

# CACFP

# Enrollment

# Packet



This institution is an equal opportunity provider.

## **What is the Child and Adult Care Food Program (CACFP)**

Started by Congress in 1968, this Federal Program is an expansion of the National School Lunch Program. It was created in response to the need for sound nutrition for children in economically depressed areas.

It has grown to include the provision of meals to children in most all childcare settings.

### **Parent Documents in this packet:**

- ❖ Letter to Parents/Guardians
- ❖ Income and Enrollment Forms
- ❖ Infant Enrollment Form
- ❖ CACFP Meal Patterns
- ❖ CACFP Infant Meal Patterns
- ❖ Milk Substitution Q & A
- ❖ Medical Plan of care
- ❖ Building for the Future brochure
- ❖ Justice for All Poster
- ❖ Women Infant and Children (WIC) Flyer/Brochure

**\*\*\*This packet is distributed annually on September 1st to all parents/guardians of enrolled children.\*\*\***

## **CACFP Meal Benefit Income Eligibility Form Instructions**

### **July 1, 2022-June 30, 2023**

The Child and Adult Care Food Program (CACFP) makes good food a regular part of your child's day care! Please fill out the *CACFP Meal Benefit Income Eligibility* form. It helps us find out if your household qualifies for free or reduced-price meals. This lets us know how much money CACFP will give to support your day care home or center.

### **Instructions**

Here are instructions to help you fill out the form. Before you begin, turn the form over to learn why we ask for this information. It tells you how we use the information and what rights you have. It also tells you how to contact USDA if you believe you are treated unfairly.

Please make sure to fill in all of the requested information. Use a pen to mark your answers on one form. When you are finished, please return the form to us at:

**Child Care Center's Name:** \_\_\_\_\_

#### **Step 1:**

List all the children from your household in the day care. Use one line for each child's name. Write one letter in each box. Stop if you run out of space. If there are more children, add their names on a second piece of paper.

Do you have any foster children? If you answer *Yes*, mark the *Foster Child* box next to the child's name. If you are only applying for foster children, finish Step 1 and go to Step 4. If you are applying for both foster and non-foster children, go to Step 2.

Are any children migrant, runaway, homeless, or enrolled in Head Start? If *Yes*, mark the correct boxes next to the child's name and go to Step 4.

#### **Step 2:**

You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR).

Do any household members, including you, currently receive SNAP, TANF, or FDPIR? If *Yes*, write the case number in the box and go to Step 4. You only need to provide one case number. If *No*, go to Step 3.

#### **Step 3:**

Report current income for all household members. Skip this step if you answered *Yes* in Step 2.

How do you report child income? Turn the form over and use the *Source of Income for Children* chart to see if your household has income to report.

*This institution is an equal opportunity provider.*

Write the amount in the boxes in part A of the form. Mark how often the amount is earned. Write 0 in the box if there is no income to report.

How do you report income of adult household members? Turn the form over and use the *Source of Income for Adults* chart to see if your household has income to report.

In part B, list all the adults in your household, including you, even if each of you doesn't receive income. Include all adults, such as grandparents, other relatives, and friends who live with you and share household income and expenses. Write the amount of income each of you receives, in the boxes next to your names. Mark how often the amount is received. Write 0 in the box if there is no income to report.

Make sure you report the current amount of money you get before taxes. Don't include SNAP, FDPIR, WIC, student financial aid, or money you receive for a foster child as income.

Count the number of all children and adults in your household. Include all infants, children, students, and adults. Write the total number in the box under the list of adult household members.

Do you or another adult household member have a Social Security number? Write the last four digits in the boxes. If there is no Social Security number, mark the *Check if no SSN* box.

**Points to Remember:**

<b>If:</b>	<b>Then:</b>
Your income isn't always the same	List the amount of money that you normally get. For example, don't include overtime pay, if you don't normally get it. If your income is normally higher or lower, you can report annual income instead.
Your household includes members who aren't citizens	You or your children don't have to be U.S. citizens to qualify for meal benefits.
You are in the military	Don't include your Family Subsistence Supplemental Allowance (FSSA), combat pay, or the money you receive for privatized housing. If deployed, count the amount of pay that is made available to your household as income.

**Step 4:**

An adult household member must sign this form. The signer promises that all information is true and complete.

Print the name, address, and telephone or email of the adult signer. Sign and write today's date in the marked boxes.

**Optional**

We ask about your children's ethnicity and race to make sure we do our best to serve our community. Providing this information is not required. You won't be denied benefits based on your race, color, national origin, sex, age, or disability.



CACFP Meal Benefit Income Eligibility Form  
**Sharing Information with Medicaid and SCHIP**  
July 1, 2022-June 30, 2023

Children who get Child and Adult Care Food Program (CACFP) free or reduced-price meals may also qualify for low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP).

We may share your child's CACFP eligibility information with Medicaid or SCHIP, *unless you tell us not to*. Medicaid and SCHIP *only* use the information to find out if children are eligible for their programs. Their staff may contact you to offer to enroll your children in these health insurance programs.

If you **do not** want us to share your information with Medicaid or SCHIP, fill out this page. You should send this page with your *CACFP Meal Benefit Income Eligibility* form when you apply. Sending in this page will not change your child's eligibility for free or reduced-price meals.

**No! I do not** want my child's CACFP eligibility information shared with Medicaid or SCHIP.

*If you checked no, fill this out:*

Child's Name:

---

Child's Name:

---

Child's Name:

---

Child's Name:

---

Today's Date:

---

Print Your Name:

---

Address:

---

Signature of Parent or Guardian:

---

If you have questions or need help, please contact **[Name]** at **[Phone Number]** or **[Email Address]**.

*This institution is an equal opportunity provider.*

CACFP Meal Benefit Income Eligibility Form  
Letter to Parents (Non-Pricing Centers)  
July 1, 2022-June 30, 2023

[Date]

Dear Parent or Guardian:

[Name of Center] offers healthy meals and snacks to children as part of the Child and Adult Care Food Program (CACFP). [Name of Center] receives support from CACFP to serve those meals. CACFP gives more support if your household income is less than or equal to the limits on this chart:

Federal Income Standards for Reduced-Price Meals for July 1, 2022 - June 30, 2023		
Household size	Yearly Income	Monthly Income
1	\$25,142	\$2,096
2	\$33,874	\$2,823
3	\$42,606	\$3,551
4	\$51,338	\$4,279
5	\$60,070	\$5,006

Please fill out a *CACFP Meal Benefit Income Eligibility* form. It will help us find out how much support [Name of Center] receives. Please be sure to read the instructions carefully. Fill in all the information we request. We can only accept complete forms. Please send the completed form to:

[Name, Address, Email Address]

Thank you for taking the time to fill out the form. We hope your child enjoys CACFP meals!

In the operation of child nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability. If you have questions or need help, please contact [Name] at [Phone Number] or [Email Address].

Sincerely,

*Signature*

[Name  
Title]

*This institution is an equal opportunity provider.*

**Child and Adult Care Food Program  
Child Enrollment Form**

**Sponsor/Center Name:** \_\_\_\_\_  
**Agreement #:** \_\_\_\_\_

**ENROLLMENT FORM FOR CHILDREN IN CHILD CARE**

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

**PARENTS:** This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

**Please complete all areas to include signing and dating same.**

FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK								MEALS RECEIVED
		TIME-IN			TIME OUT			TIME CHILD ATTENDS SCHOOL		
		AM	PM	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER	
FIRST CHILD	<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY									<input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other:									
BIRTH DATE	Enrollment Date: _____ Withdrawal Date: _____									
AGE										
SECOND CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY									<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other:									
BIRTH DATE	Enrollment Date: _____ Withdrawal Date: _____									
AGE										
THIRD CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY									<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other:									
BIRTH DATE	Enrollment Date: _____ Withdrawal Date: _____									
AGE										

**Signature**

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Telephone Number of Parent or Guardian*

CHILD CARE REPRESENTATIVE USE ONLY:

\_\_\_\_\_  
*Name of Representative/Signature*

\_\_\_\_\_  
*Date*

The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

\*\*\*\*\*

*In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.*

*Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.*

*To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.*

*The completed AD-3027 form or letter must be submitted 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; or*
2. **fax:** *(833) 256-1665 or (202) 690-7442; or*
3. **email:** *program.intake@usda.gov*

*This institution is an equal opportunity provider.*

# CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

## STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."  
Children in Foster care and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name

Foster Child	Migrant	Runaway	Homeless	Head Start
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

## STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

**CASE NUMBER:**

Write only one case number in this space.

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

**Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.**

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

### A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Children listed in STEP 1 here.

Child Income

How often?  Weekly  Bi-Weekly  Monthly  Bi-Monthly

### B. All Household Members (Including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Household Members (First and last)	Earnings from Work	How often?				Welfare/Child Support/Alimony	How often?				Pensions/Retirement/Social Security/SSI/VA Benefits	How often?			
		Weekly	Bi-Weekly	Monthly	2x Month		Weekly	Bi-Weekly	Monthly	2x Month		Weekly	Bi-Weekly	Monthly	2x Month
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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. This form is not valid without signature and date of adult household member

"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 CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Adult Signing the Form	Signature of Adult	Today's Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State Zip
<input type="text"/>	<input type="text"/>	Phone/Email

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> </ul>
Social Security - Disability Payments - Survivors Benefits	<ul style="list-style-type: none"> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>
Income from person outside of household	<ul style="list-style-type: none"> <li>A friend or extended family member regularly gives a child spending money</li> </ul>
Income from any other source	<ul style="list-style-type: none"> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li>Net income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

**OPTIONAL Children's Ethnic and Racial Identities (Optional)**

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. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

**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

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, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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 the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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:

**MAIL\*:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

**FAX:** (202) 690-7442; or  
**EMAIL:** [program.intake@usda.gov](mailto:program.intake@usda.gov).

*This institution is an equal opportunity provider.*

**\*Only use this address if you are filing a complaint of discrimination.**

**For Official CACFP Sponsor Use Only NOT VALID WITHOUT DETERMINING OFFICIAL'S SIGNATURE AND DATE**

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

Total Income	How often?	Household size	Categorial Eligibility <input type="checkbox"/>	Eligibility																	
<input type="text"/>	<table border="1"> <tr> <td>Weekly</td> <td>Bi-Weekly</td> <td>Monthly</td> <td>2x Month</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Weekly	Bi-Weekly	Monthly	2x Month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>	<table border="1"> <tr> <td>Free</td> <td>Reduced</td> <td>Denied</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Free	Reduced	Denied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Weekly	Bi-Weekly	Monthly	2x Month																		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
Free	Reduced	Denied																			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																			
Determining Official's Signature	Date	Confirming Official's Signature (second check)	Date	Follow-up Official's Signature (For Pricing Institutions - Verification Official)	Date																

Effective date of the institution is using the parent/guardian signature date as the effective date the form must have been signed by the institution representative within the same month the parent signed the form or the immediately following month.



## CACFP Infant Enrollment Form

**Center/Provider Name:** \_\_\_\_\_

**Dear Parent/Guardian,**

This childcare center/provider participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants according to program requirements. Participation in this program requires childcare centers/providers to follow specific meal patterns according to the age of the infant.

Childcare centers/providers participating in the CACFP **are required** to offer at least one iron fortified infant formula for infants who are enrolled in care. You may decline the infant formula offered, and supply breast milk and/or your own CACFP approved iron-fortified formula.

(NOTE: A CACFP approved iron-fortified formula must have 1 mg of iron or more per 100 calories of formula when prepared using the label directions and must be regulated by the FDA.)

Additionally, when you determine, in consultation with your physician, that your infant is developmentally ready, the childcare center/provider will also be **required** to offer iron fortified infant cereal and other infant foods.

Infant's Name \_\_\_\_\_ Infant's Date of Birth \_\_\_\_\_

**Iron Fortified Formula offered by the Center/Provider** \_\_\_\_\_

**Breast milk and/or Formula preference**

Record date to indicate your preference (choose all that apply) <small>*I understand that I may change my decision at any time with advance notice</small>	Birth -5 months Date & Initial	6 – 11 months Date & Initial
I will provide expressed breast milk for my infant.		
I will breast feed my infant on site at the center/provider.		
I want the childcare center/provider to provide the infant formula it offers for my infant.		
I will provide the infant formula for my infant. (must be iron fortified)		
<b>Name of infant formula I will provide:</b> _____		
My infant has a special dietary need that requires a formula that does not meet the criteria for an approved iron fortified formula. I have provided the center/provider with a Medical Plan of Care signed by a licensed medical authority that includes the impairment that restricts the infant's diet, how it effects the infant, and the recommended substitution.		
<b>Name of infant formula I will provide:</b> _____		



## CHILD MEAL PATTERN

<b>Child and Adult Care Food Program Breakfast</b> (Select all three components for a reimbursable meal)				
Food Components and Food Items <sup>1</sup>	Minimum quantities			
	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 <sup>2</sup> (at-risk afterschool programs and emergency shelters)
<b>Fluid Milk<sup>3</sup></b>	4 fl oz (½ cup)	6 fl oz (¾ cup)	8 fl oz (1 cup)	8 fl oz (1 cup)
<b>Vegetables, fruits, or portions of both<sup>4</sup></b>	¼ cup	½ cup	½ cup	½ cup
<b>Grains (oz eq)<sup>5,6,7</sup></b>				
Whole grain-rich or enriched bread	½ oz eq	½ oz eq	1 oz eq	1 oz eq
Whole grain-rich or enriched bread product, such as biscuit, roll, muffin, etc.	½ oz eq	½ oz eq	1 oz eq	1 oz eq
Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>8</sup> , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) <sup>8</sup>				
Flakes or rounds	½ cup	½ cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup
Granola	⅛ cup	⅛ cup	¼ cup	¼ cup

<sup>1</sup> Must serve all three components for a reimbursable meal. Offer versus serve is an option for at-risk afterschool participants.

<sup>2</sup> Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

<sup>3</sup> Must be unflavored whole milk for 1-year-old children. Must be unflavored low-fat (1% fat or less) or unflavored fat-free (skim) milk for children 2 through 5 years old. Must be unflavored or flavored fat-free (skim) or low-fat (1% fat or less) milk for children 6 years old and older.

<sup>4</sup> Pasteurized, full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

<sup>5</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement (see [Grain Based Desserts in the CACFP](#)).

<sup>6</sup> Meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat and meat alternates is equal to 1 ounce equivalent of grains.

<sup>7</sup> Refer to FNS guidance (i.e., [Exhibit A](#) and [Using Ounce Equivalents for Grains in the CACFP](#)) for additional information on crediting different types of grains.

<sup>8</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams of total sugars per 100 grams of dry cereal).



## CHILD MEAL PATTERN

<b>Child and Adult Care Food Program Lunch and Supper</b> (Select all five components for a reimbursable meal)				
Food Components and Food Items <sup>1</sup>	Minimum quantities			
	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 <sup>2</sup> <small>(at-risk afterschool programs and emergency shelters)</small>
<b>Fluid Milk<sup>3</sup></b>	4 fl oz (½ cup)	6 fl oz (¾ cup)	8 fl oz (1 cup)	8 fl oz (1 cup)
<b>Meat/meat alternates</b> (edible portion as served):				
Lean meat, poultry, or fish	1 ounce	1 ½ ounces	2 ounces	2 ounces
Tofu, soy products, or alternate protein products <sup>4</sup>	1 ounce	1 ½ ounces	2 ounces	2 ounces
Cheese	1 ounce	1 ½ ounce	2 ounces	2 ounces
Large egg	½	¾	1	1
Cooked dry beans or peas	¼ cup	⅜ cup	½ cup	½ cup
Peanut butter or soy nut butter or other nut or seed butters	2 Tbsp	3 Tbsp	4 Tbsp	4 Tbsp
Yogurt, plain or flavored, unsweetened or sweetened <sup>5</sup>	4 ounces or ½ cup	6 ounces or ¾ cup	8 ounces or 1 cup	8 ounces or 1 cup
The following may be used to meet no more than 50% of the requirement: Peanuts, soy nuts, tree nuts, or seeds (as listed in program guidance) OR an equivalent quantity of any combination of the above (1 ounces of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish)	½ ounce = 50%	¾ ounce = 50%	1 ounce = 50%	1 ounce = 50%
<b>Vegetables<sup>6,7</sup></b>	⅛ cup	¼ cup	½ cup	½ cup
<b>Fruits<sup>6,7</sup></b>	⅛ cup	¼ cup	¼ cup	¼ cup
<b>Grains (oz eq)<sup>8,9,10</sup></b>	½ oz eq	½ oz eq	1 oz eq	1 oz eq
Whole grain-rich or enriched bread, biscuit, roll, muffin, etc.	½ oz eq	½ oz eq	1 oz eq	1 oz eq
Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>10</sup> , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup

<sup>1</sup> Must serve all five components for a reimbursable meal. Offer versus serve is an option for at-risk afterschool and adult participants.

<sup>2</sup> Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

<sup>3</sup> Must be unflavored whole milk for 1-year-old children. Must be unflavored low-fat (1% fat or less) or unflavored fat-free (skim) milk for children 2 through 5 years old. Must be unflavored or flavored fat-free (skim) or low-fat (1% fat or

## CHILD MEAL PATTERN

### Child and Adult Care Food Program Snack (Select two of the five components for a reimbursable snack)

Food Components and Food Items <sup>1</sup>	Minimum quantities			
	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 <sup>2</sup> <small>(at-risk afterschool programs and emergency shelters)</small>
<b>Fluid Milk<sup>3</sup></b>	4 fl oz (½ cup)	4 fl oz (½ cup)	8 fl oz (1 cup)	8 fl oz (1 cup)
<b>Meat/meat alternates</b> (Edible portions as served)				
Lean meat, poultry, or fish	½ ounce	½ ounce	1 ounce	1 ounce
Tofu, soy products, or alternate protein products <sup>4</sup>	½ ounce	½ ounce	1 ounce	1 ounce
Cheese	½ ounce	½ ounce	1 ounce	1 ounce
Large egg	½	½	½	½
Cooked dry beans or peas	⅓ cup	⅓ cup	¼ cup	¼ cup
Peanut butter or soy nut butter or other nut or seed butters	1 Tbsp	1 Tbsp	2 Tbsp	2 Tbsp
Yogurt, plain or flavored, unsweetened or sweetened <sup>5</sup>	2 ounces or ¼ cup	2 ounces or ¼ cup	4 ounces or ½ cup	4 ounces or ½ cup
Peanuts, soy nuts, tree nuts, or seeds	½ ounce	½ ounce	1 ounce	1 ounce
<b>Vegetables<sup>6</sup></b>	½ cup	½ cup	¾ cup	¾ cup
<b>Fruits<sup>6</sup></b>	½ cup	½ cup	¾ cup	¾ cup
<b>Grains (oz eq)<sup>7,8,9</sup></b>	½ oz eq	½ oz eq	1 oz eq	1 oz eq
Whole grain-rich or enriched bread, biscuit, roll, muffin, etc.	½ oz eq	½ oz eq	1 oz eq	1 oz eq
Whole grain-rich, enriched, or fortified cooked breakfast cereal <sup>9</sup> , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) <sup>8</sup>				
Flakes or rounds	½ cup	½ cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup
Granola	⅓ cup	⅓ cup	¼ cup	¼ cup

<sup>1</sup> Select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.

<sup>2</sup> Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

## CHILD MEAL PATTERN

less) milk for children 6 years old and older.

<sup>4</sup> Alternate protein products must meet the requirements in [Appendix A to Part 226](#).

<sup>5</sup> Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

<sup>6</sup> Pasteurized, full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

<sup>7</sup> A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.

<sup>8</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards the grains requirement (see [Grain Based Desserts in the CACFP](#)).

<sup>9</sup> Refer to FNS guidance (i.e., [Exhibit A](#) and [Using Ounce Equivalents for Grains in the CACFP](#)) for additional information on crediting different types of grains.

<sup>10</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams total sugars per 100 grams of dry cereal).

***Caution: Children under 5 years of age are at highest risk of choking. If served, nuts and seeds should be finely minced and served in prepared foods.***

## CHILD MEAL PATTERN

<sup>3</sup> Must be unflavored whole milk for 1-year-old children. Must be unflavored low-fat (1% fat or less) or unflavored fat-free (skim) milk for children 2 through 5 years old. Must be unflavored or flavored fat-free (skim) or low-fat (1% fat or less) milk for children 6 years old and older.

<sup>4</sup> Alternate protein products must meet the requirements in [Appendix A to Part 226](#).

<sup>5</sup> Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

<sup>6</sup> Pasteurized, full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

<sup>7</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the grains requirement (see [Grain Based Desserts in the CACFP](#)).

<sup>8</sup> Refer to FNS guidance (i.e., [Exhibit A](#) and [Using Ounce Equivalents for Grains in the CACFP](#)) for additional information on crediting different types of grains.

<sup>9</sup> Breakfast cereals must contain no more than 6 grams of total sugars per dry ounce (no more than 21.2 grams of total sugars per 100 grams of dry cereal).

***Caution: Children under 5 years of age are at highest risk of choking. If served, nuts and seeds should be finely minced and served in prepared foods.***

## CACFP INFANT MEAL PATTERNS

Breakfast, Lunch, or Supper	
Birth through 5 months	6 through 11 months
4 - 6 fluid ounces breastmilk <sup>1</sup> or formula <sup>2</sup>	<p>6 - 8 fluid ounces breastmilk<sup>1</sup> or formula<sup>2</sup>; <b>and</b></p> <p>0 - ½ oz eq (0-4 tablespoons) infant cereal<sup>2,3</sup>; <i>or</i></p> <p>0 - 4 tablespoons meat, fish, poultry, whole egg, cooked dry beans, cooked dry peas; <i>or</i></p> <p>0 - 2 ounces of cheese; <i>or</i> ½ cup of cottage cheese; <i>or</i></p> <p>0 - 4 ounces or ½ cup of yogurt<sup>4</sup>; <i>or</i> a combination of the above<sup>5</sup>; <b>and</b></p> <p>0 - 2 tablespoons vegetable or fruit, or a combination of both<sup>5,6</sup></p>
Snack	
Birth through 5 months	6 through 11 months
4 - 6 fluid ounces breastmilk <sup>1</sup> or formula <sup>2</sup>	<p>2 - 4 fluid ounces breastmilk<sup>1</sup> or formula<sup>2</sup>; <b>and</b></p> <p>0 - ½ ounce equivalent (0-4 tablespoons) infant cereal<sup>2,3</sup>; <i>or</i></p> <p>0 - ½ ounce equivalent bread/bread-like foods<sup>3,7</sup>; <i>or</i></p> <p>0 - ¼ ounce equivalent crackers<sup>3,7</sup>; <i>or</i></p> <p>0 - ¼ ounce equivalent ready-to-eat breakfast cereal<sup>3,5,7,8</sup>; <b>and</b></p> <p>0 - 2 tablespoons vegetable or fruit, or a combination of both<sup>5,6</sup></p>

<sup>1</sup> Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

<sup>2</sup> Infant formula and dry infant cereal must be iron-fortified.

<sup>3</sup> Refer to FNS guidance for additional information on crediting different types of grains (i.e., [Exhibit A](#) and [Feeding Infants Using Ounce Equivalents for Grains](#)).

<sup>4</sup> Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

<sup>5</sup> A serving of this component is required when the infant is developmentally ready to accept it.

<sup>6</sup> Fruit and vegetable juices must not be served.

<sup>7</sup> A serving of grains must be whole grain-rich, enriched, or fortified.

<sup>8</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams of total sugars per 100 grams of dry cereal).

## **Allowable Nondairy Milk Substitutes in the Child and Adult Care Food Program**

---

Centers and day care homes operating the Child and Adult Care Food Program (CACFP) are encouraged to consider participants' cultural, religious, tribal, and ethical preferences when planning and preparing meals. Centers and homes may choose to offer one or more nondairy beverages as a substitute for fluid milk in the CACFP upon written request from a parent, guardian, adult participant, or a person on behalf of the adult participant. Non-disability milk substitutions are optional in CACFP. Centers and day care homes choosing to provide a nondairy milk substitute must ensure it meets USDA nutrient requirements.

---

Guidance in this document does not apply to individual children and adults with a signed medical statement on file (e.g., Medical Plan of Care) who cannot consume milk because of a disability. If a participant's medical statement indicates that the participant cannot consume milk because of a disability and requests a milk substitution, the center or day care home must provide the requested substitute, regardless of whether it meets the nutrient standards. For more information on accommodating disabilities, see USDA memo [CACFP 14-2017 Modifications to Accommodate Disabilities in CACFP and SFSP](#) and the Medical Plan of Care on CN PEARS, Download Forms, in the Forms section.

---

The following questions and answers are compiled from USDA guidance on fluid milk substitutions:

### **1. What are the main requirements for milk substitutions in the CACFP?**

- A parent, guardian, adult participant, or a person on behalf of an adult participant must submit a written request that identifies the need for an allowable nondairy milk substitute. A written request from a medical provider is also acceptable but is not required for a non-disability substitution request.
- Nondairy beverages offered as fluid milk substitutes in the CACFP must be nutritionally equivalent to cow's milk and meet the nutrition standards outlined in federal regulations at 7 CFR §226.20(g)(3).
- Nondairy beverages served to children 1 through 5 years old must be unflavored (e.g., "original" soymilk) in accordance with the CACFP meal patterns.

### **2. Is a center or day care home required to provide a nondairy milk substitute if it is not related to a disability?**

No. It is at the discretion of the center or home to provide an allowable nondairy milk substitute if it is not related to a disability. However, USDA strongly encourages centers and homes to make meal modifications to accommodate non-disability dietary requests.

**3. Other than supper meals for adults (in which fluid milk is optional), is a meal without fluid milk or an acceptable milk substitution reimbursable?**

In the CACFP, adult day care centers and at-risk afterschool operators may choose to implement Offer versus Serve (OVS) meal service. Under OVS, a participant may decline fluid milk and have a reimbursable meal. If OVS is not implemented, a reimbursable meal must include milk or an allowable nondairy milk substitute. When OVS is not implemented, meals without fluid milk or an acceptable nondairy beverage cannot be claimed for reimbursement. The exception is for a participant with a disability, because the center or day care home must omit or substitute fluid milk based on the written statement from a licensed medical authority.

**4. Must a center or day care home comply with a statement from a licensed medical authority indicating that a milk substitution must be provided to a child or adult for a reason other than a disability?**

No. A center or home needs to comply with a statement from a licensed medical authority when a milk substitution is necessary because of a disability that restricts the diet, for example, lactose intolerance or milk allergy. When the milk substitution request is not related to a disability, the center or home chooses whether to accommodate the participant and selects the nondairy beverage(s) based on the fluid milk substitution requirements.

**5. What type of documentation must be submitted to the center or day care home to request an allowable milk substitute for a child or adult participant?**

A written request from a parent, guardian, adult participant, or person on behalf of the adult participant must identify the participant's need that precludes the consumption of cow's milk. No other information is required. Although a written request from a medical authority is also acceptable, a medical statement is not required for non-disability requests.

**6. What are acceptable reasons for a milk substitution request?**

Any reasonable request could be accepted. Religious, cultural, tribal, or ethical reasons would be acceptable and could be accommodated. For example, a vegetarian family that does not consume cow's milk may request an allowable soy beverage with their child's meal.

**7. Is it necessary to offer a choice of acceptable milk substitutes for non-disability requests?**

No. If a center or day care home chooses to accommodate milk substitutions for non-disability reasons, they may offer one or more allowable product(s).

**8. May lactose-free milk be offered to a child or adult with lactose intolerance?**

Yes. Lactose-free milk is cow's milk and is an allowable milk in reimbursable meals and snacks. A written note is not required to serve lactose-free milk. However, a written request is required to serve an allowable nondairy beverage for a child or adult with lactose intolerance. Depending on an individual participant's lactose intolerance, meal accommodations beyond providing lactose-free milk or a nondairy beverage may be necessary. In this case a medical note may be necessary, so that appropriate meal modifications can be made for the participant.

**9. Is water, juice, or a nondairy beverage that is not nutritionally equivalent to milk an allowable substitute for milk in non-disability cases?**

No. Only a nondairy beverage meeting the nutrient standards at levels specified in federal regulations may be substituted for non-disability reasons. Currently, only some soy beverages (commonly called soy milk) meet the nutrient standards. If a center or day care home substitutes a beverage that does not meet the nutrient standards, then the meal cannot be claimed for reimbursement.

**10. Will centers and day care homes receive additional meal reimbursement if they provide a nondairy milk substitution?**

No. Meals that are modified because of a disability or non-disability, including meals with nondairy milk substitutions, are reimbursed at the same rates as regular meals. Centers and day care homes cannot require a parent or guardian to pay the difference in cost between the fluid milk and the nondairy milk substitute.

**11. May a center or day care home decline to offer an acceptable milk substitute for non-disability reasons because of cost?**

Yes, centers and homes have the choice whether to accommodate a milk substitution request for reasons other than a disability. However, USDA believes that accommodating religious, cultural, tribal, and ethical preferences of participants helps to safeguard their well-being and promote good nutrition. Because milk substitution requests are granted on a case-by-case basis and the center or home selects the acceptable nondairy beverage(s), in most cases the substitution can be made without undue financial hardship. However, in some situations, cost may be a legitimate reason for declining to offer a milk substitute to a child or adult with a non-disability dietary request.

**12. How can a center or day care home determine what products meet the nutrient requirements for allowable nondairy beverages?**

Because the Nutrition Facts Label on food products may not list all the required nutrients (see below), the CACFP operator may need to request documentation from the product manufacturer to confirm the presence of all required nutrients at the proper levels. The state agency can provide guidance or assist with product selection.

**Milk Substitute Nutrition Standards**

<b>Nutrient</b>	<b>Per Cup</b>
Calcium	276 mg
Protein	8 g
Vitamin A	500 IU or 150 mcg
Vitamin D	100 IU or 2.5 mcg
Magnesium	24 mg
Phosphorus	222 mg
Potassium	349 mg
Riboflavin	.44 mg
Vitamin B-12	1.1 mcg



**13. If a parent provides a creditable nondairy beverage, can the center or day care home serve it and still receive reimbursement?**

Yes. If a parent provides a nondairy beverage that meets the nutrient standards, the center or day care home may serve it and claim reimbursement for the meal. The CACFP meal patterns permit parents or guardians to supply one creditable component of a reimbursable meal for participants with non-disability dietary needs.

**14. If the parent brings in juice, bottled water, or a nondairy substitute that does not meet the USDA's nutritional standards, can the center or day care home serve it and still receive reimbursement?**

No, if unallowable beverages are served in place of fluid milk, then the meal is not reimbursable. Centers and day care homes should inform parents, guardians, and adult participants about the types of creditable nondairy milk substitutes. Currently, only some soy milks meet the nutrient standards.

**15. Must nondairy beverages meet the fat content requirements of fluid milk?**

No. Nondairy beverages are not required to be low-fat or fat-free when served to children 2 years old and older and adults. For nondairy beverages to meet the nutrient requirements for milk substitutes, they must be fortified, and some fat is needed to help mask the flavor of the nutrient packet added. Therefore, setting a fat standard for nondairy beverages would severely restrict the number of products that are nutritionally equivalent to cow's milk. This would then limit the ability of centers and day care homes to meet the dietary needs of children or adults.

**16. May I serve a flavored nondairy beverage that meets the nutrition standards, such as chocolate-flavored soy milk?**

Yes, but flavored nondairy beverages are allowable only for participants 6 years old and older and adults.

**17. Does USDA or the Pennsylvania Department of Education (PDE) provide a list of acceptable nondairy beverages that meet the nutrient standards?**

USDA does not evaluate, approve, or endorse any nondairy beverage intended to be offered as a milk substitute. Because USDA's nutrient standards for nondairy beverages are the same for the Child Nutrition Programs and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), PDE provides a non-exhaustive list of acceptable soy beverages approved by Pennsylvania WIC that may be used in the CACFP. The list is titled *WIC-Approved Soy Milk* and is found on CN PEARS, Download Forms, in the Resources section. CACFP operators are responsible for validating and maintaining documentation that products they serve meet USDA standards.

**18. Must a center or day care home honor a request to substitute milk with organic milk or milk with a label indicating it was produced from cows not treated with hormones?**

No, the choice to purchase milk labeled in this manner is at the discretion of the center or home.

## Children and Adults with Disabilities and Special Dietary Needs

Operators of the Child and Adult Care Food Program (CACFP) and Summer Food Service Program (SFSP) are required to make reasonable modifications to the service of Program meals or the meal service to accommodate children or adults (Program participants) with disabilities that restrict the diet.

### 1. Licensed Medical Authority's Statement for Participants with Disabilities

U.S. Department of Agriculture (USDA) regulations at [7 CFR Part 15b](#) require substitutions or modifications in Program meals for participants whose disabilities restrict their diets. Sponsors, centers, and day care homes must provide modifications for participants on a case-by-case basis when requests are supported by a written statement from a state licensed medical authority.

The third page of this document ("Medical Plan of Care for Child Nutrition Programs") may be used to obtain the required information from the licensed medical authority. For this purpose, a *state licensed medical authority* in Pennsylvania includes a:

- Physician,
- Physician assistant,
- Certified registered nurse practitioner, or
- Dentist.

The written medical statement must include:

- An explanation of how the participant's physical or mental impairment restricts the diet;
- An explanation of what must be done to accommodate the participant; and
- The food or foods to be omitted and recommended alternatives, if appropriate.

### 2. Other Special Dietary Needs

Program operators may make food substitutions for individual participants who do not have a medical statement on file. Such determinations are made on a case-by-case basis and all accommodations must be made according to USDA's meal pattern requirements. Program operators are encouraged, but not required, to have documentation on file when making menu modifications within the meal pattern.

Special dietary needs and requests such as those related to general health concerns and personal preferences are not disabilities and are optional for Program operators to accommodate. Meal modifications for non-disability reasons are reimbursable provided that these meals adhere to Program regulations.

### 3. Rehabilitation Act of 1973 and the Americans with Disabilities Act

Under Section 504 of the *Rehabilitation Act of 1973*, the *Americans with Disabilities Act (ADA) of 1990* and the *ADA Amendments Act of 2008*, a person with a disability means any person who has a physical or mental impairment that substantially limits one or more major life activities or major bodily functions, has a record of such an impairment, or is regarded as having such an impairment. A physical or mental impairment does not need to be life threatening in order to constitute a disability. If it limits a major life activity, it is considered a disability.

*Major life activities* include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to: functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

## Children and Adults with Disabilities and Special Dietary Needs

### 4. Individuals with Disabilities Education Act

Preschool children, infants, and toddlers with disabilities have additional rights under the *Individuals with Disabilities Education Act* (IDEA). Questions regarding the IDEA's requirements should be directed to the U.S. Department of Education, which is the federal agency responsible for the administration and enforcement of the IDEA.

#### **Child Nutrition Program (CACFP/SFSP) Contact**

For more information about requesting accommodations to Program meals and the meal service for participants with disabilities at *i.e.*, *School or school district name, CACFP or SFSP center, home, or site name*, please contact:

*Name*

*Contact Information*

### USDA Nondiscrimination Statement

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](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

## Medical Plan of Care for Child Nutrition Programs (CACFP and SFSP)

*Please read pages 1 and 2 before completing this form.*

Participant's Name	Date of Birth	Age/Classroom
Name of Center/Program/Site		
Name of Parent/Guardian or Participant's Representative		Phone Number of Parent/Guardian/Representative
Signature of Parent/Guardian or Participant's Representative		Date
1. Provide an explanation below of how the participant's physical or mental impairment restricts the participant's diet:		
2. Describe the specific diet or necessary modifications prescribed by the state licensed medical authority to accommodate the participant's needs:		
3. List the food or foods to be omitted (please be specific) and recommended alternatives, if appropriate. <u>Foods to be omitted:</u>		
<u>Suggested substitutions:</u>		
4. Indicate texture modifications, if applicable: <input type="checkbox"/> Chopped/Cut into bite-sized pieces <input type="checkbox"/> Diced/Finely Ground <input type="checkbox"/> Pureed <input type="checkbox"/> Other: _____		
5. List any required special adaptive equipment:		
Name of Physician/Medical Authority & Title (Please Print)		Provider Phone Number
Signature of Physician/Medical Authority		Date
<p><i>Signing the following section is optional, but may prevent delays by allowing the Program to speak with the physician/medical authority.</i></p> <p><u>Health Insurance Portability and Accountability Act Waiver</u>          In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and the Family Educational Rights and Privacy Act, I hereby authorize _____ (medical authority) to release such protected health information of the participant as is necessary for the specific purpose of Special Diet information to _____ (center/program/site) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning the participant with the childcare/adult care/summer food program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for the participant. I understand that permission to release this information may be rescinded at any time except when the information has already been released. My permission to release this information will expire on _____ (date). This information is to be released for the specific purpose of Special Diet information.</p> <p>The undersigned certifies that he/she is (<b>circle one</b>): <b>Parent Guardian Adult participant</b> or <b>Representative of participant</b> listed on this document and has the legal authority to sign on behalf of that person.</p> <p>Signature: _____ Date: _____</p>		

## How does CACFP work?

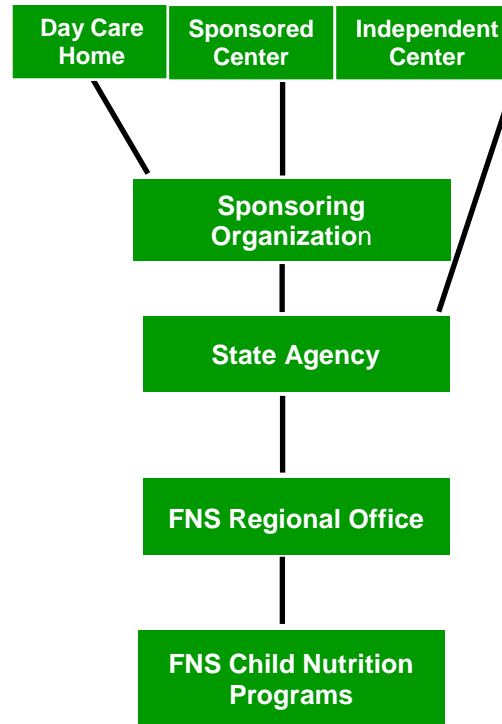
Day care homes and centers receive money for serving nutritious meals. The Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture (USDA) oversees CACFP.

States approve sponsors and centers to operate the program. States also monitor and provide training and guidance to make sure CACFP runs right.

Sponsoring organizations support day care homes and centers with training and monitoring. All day care homes participate in CACFP through a sponsor.



## CACFP Partners



### Contacts

*Here is space for the State agency and sponsoring organization to add contact information.*



FNS-319  
October 2019  
USDA is an equal  
opportunity provider,  
employer and lender.

# Building for The Future



# In the Child and Adult Care Food Program (CACFP)

# Building for the Future in the CACFP

---

## What is CACFP?

CACFP is the Child and Adult Care Food Program. It is a Federal program that pays for healthy meals and snacks for children and adults in day care.

CACFP improves the quality of day care. It makes the cost of day care cheaper for many low-income families.

Besides providing meals in day care, CACFP makes afterschool programs more appealing to at-risk children and youth. Serving afterschool meals and snacks attracts students to learning activities that are safe and fun.

Children and youth who are homeless can also receive meals at shelters that participate in CACFP.

---

*Here is space for the State agency and sponsoring organization to add contact information.*

## Who is eligible for CACFP meals?

- Children under age 13,
  - Migrant children under age 16,
  - Children and youth under age 19 in afterschool programs in low-income areas,
  - Children and youth under age 19 who live in homeless shelters, and
  - Adults who are impaired or over age 60 and enrolled in adult day care
- 

## What kinds of meals are served?

CACFP meals follow USDA nutrition standards.

- Breakfast consists of milk, fruits or vegetables, and grains.
- Lunch and Supper require milk, grains, meat or other proteins, fruits, and vegetables.
- Snacks include two different servings from the five components: milk, fruits, vegetables, grains, or meat or other proteins.

## Where are CACFP meals served?

Many types of facilities participate in CACFP.

### Child Care Centers:

Licensed child care centers and Head Start programs provide day care with meals and snacks to large numbers of children.

### Outside-School-Hours Care Centers:

Licensed centers offer before or afterschool care with meals and snacks to large numbers of school-aged children.

### Family Day Care Homes:

Licensed providers offer family child care with free meals and snacks to small groups of children in private homes.

### “At-Risk” Afterschool Care Programs:

Centers in low-income areas provide learning activities with free meals and snacks to school-age children and youth.

### Emergency Shelters:

Homeless, domestic violence, and runaway youth shelters provide places to live with free meals for children and youth.

### Adult Day Care Centers:

Licensed centers provide day care with meals and snacks to enrolled adults.

---





# AND JUSTICE FOR ALL



In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at **(202) 720-2600** (voice and TTY) or contact USDA through the Federal Relay Service at **(800) 877-8339**.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online, at [www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf](http://www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf), from any USDA office, by calling **(866) 632-9992**, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

**mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

**fax:**  
(833) 256-1665 or (202) 690-7442;

**email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

Conforme a la ley federal y las políticas y regulaciones de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo, edad, discapacidad, venganza o represalia por actividades realizadas en el pasado relacionadas con los derechos civiles (no todos los principios de prohibición aplican a todos los programas).

La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieran medios de comunicación alternativos para obtener información sobre el programa (por ejemplo, Braille, letra agrandada, grabación de audio y lenguaje de señas americano) deben comunicarse con la agencia estatal o local responsable que administra el programa o con el TARGET Center del USDA al **(202) 720-2600** (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Transmisión de Información al **(800) 877-8339**.

Para presentar una queja por discriminación en el programa, el reclamante debe completar un formulario AD-3027, Formulario de queja por discriminación del programa del USDA, que se puede obtener en línea, en [www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf](http://www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf), en cualquier oficina del USDA, llamando al **(866) 632-9992**, o escribiendo una carta dirigida al USDA. La carta debe contener el nombre, la dirección y el número de teléfono del reclamante, y una descripción escrita de la supuesta acción

discriminatoria con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR, por sus siglas en inglés) sobre la naturaleza y la fecha de la presunta violación de los derechos civiles. La carta o el formulario AD-3027 completado debe enviarse al USDA por medio de:

**correo postal:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; o´

**fax:**  
(833) 256-1665 o´ (202) 690-7442;

**correo electrónico:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov).

Esta institución ofrece igualdad de oportunidades.



## Did you know?

- Even if you receive SNAP, MA or TANF, you may also apply for WIC.
- In most instances, WIC has higher income guidelines than SNAP, MA or TANF. Even if you don't qualify for these programs, you may qualify for WIC.
- Most families in Head Start and Early Head Start qualify for WIC.
- Foster children under age 5 qualify for WIC. Foster parent income is not considered.
- WIC does not require proof of citizenship.

### WIC Income Guidelines

Household Size	*Monthly (Approx.)
1	\$1,968
2	\$2,658
3	\$3,349
4	\$4,040

For each additional person, add:

**\$691**

\*Income (before taxes) is effective July 1, 2020  
For each unborn infant, add one to household size.



## How do I apply?

Get started online at [pawic.com](http://pawic.com) or call  
**1-800-WIC-WINS**  
**(1-800-942-9467).**



[www.health.pa.gov](http://www.health.pa.gov)  
[www.pawic.com](http://www.pawic.com)



**Choose Healthy.**  
**Choose WIC!**



PA WIC is funded by the USDA.  
 This institution is an equal opportunity provider.



## What IS WIC?

WIC is the Special Supplemental Nutrition Program to help improve the health of women, infants and children. WIC services are provided at no cost to you and your family.

**“WIC has helped me make healthier choices for my child, and I can save on my grocery bill.” -- WIC Mom**

## Who IS ELIGIBLE?

- **Women** who are pregnant, breastfeeding or recently had a baby (under 6 months)
- **Infants**
- **Children** under age 5

You must live in Pennsylvania, have a nutrition need and not exceed the income guidelines.

WIC is for married and single parents, working families and the unemployed. If you are a father, mother, foster parent or other legal guardian of a child under age 5, you can apply for WIC for your child.



## How CAN WIC HELP MY FAMILY?

### Offers screenings and referrals to health care and other services

- Iron testing for anemia
- Immunization, health and lead screenings
- Referrals for SNAP, MA, TANF, CHIP, Healthy Beginnings Plus, Head Start, food banks, etc.

### Gives advice for healthy eating

- One-on-one nutrition education
- Nutrition materials
- Online information

### Supports breastfeeding

Breastfeeding provides many health, nutritional, economical and emotional benefits to mother and baby. WIC helps mothers continue breastfeeding even if they return to work.

### Provides healthy food

- ✓ Milk
- ✓ Cheese
- ✓ Yogurt
- ✓ Soy-based beverages
- ✓ Tofu
- ✓ Fruits and vegetables (fresh, frozen or canned)
- ✓ Dried or canned beans/peas
- ✓ Eggs
- ✓ Peanut butter
- ✓ Canned fish
- ✓ Juice
- ✓ Cereal
- ✓ Whole grains (bread, tortillas, oats, brown rice and pasta)
- ✓ Infant foods
- ✓ Formula and medically necessary supplements



If you have questions about the CACFP, please contact one of the following:

_____	Child Care Resources, Inc.
Institution	USDA Sponsoring Organization
_____	Child and Adult Care Food Program
Director	203 Hull Street, Suite A
_____	Richmond, VA 23224
Address	855 - 427- 2888
_____	
City, State, Zip	
_____	
Phone Number	

Learn more about CACFP at USDA's website:

<https://www.fns.usda.gov/>

USDA is an equal opportunity provider, employer and lender.

**United States Department of Agriculture**

Food and Nutrition Service FNS-317

November 2019

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)