



# CACFP Child Enrollment Form for Child Care Centers

## For infants only

**Infant formula:** The center offered to serve: Similac Advance or Parent's Choice Advantage Milk-Based Infant Formula Powder with Iron  
*Name of approved iron-fortified infant formula \**

### Check all that apply:

- I would like my child to receive the above named iron-fortified infant formula supplied by the center.
- I will provide my own infant formula: \_\_\_\_\_  
*Name of approved iron-fortified infant formula \**
- I will provide expressed breast milk for my child. *Name of approved iron-fortified infant formula \**
- I will breastfeed my child on site in the center.

\* **Note:** Infant formula provided by the parent/guardian must be **iron-fortified** and comply with the USDA's infant formula regulations indicated in USDA Memo CACFP 02-2018: *Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers*. Childcare centers/providers participating in the CACFP are required to offer at least one iron fortified infant formula for infants who are enrolled in care. You may decline the infant formula offered and supply breast milk and/or your own CACFP approved iron-fortified formula.

(NOTE: A CACFP approved iron-fortified formula must have 1 mg of iron or more per 100 calories of formula when prepared using the label directions and must be regulated by the FDA.

Additionally, when you determine, in consultation with your physician, that your infant is developmentally ready, the childcare center/provider will also be required to offer iron fortified infant cereal and other infant foods.

## Section 3 – Contact information and signatures

Parent/guardian name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor representative's signature: \_\_\_\_\_ Effective 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.

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, audiotape, 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:

- (1) 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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# CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

**APPLY ONLINE:**  
Insert URL Here

## STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	Foster/Child	Migrant	Runaway	Homeless	Head Start
			<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"/>	<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"/>	<input type="checkbox"/>

Check all that apply

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."  
 Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

## STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDP/IR?

IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER: \_\_\_\_\_

Write only one case number in this space.

## STEP 3 Report income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**A. Child Income**  
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

**B. All Adult Household Members (Including yourself)**  
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and last)	Earnings from Work		Welfare/Child Support/Alimony		Pensions/Retirement/Social Security/SSI/VA Benefits		How often?	
	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly
	\$		\$		\$		<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"/>

Child Income: \$ \_\_\_\_\_

How often? Weekly  Monthly

Welfare/Child Support/Alimony: \$ \_\_\_\_\_

How often? Weekly  Monthly

Pensions/Retirement/Social Security/SSI/VA Benefits: \$ \_\_\_\_\_

How often? Weekly  Monthly

Total Household Members (Children and Adults)  Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member

Check if no SSN

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

## STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

"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 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."

Print Name of Adult Signing the Form \_\_\_\_\_ Today's Date \_\_\_\_\_

Signature of Adult \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone/Email \_\_\_\_\_

Address \_\_\_\_\_

Source of Income for Children	
<b>Sources of Child Income</b>	<b>Examples</b>
Earnings from work	• A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivors Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	• A friend or extended family member regularly gives a child spending money
Income from any other source	• A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults	
<b>Earnings from Work</b>	<b>Public Assistance/Alimony/Child Support</b>
• Salary, wages, cash bonuses • Net income from self-employment (farm or business) <b>If you are in the U.S. Military:</b> • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Workers compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits
	<b>Pensions/Retirement/All other sources of income</b>
	• Social Security (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household

**OPTIONAL Children's Ethnic and Racial Identities (Optional)**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino

Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

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, the funds your child care center/provider receives may be impacted. 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 (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDIPIR 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 the meal reimbursement for your child care center/provider. 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, audiotape, 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.

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MAIL: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

FAX: (202) 690-7442; or  
EMAIL: [program.mtmake@usda.gov](mailto:program.mtmake@usda.gov)

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\*Only use this address if you are filing a complaint of discrimination.

**DO NOT FILL OUT 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  Household size  Eligibility  Free  Reduced  Denied

How often?  Weekly  Bi-Weekly  Monthly  2x-Month

Categorical Eligibility

Determining Official's Signature  Date  Confirming Official's Signature  Date  Follow-up Official's Signature  Date