

CHILD AND ADULT CARE FOOD PROGRAM ANNUAL ENROLLMENT FORM

- Our center participates in the Child and Adult Care Food Program and receives Federal reimbursement for the meals served to your child(ren).
- The Federal Regulations require us to collect and update this information on an annual basis **for all of our enrolled children.**
- The indication of racial and ethnic background is located on the back page and is optional and will not affect eligibility for the program. This information is used for reporting purposes only. If racial/ethnic background is not reported, a visual identification of the child's race and ethnicity will be made.
- Participation in the program is not determined by income status. All children enrolled at this center are part of the Child and Adult Care Food Program.
- The **amount** of reimbursement your center receives from the CACFP Program **is** based on income guidelines. That is why it is important for you to fill out the following Meal Benefit Form. Your cooperation will help the center get the proper reimbursement for nutritious snacks and meals that your child(ren) are receiving.

You must sign and date this annual enrollment form at the bottom of the page.

Meal Benefit Form

NAME OF CHILD(REN) ENROLLED IN THE CENTER	AGE	SNAP (Food Stamp) Case #	POWER/TANF CASE # Not Caretaker or Relative	FDPIR Case#

- If you listed a **SNAP, POWER/TANF or FDPIR** case number listed above. **Go directly** to the signature and date at the bottom of the page.
- Check here if a FOSTER CHILD(ren) lives in your household ☐. List name(s) of the Foster child(ren) _____
- If your child is not a foster child or does not have a SNAP, POWER/TANF (Not Caretaker or Relative) or FDPIR Case # please fill out the following section:
- HOUSEHOLD MEMBERS AND MONTHLY INCOME:

Names of All Household Members (include children listed above)	Gross Monthly Earnings (before deductions) Job 1	Gross Monthly Earnings (before deductions) Job 2	Monthly Welfare Payments, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Any Other Monthly Income
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

Monthly Income Conversion: Weekly Pay X 52/12; Every 2 weeks Pay X 26/12; Twice monthly Pay X 2.

SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct, that the SNAP, POWER/TANF, or FDPIR program case number is either current/correct, or that all income is reported. I understand that this information is being given for the receipt of federal funds, that child care institution or state officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Adult Household Member completing form _____

Date Signed _____

Last four digits of Social Security Number _____ (required for validity and integrity of the Child and Adult Care Food Program--This form will be kept confidential with no public or staff access to the information) **If your child is a foster child, or has a SNAP, POWER/TANF (Not Caretaker or Relative) or FDPIR Case Number the Social Security Number is not required.**

Printed Name _____

Home Telephone No _____

Work Telephone No. _____

Street/Apt. No. _____

City/State/Zip _____

***PRIVACY ACT STATEMENT:** SECTION 9 OF THE NATIONAL SCHOOL LUNCH ACT REQUIRES THAT, UNLESS YOUR CHILD'S SNAP, POWER OR FDPIR CASE NUMBER IS PROVIDED, YOU MUST INCLUDE THE SOCIAL SECURITY NUMBER OF THE ADULT HOUSEHOLD MEMBER SIGNING THE APPLICATION OR INDICATE THAT THE HOUSEHOLD MEMBER DOES NOT HAVE A SOCIAL SECURITY NUMBER. PROVISION OF A SOCIAL SECURITY NUMBER IS NOT MANDATORY, BUT IF A SOCIAL SECURITY NUMBER IS NOT GIVEN OR AN INDICATION IS NOT MADE THAT THE SIGNER DOES NOT HAVE SUCH A NUMBER, THE APPLICATION CANNOT BE APPROVED. THE SOCIAL SECURITY NUMBER MAY BE USED TO IDENTIFY THE HOUSEHOLD MEMBER IN CARRYING OUT EFFORTS TO VERIFY THE CORRECTNESS OF INFORMATION STATED ON THE APPLICATION. THESE VERIFICATION EFFORTS MAY BE CARRIED OUT THROUGH PROGRAM REVIEWS, AUDITS, AND INVESTIGATIONS; AND MAY INCLUDE CONTACTING EMPLOYERS TO DETERMINE INCOME, CONTACTING A SNAP OR WELFARE OFFICE OR FOOD DISTRIBUTION OFFICIAL TO DETERMINE CURRENT CERTIFICATION FOR RECEIPT OF SNAP, POWER/TANF OR FDPIR BENEFITS, CONTACTING THE STATE EMPLOYMENT SECURITY OFFICE TO DETERMINE THE AMOUNT OF BENEFITS RECEIVED, AND CHECKING THE DOCUMENTATION PRODUCED BY HOUSEHOLD MEMBERS TO PROVE THE AMOUNT OF INCOME RECEIVED. THESE EFFORTS MAY RESULT IN A LOSS OR REDUCTION OF BENEFITS, ADMINISTRATIVE CLAIMS OR LEGAL ACTIONS IF INCORRECT INFORMATION IS REPORTED.

ETHNICITY: Please report the ethnic identify of your child(ren). You are not required to answer this question.

Hispanic # _____

Non-Hispanic # _____

RACE: Please report the racial identity of your child(ren). You are not required to answer this question.

White # _____

Alaskan Native or American Indian # _____

Black or African American # _____

Asian # _____

Native Hawaiian/Other Pacific Islander # _____

USDA Nondiscrimination Statement

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 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: 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:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider

FOR CENTER USE ONLY - DO NOT WRITE BELOW THIS LINE

CHILD OR CHILDREN _____

Total Household Size: _____ Monthly Income: _____

SNAP #: _____ POWER/TANF# _____ FDPIR #: _____ FOSTER CHILD: _____

Eligibility Determination: Approved Free _____ Approved Reduced: _____ Denied: _____

Reason for Denial: Income too high: _____ Incomplete Application: _____ Other: _____

Signature of Determining Official*: _____ Date: _____

***Application determination must be completed no later than 10 days of parent signature date by Designated Determining Official**