

## Child & Adult Care Food Program Enrollment Form

This center or program participates in the Child & Adult Care Food Program (CACFP). The food program provides federal money in the form of reimbursement to the center for meals and/or snacks served to children in care through the United States Department of Agriculture, Child Nutrition Programs. We are required to collect this enrollment information and the **parent's signature annually**. Please complete the form below and return it to us. **Please complete a separate form for each child.**

<b>Center Name</b>							
<b>Child's Name</b>							
<b>Child's Date of Birth</b>							
<b>Normal Days in Care</b> (please check ✓)	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> Sa	<input type="checkbox"/> Su
<b>Normal Hours/Days in Care</b>  (If hours vary by day, please be specific)	<b>Monday</b>						
	<b>Tuesday</b>						
	<b>Wednesday</b>						
	<b>Thursday</b>						
	<b>Friday</b>						
	<b>Saturday</b>						
	<b>Sunday</b>						
<b>Meals/Snacks received while in care</b>	<input type="checkbox"/> Breakfast		<input type="checkbox"/> Lunch		<input type="checkbox"/> Supper		
	<input type="checkbox"/> AM Snack		<input type="checkbox"/> PM Snack		<input type="checkbox"/> Evening Snack		
<b>Special Diet Needs:</b>	This child has a food allergy or special diet need. <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, please indicate:						
<b>Ethnic Data</b>	Hispanic or Latino			Not Hispanic or Latino			
<b>Racial Data</b>	Black or African American	Native Hawaiian or Other Pacific Islander	American Indian or Alaskan Native	Asian	White		
<b>Parent's Signature:</b>				Date:	Printed Name:		
<b>Mailing Address</b>	Street Address/PO Box						
	Town, State, Zip Code						
<b>Telephone Number</b>							

**Child Care Centers**

Center Name: \_\_\_\_\_

**Instructions for completing this form are on the other side of this sheet. If you have questions, please contact the Center Director for help.**

**Part 1. List each child's information.**

Check box if  
a Foster Child

List FULL NAME(S) OF CHILD(REN) attending the center		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**Part 2 Benefits:** If any member of your household received 3SquaresVT or Reach-Up assistance, provide the name of the head of household and the case number for the person who receives benefits. If no one receives these benefits, skip to part 4.

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

**Part 3.** If any child you are applying for is **Homeless, Migrant, or a Runaway** check the appropriate box and contact your school Homeless Liaison or Migrant Coordinator. [ ] Homeless [ ] Migrant [ ] Runaway

Part 4. INCOME Eligibility (If you completed 3SquaresVT or Reach Up section of Part 2 above, skip to Part 5)	Enter gross income (before deductions) of each household member and state how often it is received (Weekly, monthly, every two weeks, twice a month, or annually)				
	Name of household member List names of all household members, including children listed above	Gross Earnings from work – before deductions	Child Support, Alimony or Welfare	Social Security Pensions Retirement	Any other Income
Sample: Jane Smith	\$ 249.00 / weekly	\$ 300.00 / month	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

**Part 5. SIGNATURE AND SOCIAL SECURITY NUMBER:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State or Federal laws.

Signature of Parent or Legal Guardian	Social Security Number: XXX - XX - <input type="checkbox"/> I do not have a Soc. Sec. number
Street/Apt No.	Home Phone
	Work Phone
City/State/Zip	Date Signed

**Other Benefits:** For information on free or low-cost health insurance contact Green Mountain Care at 1-800-250-8427 or [www.GreenMountainCare.org](http://www.GreenMountainCare.org).

For information on 3SquaresVT to help with food costs, call 1-800-479-6151 or visit [www.vermontfoodhelp.com](http://www.vermontfoodhelp.com).

**THE SPACE BELOW IS FOR CENTER USE ONLY**

Household Size: ____	Total Income _____ Per Time Period ____ Year ____ Month ____ 2XMonth ____ Every 2 Weeks ____ Week	NOTE: Annual Income Conversion - Weekly x 52 • Every 2 weeks x 26 • Twice a Month x 24 • Monthly x 12	
To be valid, this form must be signed and dated.		Eligibility Determination: (Check the box and circle the reason) [ ] Free Income 3SquaresVT / Reach-Up Migrant/Runaway/Homeless	[ ] Reduced Income
Signature of Director _____	Date _____		
Center Directors: Be sure to use the Income Eligibility Guidelines for CACFP to approve this form.		Name Of Foster Child: _____	
See CACFP Form #25			

**If your household receives 3SquaresVT OR REACH UP, follow these instructions:**

**Part 1:** List each child's name enrolled and attending the center.

**Part 2:** Enter the name of the head of household and the Case Number. (NOTE: a Dr. Dynasaur or Medicaid number does not qualify your child for free school meals. Do not enter a Medicaid case number.)

**Part 3 & Part 4:** Skip these parts.

**Part 5:** Sign the form. The last four digits of the Social Security number are not necessary if you are listing a 3SquaresVT or Reach Up case number.

**Note:** The 3SquaresVT Program may send you a letter that shows that your child is eligible for free meals. You may send this letter to the center instead of completing the Income Eligibility Form.

**If you are applying only for a FOSTER CHILD(ren), follow these instructions:**

**Part 1:** List the child's name and check the box.

**Parts 2 through Part 4:** Skip these parts.

**Part 5:** Sign the form. The last four digits of the Social Security number are not necessary for foster parents.

**If some of the children in the household are foster children:**

**Part 1:** List all children enrolled and attending the center. Check the box if the child is a foster child.

**Part 2:** If the household does not have a case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant or runaway check the appropriate box and call your school.

**Part 4:** See the instructions for **All other Households, Part 4** below.

**Part 5:** Adult household member must sign and include the last four digits of the Social Security Number.

**If you are applying for a Homeless, Migrant, or Runaway youth, follow these instructions:**

**Part 1:** List the child's name enrolled and attending the center.

**Part 2:** Skip this part.

**Part 3:** Check the appropriate box and call your school for the Homeless Liaison or Migrant Coordinator.

**Part 4:** Skip this part.

**Part 5:** Sign the form. The last four digits of the Social Security number are not necessary.

**ALL OTHER HOUSEHOLDS, follow these instructions:**

**Part 1:** List each child's name enrolled and attending the center.

**Part 2:** Skip this part if the household does not have a case number.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from last month.

**First Column -Name:** List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children including the child(ren) you are applying for. Attach another sheet of paper if you need to.

**Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received - weekly, every other week, twice a month, or monthly. For earnings, be sure to list gross income - not take home pay. Gross income is the amount earned before taxes and other deductions. This should be on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veterans Benefits (VA benefits), and disability benefits. Under *Any other Income* list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from 3SquaresVT, WIC, Federal Education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security number.

**Income Eligibility Guidelines**

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
For each additional household member add	8,288	691	346	319	160

The chart to the left shows the reduced price guidelines. Your children may qualify for free OR for reduced price meals if your household income falls within the limits on this chart. This means that by completing this form, you center will earn a higher rate of reimbursement for meals and snacks served to children.

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, we cannot approve your child for free or reduced price meals. 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 (3SquaresVT), Temporary Assistance for Needy Families (Reach-Up) 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 if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. 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, 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](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; (2) fax: (202) 690-7442; or (3) email: [program\\_intake@usda.gov](mailto:program_intake@usda.gov).

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