

Child Enrollment Form—Standard Child and Adult Care Food Program

Dear Parents,

Your child care center participates in the United States Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). This child care center receives federal cash assistance to serve healthy meals to your children. Good nutrition today means a stronger tomorrow! Meals served here must meet nutrition requirements established by USDA's CACFP. In order to participate, your center has agreed to follow USDA guidelines. In an effort to assess that these requirements are being met, USDA's CACFP requires centers to annually collect the enrollment information listed below. Please complete the form and return it to your child care center.

Name of the Child Care Center: The Center of Excellence - People Serving People

Beginning Date of Child Care: _____

Child's First Name _____	Child's Last Name _____	Child's Date of Birth _____
Enter the normal hours your child is in care. For example, 7:30 AM – 5:00 PM or for a split schedule, 7:30 AM – 9:00 AM and 12:30 PM – 5:00 PM.		
Check the days your child normally attends: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		
Check the meals your child normally receives while in care: <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Night Snack		

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If there are other children in care, please complete additional forms as needed.

Parent's Signature

Date Signed (form must be completed annually)

Parent's Name (please print): _____

Home Phone: _____ Work Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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.
 ThisThis institution is an equal opportunity provider.

Information needs to be updated annually. If the above information is still accurate initial and date below.

Initial:						
Date:						

Step 2 Case Number

If any household member currently participates in SNAP, MFIP or FDPIR assistance programs, write in your case number, check which program you participate in, and then go to Step 4. If you do not participate in any of these programs, leave Step 2 blank and continue on to Step 3. Medical Assistance (MA) and Women, Infants, and Children (WIC) do *not* qualify for this purpose.

Step 3 Adults / Incomes / Last Four Digits of Social Security Number

- List all adults living in the household (everyone not listed in Step 1) whether related or not, such as grandparents, other relatives, or friends. Include any adult who is temporarily away from home, like a student away at college. Attach another page if necessary.
- List gross incomes before deductions, not take-home pay. **Do not list an hourly wage rate.** For adults with no income to report, enter a '0' or leave the section blank. This is your certification (promise) that there is no income to report for these adults.
- For each income, fill in a circle to show how often the income is received: each week, every other week, twice per month, or monthly. For fluctuating income like seasonal work, list average monthly income.
- For farm or self-employment income only, list the net income per year or month after business expenses. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
- Last four digits of the Social Security number (SSN) – The adult household member signing the form must provide the last four digits of their Social Security number or check the box if they do not have a Social Security Number.

Step 4 Signature and Contact Information

An adult household member must sign the form.

Household Income Statement

Step 1 List all infants, children and students through grade 12 in the household, even if they are not related. If more space is needed, attach another sheet.

Child's First Name	MI	Child's Last Name	Birthdate	Enrolled at this center? If yes, fill in the circle	Foster Child? (An agency or court has legal responsibility for the child.) If yes, fill in the circle.	- Optional - Ethnic Identity Is the child Hispanic / Latino? If Yes, fill in the circle.	- Optional - Racial Identity Fill in one or more circles for each child					
							American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White	
				<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"/>	<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"/>	<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"/>

Step 2 Do any household members currently participate in any of these programs: SNAP, MFIP or FDPIR? (Medical Assistance and WIC do not qualify.) If no, go to Step 3. If yes, write in the case number here and check the program: SNAP MFIP FDPIR. Then go to Step 4.

Step 3 A. List all adult household members, including yourself, and report all incomes. (Skip Step 3 if you completed Step 2 or if all participants are foster children.)

Adults - Full Name <small>For the purpose of meal benefits, the members of your household are "Anyone who is living with you and shares income and expenses, even if not related." List the full name of each household member not listed in Step 1 and their income(s) in whole dollars. Include any college students temporarily away. If a person has no income, write in 0 or leave the section blank. This is your certification (promise) of no income to report.</small>	Gross Pay from Work Do not write in an hourly wage			Farm or Self-Employment Net income after business expenses. State if annual or monthly.	Public Assistance, Child Support, Alimony Payments received	All Other Incomes							
	Weekly	Bi-Weekly	2X Month			Weekly	Pension, retirement, disability, unemployment, Veterans benefits, etc.	Weekly	Bi-Weekly	2X Month	Monthly		
	\$	<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"/>	<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"/>	\$	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. Last four digits of signer's Social Security Number (SSN) or no SSN (required): XX XX-XX- or I don't have a Social Security Number.

C. Do any of the children listed in Step 1 receive regular income such as SSI or wages?
Total regular income to children, if any: \$ _____ Weekly Bi-Weekly 2x Month Monthly

Step 4 I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that this information is given in connection with receipt of federal funds and that officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted under applicable federal and state laws.

Signature of adult household member (required): _____ Printed Name: _____ Date: _____

Use only: verification program only

Date Verification Sent: _____ Response Due: _____ 2nd Notice: _____ Result: No Change A to B A to C B to A B to C

Reason for change: Income Case number not verified Foster not verified Refused cooperation Other: _____

Signature of verifying official: _____ Date: _____

