

# EXAMPLE

## ENROLLMENT FOR CHILD AND ADULT CARE FOOD PROGRAM

Name of Child Care Center:	ABC CHILD CARE
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**Important: This form must be updated annually.**

Name(s) of Enrolled Children: (Please print)	Days in Care (Check days that apply)							Meals Served (Check meals that apply)				
	M	TU	WE	TH	FR	Class room	DOB	Breakfast	AM Snack	Lunch	PM Snack	Supper
1. Mike Althaus, Jr	✓	✓	✓	✓	✓	Red	7/21/16	✓		✓	✓	
2.												
3.												
4.												
5.												

Janet Althaus

Printed Name of Parent/Guardian

Janet Althaus

Signature of Parent/Guardian

Writing the parent email address will help us update the form annually

5/4/18

Date Signed

Email: [jalthaus@gmail.com](mailto:jalthaus@gmail.com)

# EXAMPLE

## Meal Benefit Application for Child Care Centers

July 1, 2018 - June 30, 2019

For more information, read **Instructions for Completing** or call: **1-800-427-2888**

### Step 1 List all enrolled children (if more spaces are required for additional names, attach another sheet of paper).

Children in Foster Care and children who meet the definition of Homeless, Migrant, Runaway, Head Start, Early Head Start or Even Start are eligible for free meals. If ALL children listed are foster, homeless, migrant, runaway or in Head Start, Early Head Start or Even Start, skip to Step 4.

First and Last Names of All ENROLLED	Check all that apply:			
	Runaway	Head Start Early Head Start	Even Start	
Mike Althaus, Jr.				

Parents write all of their children enrolled at the center

If the family has a TANF or SNAP number, write it here. It is always 9 digits long. The parent is done and can skip to the bottom to sign and date the form.

### Step 2 Do you receive any federal benefits (such as the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA)? Circle One:

If you answered 'Yes', provide a case number then go to Step 3.

Case Number:

### Step 3 Report Income for ALL Household Members (skip this step if you answered 'Yes' to Step 2)

List all Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes) for each source in whole dollars only. If they do not receive income from any source, enter '0'. If you enter '0' or leave any fields blank you are certifying (promising) that there is no income to report.

First and Last Names of ALL Household Members	How Often = Weekly, Every	
	Earnings from Work Income	How Often?
Mike Althaus, Jr	200	Week
Michael Althaus	800	Month
Janet Althaus		

If the parent does NOT have a TANF or SNAP number, they should write their income and frequency. The parent must also put the last 4-digits of their Social Security Number.

Total Household Members (Children and Adults):   Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:     Check if No SSN:

### Step 4 Contact Information and Adult Signature

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 officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable State and Federal laws. I understand my child's eligibility status may be shared as allowed by law.

Printed Name: Janet Althaus Signature: Janet Althaus  
Street Address: \_\_\_\_\_  
Date: 5/4/18 Phone #: \_\_\_\_\_

### Step 5 OPTIONAL: Children's Racial and Ethnic Identities

If the parent does not fill this out, the center staff must fill it out using a visual determination

We are required to ask for information about your children's race and ethnicity to help us better serve our community.

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

### DO NOT FILL OUT THIS SECTION. CENTER USE ONLY

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income (Children and Adults): \$ \_\_\_\_\_  
Eligibility:  Free  Categorically Eligible  Reduced  Paid  
Frequency:  Weekly  Every 2 Weeks  Twice a Month  Monthly  Yearly

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Date Withdrawn: \_\_\_\_\_

# ENROLLMENT FOR CHILD AND ADULT CARE FOOD PROGRAM

Name of Child Care Center:	
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***Important: This form must be updated annually.***

Name(s) of Enrolled Children: (Please print)	Days in Care (Check days that apply)							Meals Served (Check meals that apply)				
	M	TU	WE	TH	FR	Class room	DOB	Breakfast	AM Snack	Lunch	PM Snack	Supper
1.												
2.												
3.												
4.												
5.												

\_\_\_\_\_

Printed Name of Parent/Guardian

\_\_\_\_\_

Signature of Parent/Guardian

Phone Number of Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_

Date Signed

# Meal Benefit Application for Child Care Centers

July 1, 2018 - June 30, 2019

For more information, read **Instructions for Completing** or call: **1-800-427-2888**

**Step 1** List all enrolled children (if more spaces are required for additional names, attach another sheet of paper).

Children in **Foster Care** and children who meet the definition of **Homeless, Migrant, Runaway, Head Start, Early Head Start or Even Start** are eligible for free meals. If **ALL** children listed are foster, homeless, migrant, runaway or in Head Start, Early Head Start or Even Start, skip to Step 4.

First and Last Names of All ENROLLED	Check all that apply:					
	Foster Child	Homeless	Migrant	Runaway	Head Start Early Head Start	Even Start

**Step 2** Do any Household Members (including you) currently participate in the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA)? Circle One:  
Yes No

If you answered **NO**, complete Step 3.

If you answered **YES**, provide a case number then go to Step 4

Case Number:

**Step 3** Report Income for ALL Household Members (skip this step if you answered 'Yes' to Step 2)

List all Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes) for each source in whole dollars only. If they do not receive income from any source, enter '0'. If you enter '0' or leave any fields blank you are certifying (promising) that there is no income to report.

How Often = Weekly, Every 2 Weeks, Monthly, Twice a Month or Yearly

First and Last Names of ALL Household Members	Earnings from Work		Child Support, Alimony, Public Assistance		Pensions, Retirement, Other Income	
	Income	How Often?	Income	How Often?	Income	How Often?

Total Household Members (Children and Adults):

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

Check if No SSN:

**Step 4** Contact Information and Adult Signature

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 officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable State and Federal laws. I understand my child's eligibility status may be shared as allowed by law.

Printed Name:		Signature:	
Street Address:			
Date:		Phone #:	

**Step 5** OPTIONAL: Children's Racial and Ethnic Identities

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.

**Ethnicity (Check One):**

Hispanic or Latino  
 Not Hispanic or Latino

**Race (Check one or more):**

American Indian or Alaskan Native      Black or African American      White  
 Asian      Native Hawaiian or Other Pacific Islander

**DO NOT FILL OUT THIS SECTION. CENTER USE ONLY**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income (Children and Adults): \$

Eligibility:  Free      Categorically Eligible      Reduced      Paid

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Withdrawn: \_\_\_\_\_