**CACFP Enrollment Form / Free and Reduced-Price Income Application**

(Child Care)

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.

<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>
<tr>
<td></td>
<td></td>
<td></td>
<td>Arrival Time</td>
<td>Leave Time</td>
<td>M</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?

**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.

**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

- Earnings from work
  - A child has a regular full or part-time job where they earn a salary or wages

- Social Security
  - Disability Payments
  - Survivors Benefits
  - A child is blind or disabled and receives Social Security benefits
  - A parent is disabled, retired, or deceased, and their child receives Social Security 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

Source of Income for Adults

Earnings from Work

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)

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

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. 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 are apply 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

This institution is an equal opportunity provider.

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

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

Free

Reduced

Denied

Determining Official’s Signature

Date

Confirming Official’s Signature

Date

Follow-up Official’s Signature

Date