

Virginia CACFP Annual CACFP Enrollment Form (Child)

CENTER/PROVIDER COMPLETE THIS SECTION

EXAMPLE

ABC Child Care
Center/Provider Name

112 Main Street Richmond VA 23219
Street Address City State Zip Code

This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide nutritious meals for children. Federal CACFP regulations require this institution to complete and sign a separate agreement with each child(ren) with this program. The parent or guardian must sign below.

Be sure that the correct birthdate and child's classroom are written in.

The meals expected to be received should correlate with the "normal" times the child attends.

Child Care Centers, Family Day Care Homes,
Licensed Outside School Hours Care Centers

At-Risk Afterschool Centers, Emergency Shelters

1	FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	2	3	4									
		DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS CARE DURING THE WEEK	MEALS RECEIVED									
	<u>Johnny Swenson</u> <small>Child's First Name</small> <u>SWENSON</u> <small>Child's Last Name</small> <u>9/6/12</u> <small>Date of Birth (m/d/yy)</small> <u>5</u> <u>Red</u> <small>Age Classroom</small>	<input checked="" type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">TIME IN</th> <th style="width: 30%;">TIME OUT</th> <th style="width: 40%;">SPORADIC SCHEDULE (no set schedule of days)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><u>8:30</u></td> <td style="text-align: center;"><u>5:45</u></td> <td></td> </tr> <tr> <td colspan="3"><small>NOTES:</small></td> </tr> </tbody> </table>	TIME IN	TIME OUT	SPORADIC SCHEDULE (no set schedule of days)	<u>8:30</u>	<u>5:45</u>		<small>NOTES:</small>			<input checked="" type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input checked="" type="checkbox"/> Lunch <input checked="" type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack
TIME IN	TIME OUT	SPORADIC SCHEDULE (no set schedule of days)											
<u>8:30</u>	<u>5:45</u>												
<small>NOTES:</small>													

5 Parent/Guardian Signature and Date:
By signing this form, I certify that I am the parent/legal guardian of the child named in Section 1 of this Enrollment Form and that the information contained on this form is true and correct.

Janice Swenson Janice Swenson 11/5/24
Printed Name Signature Date

jswenson743@gmail.com
City, State, Zip Code Email

Street Address
Phone Number WORK/CELL (circle one)

RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race and ethnicity of enrolled child(ren).

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input checked="" type="checkbox"/> White	<input type="checkbox"/> Other

Please mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

NON-DISCRIMINATION 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) may contact USDA through the Federal Relay Service at (800) 877-8339. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found at <http://www.usda.gov> and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9999.

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.

This institution is an equal opportunity provider.

If the parent does not fill in the child's ethnic and racial data, the center must fill it out based on visual determination.

Sponsor Use Only

Effective Date of This Enrollment Form: _____ (m/d/yy)

Effective Withdrawal Date of This Enrollment Form: _____ (m/d/yy)

Printed Name of Center Representative

Signature of Center Representative

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

This form is effective for 12 months from the date of parent signature.

VIRGINIA CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS and FAMILY DAY HOMES

1 All Household Members				2	3	
NAMES OF ALL HOUSEHOLD MEMBERS [Adults and Children]				FOSTER CHILD	SNAP, TANF or FDIPIR CASE #	
First, Middle Initial, Last			Check if NO income	Ages of children in care	Skip to Part 6 if all are foster children.	Skip to Part 6 if you list a SNAP, TANF or FDIPIR case number.
					SNAP and TANF MUST BE NINE (9) DIGITS	
1	Johnny Swenson			<input checked="" type="checkbox"/>		
2	Janice Swenson			<input type="checkbox"/>		7 3 5 2 6 7 8 0 4
3				<input type="checkbox"/>		
4				<input type="checkbox"/>		
5				<input type="checkbox"/>		
6				<input type="checkbox"/>		

The parent writes down everyone in the household and checks off who does not have an income.

If a parent has a TANF or SNAP/Food Stamp number, they write it here (This number is ALWAYS 9 digits. The parent may now sign and date the form.)

4 Homeless Migrant Runaway If any child you are responsible for is a foster child, check the appropriate box.

5 Total Household Gross Income (before deductions). You must list all household members with income.

NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT IS RECEIVED (Example: \$100/week)							
	Earnings From Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp, Unemployment, SSI, etc.	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i. Janice Swenson	\$ 400	Week	\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

6 Social Security Number: - 4 6 3 2 I do not have a social security number.

If the parent does not have a TANF or SNAP number, they may still qualify based on their income. They write down all of their household income. Remind them to put HOW OFTEN! And then they must write down the last 4-digits of their Social Security number.

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

11/5/24 Janice Swenson Janice Swenson

Date Printed Name of Adult Household Member Signature of Adult Household Member

7 Contact Information (Optional)

Work Telephone Number (Include Area Code) Home Telephone Number (Include Area Code) Home Address (Number, Street, City, State, Zip Code)

8 Optional - Sharing Information with Virginia's Health Insurance Program for Children (FAMIS)

May we share your information on this application with the FAMIS, the complete health insurance program for every child in Virginia? If yes, do not sign below.

No, I do not want my information from this application shared with the FAMIS. Date: _____ Sign here: _____

Sponsor 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 if different frequencies of pay are reported.

TOTAL INCOME Per \$ _____ Week Every 2 Weeks Twice a Month Month Year NUMBER IN HOUSEHOLD: _____

FREE based on: foster child migrant SNAP or TANF household income REDUCED based on: household income DENIED reason: income too high incomplete application non-qualifying SNAP/TANF

SECTION B Signature of Determining Official: _____ Date: _____



**Virginia Child and Adult Care Food Program (CACFP)
(Child) Annual Enrollment Form (AEF)**

CENTER/PROVIDER COMPLETE THIS SECTION

Center/Provider Name

28365 Hillman Hwy	Meadowview	VA	24361
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

This institution participates in the Child and Adult Care Food Program (CACFP) and receives Federal reimbursement to provide nutritious meals for children. Federal CACFP regulations require all parents/guardians to complete and sign a separate Annual Enrollment Form for each child when enrolling their child (ren) with this provider, and every 12 months thereafter. **The parent or guardian must complete and ensure accuracy of Sections 1 through 6 below.**

This form is required for:	This form is NOT required for:
Child Care Centers, Family Day Care Homes	Outside School Hours Care Centers, Emergency Shelters

1	FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	2	DAYS OF WEEK IN ATTENDANCE	3			4	MEALS RECEIVED
				TIMES CHILD NORMALLY ATTENDS CARE DURING THE WEEK	TIME IN	TIME OUT		
	<i>Child's First Name</i>		<input type="checkbox"/> Monday					<input type="checkbox"/> Breakfast
	<i>Child's Last Name</i>		<input type="checkbox"/> Tuesday					<input type="checkbox"/> AM Snack
	<i>Date of Birth (mm/dd/yyyy)</i>		<input type="checkbox"/> Wednesday					<input type="checkbox"/> Lunch
	<i>Age</i>		<input type="checkbox"/> Thursday					<input type="checkbox"/> PM Snack
			<input type="checkbox"/> Friday					<input type="checkbox"/> Supper
			<input type="checkbox"/> Saturday					<input type="checkbox"/> EV Snack
			<input type="checkbox"/> Sunday					
			NOTES:					

5 Parent/Guardian Signature and Date: *By signing this form, I certify that I am the parent/legal guardian of the child named in Section 1 of this Annual Enrollment Form and that the information contained on this form is true and correct.*

Printed Name: _____ *Signature:* _____

Street Address: _____ *City, State, Zip Code:* _____

Phone Number HOME / WORK / CELL (circle one): _____ *Date:* _____

Nondiscrimination statement: 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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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, 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.
- This institution is an equal opportunity provider.

6 Ethnic and Racial Identification: *Parent/Guardian to complete. Please select ONE Ethnicity; Please select ONE OR MORE Races*

ETHNIC IDENTIFICATION	
<input type="radio"/> Hispanic , Latino or Spanish Origin: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	
<input type="radio"/> Not Hispanic, Latino or Spanish origin	
<input type="radio"/> I decline to answer.	

RACIAL IDENTIFICATION	
<input type="radio"/> American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains culture identification through tribal affiliation or community attachment (includes Aleuts and Eskimos).	<input type="radio"/> Black, African American, or Haitian: A person having origins in any of the black racial groups of Africa.
<input type="radio"/> Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	<input type="radio"/> White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="radio"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	<input type="radio"/> I decline to answer.

CENTER NAME:

VIRGINIA CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (IEF) FOR CHILD CARE CENTERS and FAMILY DAY CARE HOMES

Table with 3 main columns: 1 All Household Members, 2 FOSTER CHILD, 3 SNAP, TANF or FDIPIR CASE #. Sub-headers include NAMES OF ALL HOUSEHOLD MEMBERS, FOSTER CHILD, and SNAP, TANF or FDIPIR CASE #.

4 Homeless, Migrant, or Runaway. Includes checkboxes for Homeless, Migrant, Runaway and instructions for reporting.

5 Total Household Gross Income (before deductions). You must tell us how much and how often. Table with columns for NAMES, GROSS INCOME AND HOW OFTEN IT IS RECEIVED, and sub-columns for Earnings From Work, Welfare, Pensions, etc.

6 Signature and Social Security Number (Adult must sign). Includes instructions for signing, social security number format (X X X - X X -), and a declaration of truth.

7 Contact Information (Optional). Fields for Work Telephone Number, Home Telephone Number, and Home Address.

8 Optional - Sharing Information with Virginia's Health Insurance Program for Children (FAMIS). Includes a checkbox for sharing information and a signature line.

CHILD CARE REPRESENTATIVE USE ONLY - ELIGIBILITY DETERMINATION - COMPLETE SECTIONS A and B BELOW

SECTION A Annual Income Conversion: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12. Includes fields for TOTAL INCOME Per, NUMBER IN HOUSEHOLD, and checkboxes for FREE, REDUCED, or DENIED based on various criteria.

SECTION B Signature of Determining Official: _____ Date: _____

Nondiscrimination statement: 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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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.

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