ENROLLMENT & INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

JULY 1, 2018 THROUGH JUNE 30, 2019

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.

List the Names of All Household Members not listed in Part 1	GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly								Check If ZERO income
	Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other 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):

____

Infant Offer Form

As a participant in a USDA Child Nutrition Program, our childcare facility/provider offers meals to children of all ages, including infants. Infant feeding is based on current Academy of Pediatrics nutrition guidelines. Infant foods are served appropriate for the age and developmental readiness of your infant. To better meet your personal preferences and infant's needs, you may choose as many options as you like from the list below and update as your infants' feeding needs progress. A new infant offer form is not required when changes are made; however, whenever changes are made please initial and date the changes.

Infant Name: ______________________________ Date of Birth:

☐ I will provide breastmilk for my infant.
- ☐ Center/Provider provided formula may be used to supplement feedings, if necessary.

☐ I would like to breastfeed on site, if this option is available.

☐ I accept the Member's Mark Gentle Iron Fortified Infant formula offered by center/provider.

☐ I will provide formula for my infant. Name of formula (must be iron-fortified and manufactured in the USA): _____

☐ I will submit a Meal Modification Request Form for non-reimbursable formula.
Name of formula: _____

☐ I accept the following center/provider provided solid foods (appropriately textured) to be served to my infant as s/he is developmentally ready for them, and after I have discussed it with the caregiver.
- ☒ Iron Fortified Infant Cereal
- ☒ Grains
- ☒ Vegetables
- ☒ Fruits
- ☒ Infant Meats/Meat Alternates

☐ I decline all infant food offered by the center/provider and will provide solid foods for my infant.
- ☐ Iron Fortified Infant Cereal
- ☐ Grains
- ☐ Vegetables
- ☐ Fruits
- ☐ Infant Meats/Meat Alternates

Parent Signature: ______________________________ Date: ______________________

This institution is an equal opportunity provider.