

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

Center Name

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

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

CHILD's	Last Name, First Name	Date of Birth	Time of Care		Regular Days of Care							Meals Served During Care							
			Arrival Time	Leave Time	M	T	W	T	F	S	S	B	AM	L	PM	D	EV		

Check all that apply

Foster Child	Migrant	Head Start

PARENTS OF INFANTS

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.

My Choice of CACFP Infant Participation is:

- ☐ 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.

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.

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 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.

Child Income How often?
 \$ Weekly Bi-Weekly Monthly Bi-Monthly

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.

Name of Household Members not listed in Step 1
(Last Name, First Name)

Earnings from Work	How often?				Welfare/Child Support/Alimony	How often?				Pensions/Retirement/Social Security/SSI/VA Benefits	How often?			
	Weekly	Bi-Weekly	Monthly	2x/Month		Weekly	Bi-Weekly	Monthly	2x/Month		Weekly	Bi-Weekly	Monthly	2x/Month
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member

X X X X

X X

____ (Mark if No Social Security Number)

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."

Print Name of Adult Signing the Form

Signature of Adult

Today's Date

Address

City

State

Zip

Phone/Email

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none">A child has a regular full or part-time job where they earn a salary or wages
Social Security <ul style="list-style-type: none">- Disability Payments- Survivors Benefits	<ul style="list-style-type: none">A child is blind or disabled and receives Social Security benefitsA parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	<ul style="list-style-type: none">A friend or extended family member regularly gives a child spending money
Income from any other source	<ul style="list-style-type: none">A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none">Salary, wages, cash bonusesNet income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none">Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)Allowances for off-base housing, food, and clothing	<ul style="list-style-type: none">Unemployment benefitsWorkers compensationSupplemental Security Income (SSI)Cash assistance from State or local governmentAlimony paymentsChild support paymentsVeterans benefitsStrike benefits	<ul style="list-style-type: none">Social Security (including railroad retirement and black lung benefits)Private Pensions or disability benefitsIncome from trusts or estatesAnnuitiesInvestment incomeEarned interestRental incomeRegular cash payments from outside household

OPTIONAL

Children’s Ethnic and Racial Identities (Optional)

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 (FDPIR) case number or other FDPIR 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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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, Mail Stop 9410
Washington, D.C. 20250-9410

FAX: (202) 690-7442; or
EMAIL: program.intake@usda.gov.

***Only use this address if you are filing a complaint of discrimination.**

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

Total Income

How often?

Weekly

Bi-Weekly

Monthly

2xMonthly

☐

☐

☐

☐

Household size

Categorial Eligibility

☐

Eligibility

Free

Reduced

Denied

☐

☐

☐

Determining Official’s Signature

Date

Confirming Official’s Signature

Date

Follow-up Official’s Signature

Date