

# ENROLLMENT FOR CHILD AND ADULT CARE FOOD PROGRAM

New: \_\_\_\_\_ Renewal: \_\_\_\_\_

[Sponsor Only: \_\_\_ PD \_\_\_ Free \_\_\_ Red. \_\_\_ Incomplete]

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	SA	SU	Breakfast	AM Snack	Lunch	PM Snack	Supper
1.  DOB: _____ Time In: _____ Out: _____ Class: _____												
2.  DOB: _____ Time In: _____ Out: _____ Class: _____												
3.  DOB: _____ Time In: _____ Out: _____ Class: _____												
4.  DOB: _____ Time In: _____ Out: _____ Class: _____												
5.  DOB: _____ Time In: _____ Out: _____ Class: _____												

\_\_\_\_\_

Printed Name of Parent/Guardian

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date Signed

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

# Meal Benefit Application for Child Care Centers

July 1, 2018 - June 30, 2019

For more information, read **Instructions for Completing** or call: **1-855-427-2888**

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

<b>Step 2</b>	<b>Do any Household Members (including you) currently participate in the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA)? Circle One: Yes No</b>
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If you answered **NO**, complete Step 3. Case  
 If you answered **YES**, provide a case number then go to Step 4. Number:

<b>Step 3</b>	<b>Report Income for ALL Household Members (skip this step if you answered 'Yes' to Step 2)</b>
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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:

<b>Step 4</b>	<b>Contact Information and Adult Signature</b>
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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 #:	

<b>Step 5</b>	<b>OPTIONAL: Children's Racial and Ethnic Identities</b>
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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.

<b>Ethnicity (Check One):</b>	<b>Race (Check one or more):</b>	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		<input type="checkbox"/> White

<b>DO NOT FILL OUT THIS SECTION. CENTER USE ONLY</b>
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Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income (Children and Adults): \$   Weekly  Every 2 Weeks  Twice a Month  Monthly  Yearly

**Eligibility:**  Free  Categorically Eligible  Reduced  Paid

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

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