

# Child and Adult Care Food Program ENROLLMENT/INCOME ELIGIBILITY FORM

PART 1 – CHILDREN’S INFORMATION—Required for all children in care. PLEASE PRINT										
Child’s Name	Birthdate	Age	Circle Normal Days/ Print Normal Hours of Care		Circle Meals and Snacks Normally Received					
			Mon	Tu	Wed	Th	Fri	Normal Hours _____ to _____	Breakfast A.M. Snack	Lunch P.M. Snack
			Mon	Tu	Wed	Th	Fri	Normal Hours _____ to _____	Breakfast A.M. Snack	Lunch P.M. Snack
			Mon	Tu	Wed	Th	Fri	Normal Hours _____ to _____	Breakfast A.M. Snack	Lunch P.M. Snack
			Mon	Tu	Wed	Th	Fri	Normal Hours _____ to _____	Breakfast A.M. Snack	Lunch P.M. Snack

## INCOME ELIGIBILITY

Please check the box that apply to help determine if an application for free/reduced-price meals is required:

My child(ren) may qualify for Free/Reduced Price meals based on a member of the household receiving benefits from Food Assistance (FA), Temporary Assistance for Families (TAF), or Food Distribution Program on Indian Reservations (FDPIR) my child(ren)’s foster child status, or based on household income. **An application must be submitted online at [www.myschoolapps.com](http://www.myschoolapps.com)**

My child(ren) will not qualify for Free/Reduced Price meals due to household income being above 185% of the federal poverty level for our household size.

SIGNATURE AND CERTIFICATION—REQUIRED		
The adult household member must sign below.		
“I certify (promise) that all information on this enrollment form is true. 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.”		
Signature of Adult	Today’s Date	Print Name of Adult Signing
X _____	_____	_____
Address	City/State/Zip Code	Daytime Phone
_____	_____	_____
Email Address		
_____		

DO NOT FILL OUT - CENTER USE ONLY	
See attached income eligibility determination.	
X _____ Signature of Determining Official	_____ Today’s Date
X _____ Signature of Confirming Official	_____ Today’s Date
<b>NOT VALID WITHOUT SIGNATURE AND DATE.</b>	
<b>E/IEF Effective Date: If 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. If the institution representative does not evaluate and sign the E/IEF within these guidelines, the institution representative’s signature date must be used as the effective date.</b>	

## USDA 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.

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 o (202) 690-7442; o

**(3) email:**

program.intake@usda.gov

This institution is an equal opportunity provider.