

**ENROLLMENT & INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS
JULY 1, 2017 THROUGH JUNE 30, 2018**

Part 1. CHILD ENROLLMENT: Complete the information below for all children in care. If the child is a foster child (legal responsibility of a foster care agency or the court), please check the box.

Last Name, First Name	Date of Birth	Times of Care		Regular Days of Care							Meals Served During Care					Ethnicity/ Race*		Foster Child			
		Arrival Time	Leave Time	M	T	W	T	F	S	S	B	A	L	P	M	D	E		V	Ethnicity	Race
																					<input type="checkbox"/>
																					<input type="checkbox"/>
																					<input type="checkbox"/>
																					<input type="checkbox"/>

*Ethnicity (select one): H=Hispanic or Latino or N=Not Hispanic or Latino

*Race (select one or more): W=White, B=Black or African American, I=American Indian or Alaskan Native, A=Asian, or P=Native Hawaiian or other Pacific Islander

Part 2. HOUSEHOLDS RECEIVING BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), TEMPORARY ASSISTANCE FOR FAMILIES (TAF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR): Complete Parts 1, 2 and 4.

Program Name: _____ Case No. _____

Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES: Complete Parts 1, 3A and 4.

If your family income exceeds the income guidelines (listed on reverse side), check this box

Part 3B. ALL OTHER HOUSEHOLDS -- If you do not have a FAP, TAF or FDPIR case number: Complete Parts 1, 3B and 4.

List the Names of All Household Members not listed in Part 1	GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed)								Check If ZERO Income
	Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		
	How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?	
<i>(Example) Jane Smith</i>	\$200	W	\$150	2M	\$100	M			<input type="checkbox"/>
1									<input type="checkbox"/>
2									<input type="checkbox"/>
3									<input type="checkbox"/>
4									<input type="checkbox"/>
5									<input type="checkbox"/>
6									<input type="checkbox"/>

Social Security Number of Household Member who signs form:

Last four digits of Social Security Number: XXX-XX-_____

If you do not have a Social Security Number, check this box

Privacy Act Statement: 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 social security number is not required when you apply on behalf of a foster child or you list a Food Assistance Program (FAP), Temporary Assistants for Families (TAF) or Food Distribution Program on Indian Reservation (FDPIR) case number for your child or other (FDPIR) identifier 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 CACFP.

Part 4. SIGNATURE AND CONTACT INFORMATION:

I certify that all information on this form is true and that all income is reported. I understand that the facility will receive 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 their meal benefits, and I may be prosecuted.

Print Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Telephone _____

Employer(s) _____

Signature of Parent or Guardian _____ Date _____

FOR CENTER USE ONLY

___ FAP/TAF/FDPIR HOUSEHOLD

___ Homeless Documentation from school, emergency shelter, or agency

___ ANNUAL INCOME: _____ HOUSEHOLD SIZE: _____

Sponsor's Determining Signature _____ Date _____

Sponsor's Confirming Signature _____ Date _____

HOUSEHOLD CATEGORY:	<input type="checkbox"/> Free
	<input type="checkbox"/> Reduced Price
	<input type="checkbox"/> Paid
Foster Child – Free Category	
List name of foster child(ren): _____	