Virginia CACFP Annual CACFP Enrollment Form (Child)													
CENTER/PROVIDER COMPLETE THIS SECTION													
APC Child Core													
				Cente 'P. vider ar									
112 Main Street						nd	VA	23219	9				
	Str	eet nuurcos				City	State	Zip Co	de				
This institution parti	cipates in th	ne Child and Adult Care	Food I	Program (CACFP) and	d receives re	eimburseme	ent to provide nutritiou	s meals for c	hildren.				
Federal CACFP reg	DC 3GIC	that the correct	12500000	complete and sign a	The second state of the second second	The me	als expected to be	th					
child(ren) with this p	birthda	te and child's	atter	. The parent or guar below.	dian must (correlate with the	ougn					
Sh-	classro	om are written in.		Delow.	-			e child attends.					
		ters, Family Day Car			Δt_R		thool Centers, Emerg	ency Shelte	orc				
		de School Hours Car	e Cent	ers	moor venters, Emerg	ingenity Shelters							
FULL NAME OF ENROLLED CHILD (Include Birth Date/Age) DAYS OF W			N 3	TIMES CHILD NOF	DURING THE WEEK	4	ALS EIVED						
Jimmy		☑ Monday		TIME IN	TIME	OUT	SPORADIC SCHEDULE (no set schedule of days)	☑ Breakfa:	st				
Child's First No	ıme						MODELS SAMODERS CONTRACTOR OF THE CONTRACTOR OF	☐ AM Snack					
confuse		■ Wednesday		8:30	5:-	45		■ Lunch					
Child's Last No	/			0.00		, •		☑ PM Snac					
9/6/1:	2	☑ Friday	NO	TES:				□Supper					
Date of Birth (m,	1120 100 100	□Saturday						☐ EV Snac	k				
$\frac{5}{Age}$ Classroon		☐ Sunday											
Parent/Guard	lian Signa	ture and Date:											
				guardian of the child	named in S	ection 1 of	this Enrollment Form of	ınd that the					
	0 1	is form is true and cor	rect.	<i>C</i>									
Ima Confused Ima Confuse							11/5						
Printe	d Name			Sign	ature		D	ate					
Street A	Address			City, Stat	e, Zip Code 2d@QV	naíl.	com						
Phone Number	WORK/CE	LL (circle one)		Em									
RACIAL/ETHNIC II	DENTITY (Optional): Please ch	eck a	ppropriate boxes t	o identify t	he race ar	nd ethnicity of enroll	ed child(rer	n).				
American Indian	or Alaska N	ative	Asia	n		Black or African American							
Native Hawaiian or Other Pacific Islander			White	е			Other						
Please mark one ethi	nic identity:	Hispanic	or Latin	10	X Not	t Hispanic or Latino							
NON-DISCRIMINATION STATEME administering USDA programs are	NT: In accordance v prohibited from di	with Federal collegights law and U.S. D scriminating based on race, color, nat	epartme. ional origin,	of Agriculture (USDA) civil rights re sex, disability, age, or reprisal or	egulations and polic retaliation for prior	ies, the USDA, its A civil rights activity	Agencies, offices, and employees, and in any program or activity conducted	nstitutions participat or funded by USDA.	ting in or				
USDA and provide in the letter all	of the information i	ns of communication for program inf ech disabilities may contact USDA thr ete the USDA Program Discrimination requested in the form. To request a co	America 339. A http://v eth	If the parent does not fill in the child's ethnic and racial data, the center must fill									
 mail: U.S. Department of J Office of the Assistant Sec 1400 Independence Aven Washington, D.C. 20250-9 	retary for Civil Righ ue, SW	ats			it o	it out based on visual determination.							
2) fax: (202) 690-7442; or													
 email: program.intake@u This institution is an equa 		der											
Sponsor Use Or	nlv												
Effective Date of 1		nent Form:					The effective date i	nav he					
5 A3 15 5M6 F			(m/d/y	y)			retroactive to the fi	. 1577	child				
Effective Withdraw	al Date of	This Enrollment For	m: _	/ /// /		participates in the CACFP as long as							
				(m/d/yy)			it occurs in the sam	e month th	is form				
Printed Name of Center	Representati	ve		is received.									
Signature of Center Rep	resentativa			This form is effective for 12 months from the date of parent signature.									
Signature of Center Rep	csemunve						-		011				
							Revised July 2017;	revious Version	is Obsolete				

v	IRGINIA CACFF	MEAL BENE	IT INCOME	ELIGII	BILITY FOR	M FOR	CHILD CAR	RE CEN	NTER:	S and	FAM	ILY D	ау но	MES		
1 All Household Members						2 3										
NAMES OF ALL HOUSEHOLD MEMBERS [Adults and Children]						FOST	ER CHILD									
First, Middle Initial, Last					Ages of children in care	Skip to Pa foster	Skip to Part 6 if you list a SNAP, TANF or FDPIR case number. SNAP and TANF MUST BE NINE (9) DIGITS								oer.	
1 Jimmy Confused													T			
2 Ima Confused							チ	3	5	2	6	チ	8 0)	4	
3										Î						
4											Т					
The parent writes down everyone											Т					
6 in the household and checks off																
4 Hc who does not have an income.																
☐ Homeless ☐ Migrant ☐					WAW	If any child you appropriate boo If a parent has a TANF or SNAP/Food nator. Stamp number, they write it here (This										
5 To	tal Househol		CONTRACTOR DESCRIPTION		The state of the s	You r	nus	-			_		-			
N.	AMES	GROSSINO	OME AND HO	N OFTE	OFTEN IT IS RECEIVED (Example stand) may now sign and date the form.										ς,	
///		Farnings F	rom Work	Welf	fare, Child Su		sions, Retirement, Social									
•	. HOUSEHOLD WITH INCOME)	Earnings From Work		-				Security			2027120	Unemployment,				
		Amount How often?		4	Amount			mount	_	How of	ten?	Amount		How o	How often?	
2.	confused	\$ 400	Week	\$		\$			-4-			\$ \$		+		
ii. iii.		\$		\$		\$			-			\$		+		
iv		·						-			\$		+			
if the p	arent does no				=	-	\$					\$		+		
qualify based on their income. They write down all of their house-																
hold income. Remind them to put HOW OFTEN! And then they																
must write down the last 4-digits of their Social Security number.										Ì		I do r	ot have	a socia	sec	urity
	the last four digit							ш		nu	mber.					
and the contract of the contra	ark the <i>I do not ho</i>			10	83	27 (0.1)	en 92	-		<u>.</u>			2023	20 27		
556	all information on t give. I understand	and the second s			.9				76		970		199			
meals may los	se the meal benefi	ts, and I may be p	prosecuted.			ider Starra	inden, purp					in the	participo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9	
11/5/	<u> 18</u> _	In	ia Confi	rsed				Im	a Go	nfus	red					
Dat	te	Printed Name of	Adult Househo	old Mem	nber		Sig	nature	of Ad	ult Hou	seholo	l Memi	ber			
7 Co	ntact Inform	ation (Option	nal)		28	_,										
	Problem RV Statemen Victoria	rane t					No.								_	
100000000000000000000000000000000000000	hone Number (Inc Area Code)	lude Home Te	elephone Numb	er (Incl	ude Area Cod	le)	Home .	Addres	s (Nui	mber, S	treet,	City, St	tate, Zip	Code)		
8 Op	tional - Shar	ing Informa	tion with V	/irgini	ia's Healt	h Insura	ance Prog	gram	for (Child	ren	(FAIV	IIS)			
May we share	your information	on this application	on with the FAI	MIS , the	e complete h	ealth insur	ance progra	m for e	very c	hild in '	Virgini	a? If y	es, do no	ot sign b	elov	N.
_ No,	I do not want my info	ormation from this		a			127 1									
appl	ication shared with th	ne FAMIS.	Da	te:			Sign	nere: _								
Spor	nsor use	only														
SECTION A Annual Income Conversion: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12 Convert income only different frequencies of pay are reported.									ncies of							
TOTAL INCOME Per S Week Weeks Total income Per Week Weeks S Twice a Month Month Year NUMBER IN HOUSEHOLD:																
	□ FRE		*	50.	REDUC	ED based	d [**		3,5	□D	ENIED	reaso	n:			
☐ foster child ☐ migrant ☐ SNAP or TANF ☐ hous						old income	inc	come to					mplete a	oplicatio	n	
□ homeless □ runaway □ household income □ non-qualifying S							g SINAP	/ I AINF								
SECTION I	Signa	ture of Determ	ining Official	\$5 <u></u>					Date:							



I decline to answer.

CACFP-020-Child Annual Enrollment Form

Revised 6/2022; Previous versions obsolete

peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

VIRGINIA CA Center Nam	ACFP MEAL BENEFIT IN	VCOME ELIGIE	SILITY FORN	Λ (IEF) FUK	CHILD CA	ARE CENTERS ar	nd FAIVIILY	DAY	ARE	HOMES		
1 All Household Memb					2		3					
NAMES OF ALL HOUSEHOLD MEMBERS [Adults and Children]						OSTER CHILD		TANE	or F	DDIR (202	= #
Firs	Check if NO	Ages of children in	Claim A	o Part 6 if all are	SNAP, TANF or FDPIR CASE # Skip to Part 6 if you list a SNAP, TANF or FDPIR case number.							
	· · · · · · · · · · · · · · · · · · ·	income	care	£ £ 1. 11 . 1			and TAN	NF MUS	ST BE NIN	IE (9) D	IGITS	
1.								4		$oldsymbol{\sqcup}$	$-\!$	
2.			ļ							igwdap	\perp	
3.										igspace	\rightarrow	
4.				_				_	_	\vdash	-	
5. 6.												
4 Homeless, Migrant, o	r Runaway											
☐ Homeless ☐ M	/ligrant □ Runav	wav	If any child		, ,	homeless, migran		•			riate b	OX
	ss Income (before dec		ou must tell		•	ool Homeless Liais ow often.	On Or Wilgia	ini Cooi	ruman	Dr.		
NAMES	 						- month	100/200	- oth	wook	\$400\u	··!/\
· · · · · · · · · · · · · · · · · · ·	GKUSS INCOM	E AND HOW OF	IEN II IS KE	ECEIVED (EX	ampie: \$ 100	0/month, \$100/twic			ery our		\$100/w r's Com	
(LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	Earnings From		<u> </u>	Child Support,		Se	curity			Jnemployr	ment, S	SSI, etc.
		How Often	Amount Ho		w Often	Amount	How O	ften	Amount		Ho	w Often?
i.	\$		\$	-		\$	+		\$		+	
ii.	\$		\$	 		\$ \$		\$		+		
iii.	\$			_		· ·			\$			
iv.	\$		\$	+		\$		\$ \$				
6 Signature and Social	Security Number (Ad		<u> </u>			Ψ						
An adult household member must	•			<u>x x</u> - <u>x</u>	.,							
5 is completed or if zero income is form must also list the last four di security number or mark the I do number box. I certify that all information on thi understand that CACFP officials	igits of his or her social not have a social security is form is true and that all in	ncome is reported	d. I understand	d that the cen	rity Numl	are home will get F	ederal funds	s based	on the		ion I gi	ive. I
be prosecuted.	<u> </u>											
Date Contact Information		Printed Name	of Adult Ho	ousehold N	<u>lember</u>	S	ignature (of Adu	It Ho	useholo	l Men	nber
7 Contact Information ((Optional)	()										
Work Telephone Number	(Include Area Code)	() Home Te	elephone Numb	per (Include Ar	ea Code)	Home	Address (Nu	mber. St	reet. C	itv. State.	Zip Co	de)
,	formation with Virginia			<u> </u>			7.000 (110			ny, crate,	<u> </u>	<u> </u>
May we share your information on t	this application with the FAMI	//S, the complete he		∍ program for e	very child in		not sign belo	W.				
shared with the FAMIS.			Date _			Sign						
CHILD CA	RE REPRESENTATIVE	E USE ONLY -	ELIGIBILIT	Y DETERM	INATION -	- COMPLETE SI						
SECTION A	Annual Income Conversion	ı: Weekly X 52 E	very 2 Weeks 3	X 26 Twice a	Month X 24	Once a Month X 1	2	Convert ind	come or	nly if differer are reporte		encies of pay
TOTAL INCOME Per \$	☐ Week ☐ Every	2 Weeks	Twice a Month	h	th 🗆 Ye	'ear N	UMBER IN H	OUSEHO	DLD:_			_
☐ FREE base	ed on:	□ RE	DUCED based	d on:			DENIED R	eason:				
foster child migrant	_	IR	household inc	come	income				i	incomplete	applic	ation
homeless runaway			Tiodociioid iiio	701110		non-qua	alifying SNAP	/TANF				
·	of Determining Official:						_ Date					
Nondiscrimination statement: In a discriminating on the basis of race,		•		•	,						эm	
Persons with disabilities who requir	e alternative means of comm	nunication for progr	ram informatior	n (e.g. Braille, l	arge print, au	udiotape, American S	Sign Languag	ie, etc.),	shoul	d contact	the Age	ency
(State or local) where they applied additionally, program information m	for benefits. Individuals who a	are deaf, hard of h	nearing or have								_	-
To file a program complaint of discr any USDA office, or write a letter ac your completed form or letter to US	ddressed to USDA and provid	•			,			•	. –			
(1) mail: U.S. Department of Agricu Office of the Assistant Secretary for 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gc	r Civil Rights											
			This institution	ion is an equal	opportunity p	provider.						