

**STEP 4** **REQUIRED - Sign and date the application. The form must be signed by the parent or guardian.**

“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 CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.”
Children Examples

Social Security
- Disability Payments
- Survivors Benefits

Income from person outside of 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

Public Assistance/Alimony/Child Support
- Unemployment benefits
- Workers compensation
- Supplemental Security Income (SSI)
- Cash assistance from State or local government
- Alimony payments
- Child support payments
- Veterans benefits
- Strike benefits

Pensions/Retirement/All other sources of income
- Social Security (including railroad retirement and black lung benefits)
- Private Pensions or disability benefits
- Income from trusts or estates
- Annuities
- Investment income
- Earned interest
- Rental income
- Regular cash payments from outside household

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 receiving meals during care.

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, the funds your child care center/provider receives may be impacted. 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 (FPDR) case number or other FPDR 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 the meal reimbursement for your child care center/provider. 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.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (202) 690-7442; or program.intake@usda.gov.

EMAIL: program.intake@usda.gov

This institution is an equal opportunity provider.

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

Determining Official’s Signature

Date

Confirming Official’s Signature

Date

Follow-up Official’s Signature

Date