

## New Holland Early Learning Center

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. **New Holland Early Learning Center** offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

**1. Do I need to fill out a Meal Benefit Form for each of my children in day care?** You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household **only** if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to: New Holland Early Learning Center.**

**2. Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) benefits can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in WIC may be eligible for free meals.

**3. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application. Children in households participating in WIC may be eligible for reduced price meals.

**4. May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

**5. Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

**6. How do I report income information and changes in employment status?** The income you report must be the total gross income listed, by source, each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

**7. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

**8. What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact **The Center at 717-354-4440**.

**9. We are in the military, do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call **717-354-4440**

Sincerely,

**Wanda G. Coleman**  
Director

**Child and Adult Care Food Program  
Child Enrollment Form**

**Sponsor/Center Name:** New Holland Early Learning Center  
**Agreement #:** \_\_\_\_\_

**ENROLLMENT FORM FOR CHILDREN IN CHILD CARE**

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

**PARENTS:** This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

**Please complete all areas to include signing and dating same.**

| FULL NAME OF ENROLLED CHILD<br>(Include Birth date and Age) | DAYS OF WEEK IN ATTENDANCE  | TIMES CHILD NORMALLY ATTENDS DURING WEEK |    |      |          |                  |      | TIME CHILD ATTENDS SCHOOL |                   | MEALS RECEIVED  |
|---|---|--|----|------|----------|------------------|------|---------------------------|-------------------|---|
|   |   | TIME-IN                                  |    |      | TIME-OUT |                  |      |                           |                   |   |
|   |   | AM                                       | PM | TIME | AM       | PM               | TIME | LEAVES CENTER             | RETURNS TO CENTER |   |
| FIRST CHILD   | <input type="checkbox"/> MONDAY<br><input type="checkbox"/> TUESDAY<br><input type="checkbox"/> WEDNESDAY<br><input type="checkbox"/> THURSDAY<br><input type="checkbox"/> FRIDAY<br><input type="checkbox"/> SATURDAY<br><input type="checkbox"/> SUNDAY |  |    |      |          |                  |      |                           |                   | <input type="checkbox"/> BREAKFAST<br><input type="checkbox"/> LUNCH<br><input type="checkbox"/> P.M. SNACK   |
| NAME  | <input type="checkbox"/> YES <input type="checkbox"/> NO I work multiple shifts and child(ren) may be in care different days/hours<br>Other:  |  |    |      |          |                  |      |                           |                   |   |
| BIRTH DATE  |   |  |    |      |          |                  |      |                           |                   |   |
| AGE   |   |  |    |      |          |                  |      |                           |                   |   |
|   |   | ENROLLMENT DATE:                         |    |      |          | WITHDRAWAL DATE: |      |                           |                   |   |
| SECOND CHILD  | <input type="checkbox"/> MONDAY<br><input type="checkbox"/> TUESDAY<br><input type="checkbox"/> WEDNESDAY<br><input type="checkbox"/> THURSDAY<br><input type="checkbox"/> FRIDAY<br><input type="checkbox"/> SATURDAY<br><input type="checkbox"/> SUNDAY |  |    |      |          |                  |      |                           |                   | <input type="checkbox"/> Same meals as above<br><input type="checkbox"/> BREAKFAST<br><input type="checkbox"/> LUNCH<br><input type="checkbox"/> P.M. SNACK |
| NAME  | <input type="checkbox"/> YES <input type="checkbox"/> NO I work multiple shifts and child(ren) may be in care different days/hours<br>Other:  |  |    |      |          |                  |      |                           |                   |   |
| BIRTH DATE  |   |  |    |      |          |                  |      |                           |                   |   |
| AGE   |   |  |    |      |          |                  |      |                           |                   |   |
|   |   | ENROLLMENT DATE:                         |    |      |          | WITHDRAWAL DATE: |      |                           |                   |   |
| THIRD CHILD   | <input type="checkbox"/> MONDAY<br><input type="checkbox"/> TUESDAY<br><input type="checkbox"/> WEDNESDAY<br><input type="checkbox"/> THURSDAY<br><input type="checkbox"/> FRIDAY<br><input type="checkbox"/> SATURDAY<br><input type="checkbox"/> SUNDAY |  |    |      |          |                  |      |                           |                   | <input type="checkbox"/> Same meals as above<br><input type="checkbox"/> BREAKFAST<br><input type="checkbox"/> LUNCH<br><input type="checkbox"/> P.M. SNACK |
| NAME  | <input type="checkbox"/> YES <input type="checkbox"/> NO I work multiple shifts and child(ren) may be in care different days/hours<br>Other:  |  |    |      |          |                  |      |                           |                   |   |
| BIRTH DATE  |   |  |    |      |          |                  |      |                           |                   |   |
| AGE   |   |  |    |      |          |                  |      |                           |                   |   |
|   |   | ENROLLMENT DATE:                         |    |      |          | WITHDRAWAL DATE: |      |                           |                   |   |

**SIGNATURE**

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Telephone number of Parent or Guardian*

Child care representative use only: \_\_\_\_\_  
*Name of Representative/Signature* *Date*

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

\*\*\*\*\*  
The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

**Instructions For Completing the CACFP  
Child Care Center Meal Benefit Income Eligibility Form**

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the “No Income Box.”

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income for this month or last month.

**Column A – Name:** List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B – 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.

**Box 1:** List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

**Box 2:** List the amount each person got for the month from welfare, child support, alimony.

**Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran’s (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if she/he doesn’t have one.

**Part 6:** Answer this question if you choose.

**Privacy Act Statement:** This explains how we will use the information you give us.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

## Child and Adult Care Food Program Child Care Center Meal Benefit Income Eligibility Form

**Part 1. All Household Members**

|  |  |                          |
|--|--|--------------------------|
| <b>Name of Enrolled Child(ren):</b>                                    |  |                          |
| <b>Names of all household members</b><br>(First, Middle Initial, Last) | CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT)<br>* IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM. | CHECK IF NO INCOME       |
|  | <input type="checkbox"/>   | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> |

**Part 2. Benefits:** If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**  
 NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_ - \_\_\_\_\_

**Part 3.** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call **[Your center director, Homeless Liaison, Migrant Coordinator at Phone #]** Homeless  Migrant  Runaway

**Part 4. Total Household Gross Income—You must tell us how much and how often**

| A. Name<br>(List <b>only</b> household members with income)<br><i>(Example)</i><br><i>Jane Smith</i> | B. Gross income and how often it was received |                                    |  |                     |
|--|---|------------------------------------|--|---------------------|
|  | 1. Earnings from work before deductions       | 2. Welfare, child support, alimony | 3. Pensions, retirement, Social Security, SSI, VA benefits | 4. All Other Income |
|  | \$200/weekly _____                            | \$150/twice a month _____          | \$100/monthly _____  | \$ _____ / _____    |
|  | \$ _____ / _____                              | \$ _____ / _____                   | \$ _____ / _____   | \$ _____ / _____    |
|  | \$ _____ / _____                              | \$ _____ / _____                   | \$ _____ / _____   | \$ _____ / _____    |
|  | \$ _____ / _____                              | \$ _____ / _____                   | \$ _____ / _____   | \$ _____ / _____    |
|  | \$ _____ / _____                              | \$ _____ / _____                   | \$ _____ / _____   | \$ _____ / _____    |

**Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)**

An adult household member must sign this form. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

*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.*

Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Last four digits of Social Security Number: \_\*\_\*\_\* - \_\*\_\*\_\* - \_\_\_\_\_  I do not have a Social Security Number

**Part 6. Participant's ethnic and racial identities (optional)**

|   |  |  |
|---|--|--|
| Mark one ethnic identity:                       | Mark one or more racial identities:                |  |
| <input type="checkbox"/> Hispanic or Latino     | <input type="checkbox"/> Asian                     | <input type="checkbox"/> American Indian or Alaska Native          |
| <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> White                     | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
|   | <input type="checkbox"/> Black or African American |  |

**Don't fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied (Paid) \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Reason for Denied: \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.**

| Household size          | Yearly   |
|-------------------------|----------|
| 1                       | \$21,590 |
| 2                       | \$29,101 |
| 3                       | \$36,612 |
| 4                       | \$44,123 |
| 5                       | \$51,634 |
| 6                       | \$59,145 |
| 7                       | \$66,656 |
| 8                       | \$74,167 |
| Each additional person: | +\$7,511 |

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

"In accordance with Federal Law and U.S. Department of Agriculture policy, this

**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 the participant 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 Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant 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 the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

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