Child and Adult Care Food Program ENROLLMENT/INCOME-ELIGIBILITY APPLICATION

Sun Mon Tu Wed Th Fri Sat Normal Hours to Supper Eve Snat Sun Mon Tu Wed Th Fri Sat Normal Hours to Supper Eve Snat Normal Hours to P.M. Snack Supper Eve Snat Sour Mon Tu Wed Th Fri Sat Normal Hours to P.M. Snack Supper Eve Snat Sun Mon Tu Wed Th Fri Sat Breakfast A.M. Snack Lunch Normal Hours to P.M. Snack Supper Eve Snat Sun Mon Tu Wed Th Fri Sat Breakfast A.M. Snack Lunch Normal Hours to P.M. Snack Supper Eve Snat Sun Mon Tu Wed Th Fri Sat Breakfast A.M. Snack Lunch Normal Hours to P.M. Snack Supper Eve Snat Sun Mon Tu Wed Th Fri Sat Breakfast A.M. Snack Lunch Normal Hours to P.M. Snack Supper Eve Snat Income Incom	Child's Name	Birthda	te	Age	Circle Normal Days/ Print Normal Hours of Care						Circle Meals and						
Normal Hours		E_ II = V									Breakf						
Normal Hours									<u> </u>	1 27 A					reservoid 113	k	
Sun Mon To Wed Th Fr Sat Berakfast AM Shork Lunch Normal Hours to P.M. Snack Supper Eve Share Sun Mon To Wed Th Fr Sat Breakfast AM Shork Lunch Normal Hours to P.M. Snack Supper Eve Share Sun Mon To Wed Th Fr Sat Breakfast AM Shork Lunch Normal Hours to P.M. Snack Supper Eve Share Sun Mon To Wed Th Fr Sat Breakfast AM Shork Lunch Normal Hours to P.M. Snack Supper Eve Share Supper Supper Eve Share			-83						at							ligi d	
Normal Neurs		M 11		72					ıt.	-					_	k	
Sum Mon To Wed The Fir Stat Seedfast AM Snack Lunch Normal Hours to PM Snack Supper Eve Snat		# # # E								1						k	
INCOME ELIGIBILITY Please check the boxes that apply to help determine the other parts of this form to complete: A family member in our household receives benefits from Basic Food, TANF, or FDPIR. (Please complete Part 2 and 5.) One or more of the children in Part 1 is a foster child. (Please complete Part 3 and 5.) My child(ren) may qualify for Free/Reduced-Price meals based on household income. (Please complete Part 4 and 5.) My child(ren) will not qualify for Free/Reduced-Price meals based on household income. (Please complete Part 4 and 5.) PART 2 - HOUSEHOLD MEMBER RECEIVING BASIC FOOD/TANY/FDPIR— Any household member receiving benefits can establish eligibility for all children in the household. PART 3 - FOSTER CHILDREN—tist the names of any children listed in Part 1 who are foster children. PART 4 - TOTAL HOUSEHOLD GROSS INCOME FROM LAST MONTH—Not required if you have reported a case number in Part 2. Tell us how much and how often. If no income, write '0'. Use net income if self-employed. Earning overly in your household, including foster children Part 1 who are foster children. Part 1 who are foster children. Part 2 and 5.) Welfare,		1.50				Sun	Mon Tu Wed Th	Fri Sa	it		Breakf					B378	
Please check the boxes that apply to help determine the other parts of this form to complete: A family member in our household receives benefits from Basic Food, TANK, or FDPR. (Please complete Part 2 and 5.) One or more of the children in Part 1 is a foster child. (Please complete Part 3 and 5.) My child(ren) way qualify for Free/Reduced-Price meals based on household income. (Please complete Part 4 and 5.) My child(ren) will not qualify for Free/Reduced-Price meals. (Please complete Part 5 only.) PART 2 - HOUSEHOLD MEMBER RECEIVING BASIC FOOD/TANK/FDPIR— Any household member receiving benefits can establish eligibility for all children in the household. PART 3 - FOSTER CHILDREN—List the mames of any children listed in Part 1 who are foster children. PART 4 - TOTAL HOUSEHOLD GROSS INCOME FROM LAST MONTH— Not required if you have reported a cate number in Part 2. Tell us how much and how often. If no income, write "O". Use net income if self-employed. List names (First and Last) of everyone in your household, from work in the properties of the previous of the properties of the properties of the previous of the properties of the properties of the previous of the properties of the properties of the previous of the properties of the properties of the previous of the properties of the p		100				Norr	nal Hours	_ to _		- 0	P.M. S	nack Supp	er	Ev	e. Snac	k	
PART 3 – FOSTER CHILDREN—List the names of any children listed in Part 1 who are foster children. PART 4 – TOTAL HOUSEHOLD GROSS INCOME FROM LAST MONTH—Not required if you have reported a case number in Part 2. Tell us how much and how often. If no income, write "0". Use net income if self-employed. List names (First and Last) of everyone in your household, including foster children Peductions	□ A family member in our househ □ One or more of the children in l □ My child(ren) may qualify for Fr □ My child(ren) will not qualify for	nold receives benet Part 1 is a foster ch ree/Reduced-Price or Free/Reduced-Pr	fits fro nild. (meal rice m	om Ba Pleas s basi eals.	e con ed on (Plea	ood, nplet hous	TANF, or FDPIR. e Part 3 and 5.} sehold income. omplete Part 5 o	(Pleas			Part 4	and 5.)					
PART 4 - TOTAL HOUSEHOLD GROSS INCOME FROM LAST MONTH — Not required if you have reported a case number in Part 2. Tell us how much and how often. If no income, write "0". Use net income if self-employed. Earnings (First and Last) of everyone in your household, including foster children Earnings from Work Before Deductions \$\frac{y}{y} \frac{y}{y} \											Case Number or Identification Number						
Tell us how much and how often. If no income, write "0". Use net income if self-employed. List names (First and Last) of everyone in your household, including foster children Farnings from Work Before Deductions 1	PART 3 – FOSTER CHILDREN—L	ist the names of any	childr	en list	ted in	Part 1	l who are foster cl	hildren							MONEY.	W/1-	
Tell us how much and how often. If no income, write "0". Use net income if self-employed. List names (First and Last) of everyone in your household, including foster children Farnings from Work Before Deductions 1		Park to the state of	9300	mSex (200		A CONTRACTOR OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED	1	it it		No.	THE PROPERTY.		1750		130	
Tell us how much and how often. If no income, write "0". Use net income if self-employed. List names (First and Last) of everyone in your household, including foster children Farnings from Work Before Deductions 1						οĦ	1803/JE J. W			V.3				1 1962		R.F.	
Tell us how much and how often. If no income, write "0". Use net income if self-employed. List names (First and Last) of everyone in your household, including foster children Farnings from Work Before Deductions 1	DARTA TOTAL HOUSEHOLD S	SPOSS INCOME	DOM:		~	20.4		v dea			- 25	W	- 2	- Ohl	Land o	1160	
List names (First and Last) of everyone in your household, including foster children Searings from Work Before Deductions Searings Social Security, Other Social S	PART 4 - TOTAL HOUSEHOLD G	ROSS INCOME F	ROM	LAS	IM	TNC	I—Not required i	f you h	ave re	ported	a case	number in Par	t 2.	1 1700			
2. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	everyone in your household,	from Work Before					Welfare, Alimony, Child					Retirement, Pensions, Social Security,			2X Month	Monthly	
3. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		\$					\$					\$ 18					
4. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1.					1			-					_			
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$							\$					\$					
\$ PART 5 – SIGNATURE AND CERTIFICATION—REQUIRED The adult household member who fills out the application must sign below. If Part 4 is completed, the adult signing the form must also list the last four digits of his/respectively. Social Security Number (SSN) or check the box if no SSN. See Privacy Act Statement on the back of this page. If you have listed a case number in Part 2 or are applying on behalf of a foster child, or have checked the box that your child(ren) will not qualify for Free/Reduce Price meals, the last four digits of the SSN is not needed. "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 reof 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 m benefits, and I may be prosecuted under applicable State and Federal laws." Signature of Adult Today's Date Print Name of Adult Signing Social Security Number (SSN) (last four digits) XXX-XX- Check if no SSN		\$											=				
The adult household member who fills out the application must sign below. If Part 4 is completed, the adult signing the form must also list the last four digits of his/h Social Security Number (SSN) or check the box if no SSN. See Privacy Act Statement on the back of this page. If you have listed a case number in Part 2 or are applying on behalf of a foster child, or have checked the box that your child(ren) will not qualify for Free/Reduce Price meals, the last four digits of the SSN is not needed. "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 re 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 m benefits, and I may be prosecuted under applicable State and Federal laws." Signature of Adult Today's Date Print Name of Adult Signing Social Security Number (SSN) (last four digits) XXX-XX- Check if no SSN	2.	\$					\$					\$	=				
The adult household member who fills out the application must sign below. If Part 4 is completed, the adult signing the form must also list the last four digits of his/is Social Security Number (SSN) or check the box if no SSN. See Privacy Act Statement on the back of this page. If you have listed a case number in Part 2 or are applying on behalf of a foster child, or have checked the box that your child(ren) will not qualify for Free/Reduce Price meals, the last four digits of the SSN is not needed. "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 re 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 m benefits, and I may be prosecuted under applicable State and Federal laws." Signature of Adult Today's Date Print Name of Adult Signing Social Security Number (SSN) (last four digits) XXX-XX- Check if no SSN	2. 3. 4.	\$ \$ \$					\$ 72					\$	=				
Social Security Number (SSN) or check the box if no SSN. See Privacy Act Statement on the back of this page. If you have listed a case number in Part 2 or are applying on behalf of a foster child, or have checked the box that your child(ren) will not qualify for Free/Reduce Price meals, the last four digits of the SSN is not needed. "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 reof 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 m benefits, and I may be prosecuted under applicable State and Federal laws." Signature of Adult Today's Date Print Name of Adult Signing Social Security Number (SSN) (last four digits) XXX-XX- Check if no SSN	 2. 3. 4. 5. 6. 	\$ \$ \$ \$ \$					\$ \$ \$					\$ \$	=				
Price meals, the last four digits of the SSN is not needed. "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 results 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 m benefits, and I may be prosecuted under applicable State and Federal laws." Signature of Adult Today's Date Print Name of Adult Signing Social Security Number (SSN) (last four digits) XXX-XX- Check if no SSN	 2. 3. 4. 5. 6. 	\$ \$ \$ \$ \$	O O O O O O O O O O O O O O O O O O O				\$ \$ \$					\$ \$	=				
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 m benefits, and I may be prosecuted under applicable State and Federal laws." Signature of Adult Today's Date Print Name of Adult Signing Social Security Number (SSN) (last four digits) XXX-XX- Check if no SSN	 2. 3. 4. 5. 6. PART 5 – SIGNATURE AND CER The adult household member who fills of the same of t	\$ \$ \$ \$ TIFICATION—REC	ust sig	gn bele	ow. If	Part 4	\$ \$ \$ \$ \$ sis completed, the	adult page.		the for		\$ \$ \$ \$		digits o	of his/h	er	
XSocial Security Number (SSN) (last four digits) XXX-XX Check if no SSN	2. 3. 4. 5. 6. PART 5 – SIGNATURE AND CER The adult household member who fills of Social Security Number (SSN) or check to the social Security Number in Particular in Par	\$ \$ \$ \$ TIFICATION—RECOUNT the application of the box if no SSN. See the applying of the apply	ust sig <i>Priva</i>	gn bek cy Act	State	ment	\$ \$ \$ \$ sis completed, the on the back of this	page.			m mus	\$ \$ \$ \$ st also list the la	st four				
XXX-XX- Check if no SSN	2. 3. 4. 5. 6. PART 5 — SIGNATURE AND CER The adult household member who fills of Social Security Number (SSN) or check to the security Number in Par Price meals, the last four digits of the Security (promise) that all information of Federal funds, and that CACFP official	\$ \$ \$ \$ TIFICATION—RECOUNT the application of the box if no SSN. See to 2 or are applying on SSN is not needed. on this application is also may verify (check)	nust sign Privation behand true a the income	gn belong cy Act alf of a and tha	State: a foste at all ii tion. I	ment o	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	page. i the b	ox that	your o	m muschild(re	\$ \$ \$ \$ \$ t also list the la on is given in co	st four	Free/R	educed	i- ceipt	
XXX-XX- Check if no SSN	2. 3. 4. 5. 6. PART 5 – SIGNATURE AND CER The adult household member who fills of Social Security Number (SSN) or check to the security Number in Par Price meals, the last four digits of the Security (promise) that all information of Federal funds, and that CACFP official benefits, and I may be prosecuted under the security of the security (promise) that all informations of Federal funds, and that CACFP official benefits, and I may be prosecuted under the security of	\$ \$ \$ \$ TIFICATION—RECOUNT the application of the box if no SSN. See to 2 or are applying on SSN is not needed. on this application is also may verify (check)	nust sign Privation behand true a the income	gn belong cy Act alf of a and tha	States a foste at all in tion. I ws."	ment er chil ncome am a	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	page. if the bilderstan	ox that d that t ive fals	your o	mation	\$ \$ \$ \$ \$ an) will not qualon is given in co, the participan	st four	Free/R	educed	i- ceipt	
Add to the state of the state o	2. 3. 4. 5. 6. PART 5 – SIGNATURE AND CER The adult household member who fills of Social Security Number (SSN) or check to the security Number in Par Price meals, the last four digits of the Security (promise) that all information of Federal funds, and that CACFP official benefits, and I may be prosecuted under the security of the security (promise) that all informations of Federal funds, and that CACFP official benefits, and I may be prosecuted under the security of	\$ \$ \$ \$ TIFICATION—RECOUNT the application of the box if no SSN. See to 2 or are applying on SSN is not needed. on this application is also may verify (check)	nust sign Privation behand true a the income	gn belong cy Act alf of a and tha	States a foste at all in tion. I ws."	ment er chil ncome am a	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	poge. d the b derstan osely g	ox that d that i ive fals	your o	mation	\$ \$ \$ \$ \$ st also list the la en) will not qual on is given in co , the participan	st four	Free/R	educed	i- ceipt	
	2. 3. 4. 5. 6. PART 5 – SIGNATURE AND CER The adult household member who fills of Social Security Number (SSN) or check to the security Number in Par Price meals, the last four digits of the Security (promise) that all information of Federal funds, and that CACFP official benefits, and I may be prosecuted under the security of the security (promise) that all informations of Federal funds, and that CACFP official benefits, and I may be prosecuted under the security of	\$ \$ \$ \$ TIFICATION—RECOUNT the application of the box if no SSN. See to 2 or are applying on SSN is not needed. on this application is also may verify (check)	nust sign Privation behand true a the income	gn belong cy Act alf of a and tha	States a foste at all in tion. I ws."	ment er chil ncome am a	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	poge. d the b derstan osely g	ox that d that dive falso Print Na	your o	mation	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	st four	Free/R	the relose me	i- ceipt	

PART 6 – CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)
Ne are required to ask for information about your children's reserving our community. Responding to this section is optional	ace and ethnicity. This information is important and helps to make sure we are fully and does not affect your children's eligibility for receiving meals during care.
thnicity (check one): Hispanic or Latino Not Hispa	inic or Latino
tace (check one or more): 🔲 American Indian or Alaskan Nat	tive Asian Black or African American Multi-Racial
Native Hawaiian or Pacific Island	der White
the funds your child care center/provider receives may be impacte household member who signs the application. The last four digits you list a Basic Food, Temporary Assistance for Needy Families (TA other FDPIR identifier for your child or when you indicate that the We will use your information to determine the meal reimburseme	ormation on this application. You do not have to give the information, but if you do not, ed. You must include the last four digits of the social security number of the adult of the social security number is not required when you apply on behalf of a foster child or ANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number of adult household member signing the application does not have a social security number. ent for your child care center/provider. We MAY share your eligibility information with fund, or determine benefits for their programs, auditors for program reviews, and law in rules.
employees, and institutions participating in or administering USD/ disability, age, or reprisal or retaliation for prior civil rights activity equire alternative means of communication for program information (State or local) where they applied for benefits. Individual ederal Relay Service at (800) 877-8339. Additionally, program information (complete the USDA http://www.ascr.usda.gov/complaint_filing_cust.html, and at any information requested in the form. To request a copy of the comp MAIL*: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue SW	f Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and programs are prohibited from discriminating based on race, color, national origin, sex, y in any program or activity conducted or funded by USDA. Persons with disabilities who ation (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the is who are deaf, hard of hearing or have speech disabilities may contact USDA through the formation may be made available in languages other than English. A Program Discrimination Complaint Form, (AD-3027) found online at: y USDA office, or write a letter addressed to USDA and provide in the letter all of the plaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: FAX: 202-690-7442 *Only use this address if you are filing a complaint of discrimination.
Washington, D.C. 20250-9410 This institut	tion is an equal opportunity provider.
DO NO	T FILL OUT - CENTER USE ONLY
Child(ren) are categorically free based on Basic Food/TAI	NF/FDPIR.
Foster child(ren) have been identified on this form and o	
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26,	, Twice a Month x 24, Monthly x 12
☐ Child(ren) on this form who are not categorically eligible Check one: ☐ Free ☐ Reduced-Price ☐ Above-Scale	Total Income: \$ Annual Monthly Twice Per Month Every Two Weeks Weekly
XSingabuse of Institution's Possocratative	Today's Date
Signature of Institution's Representative	I Oday 3 Date
NOT VALID WITHOUT SIGNATURE AND DATE.	
institution representative within the same month the parer	ardian signature date as the effective date, the form must have been signed by the nt signed the form or the immediately following month. If the institution these guidelines, the institution representative's signature date must be used as the

effective date.