CACFP
ENROLLMENT FORM

Requirements:

a. CACFP child care centers and Head Start centers must have a completed CACFP Enrollment Form on file for each enrolled child. Siblings must have a separate form as attendance may be different.

b. The CACFP Enrollment Form is valid for 12 months following the month of parent/guardian dated the form. For example: Parent dated the form on 7/13/2015; form would expire on 7/31/2016. CACFP Enrollment forms must be completed annually by parent/guardian.

c. The following CACFP program types DO NOT need CACFP Enrollment forms:
   • Outside-School Hours Centers
   • Youth Development Programs
   • After School At Risk Programs
   • Emergency Shelters

Enrollment Form Reminders

• List one child per form

• All parts of form to be completed by parent/guardian including normal days, hours and meals

• If parent/guardian work schedule varies frequently thus the child's attendance pattern will also change frequently then parent should check the box at the bottom of the chart. Parent/guardian is not required to complete another form but may elect to do so.

• For ease of collection, it is highly recommended that agencies/centers distribute enrollment forms to parents/guardians at the same time as the Income Eligibility Application so that it is more likely that the forms would expire on the same date.

• If sponsor decides to develop own CACFP enrollment form, form contain all required information and be approved by State Agency prior to use.

ATTACHMENTS

• State Agency Prototype CACFP Enrollment Form
• Example of completed CACFP Enrollment form

Revised 12/3/2015
# CHILD AND ADULT CARE FOOD PROGRAM
## ENROLLMENT FORM

**Required Form for use by Child Care Centers and Head Start Programs**

**CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside-School-Hours, Youth Development & After School At Risk**

**Instructions for Completion**
- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child’s name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e) (2) require that an enrollment form be completed annually and signed by the child’s parent or guardian.

### CENTER NAME
Sunshine Child Care

### CHILD’S NAME
(please print) ANNIE JONES

<table>
<thead>
<tr>
<th>AGE</th>
<th>BIRTHDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>9 / 4 / 2009</td>
</tr>
</tbody>
</table>

### CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE
AND THE MEALS RECEIVED WHILE IN CARE

<table>
<thead>
<tr>
<th>Check (✓) Days Child Normally in Care</th>
<th>List Hours Child Normally in Care</th>
<th>Check (✓) Meals Child Normally Receives while in Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Arrive</td>
<td>Depart</td>
</tr>
<tr>
<td>Monday</td>
<td>✓ 7:00 am</td>
<td>8:15 am</td>
</tr>
<tr>
<td>Tuesday</td>
<td>✓ 7:00 am</td>
<td>8:15 am</td>
</tr>
<tr>
<td>Wednesday</td>
<td>✓ 7:00 am</td>
<td>8:15 am</td>
</tr>
<tr>
<td>Thursday</td>
<td>✓ 7:00 am</td>
<td>8:15 am</td>
</tr>
<tr>
<td>Friday</td>
<td>✓ 7:00 am</td>
<td>8:15 am</td>
</tr>
<tr>
<td>Saturday</td>
<td>✓ 7:00 am</td>
<td>8:15 am</td>
</tr>
<tr>
<td>Sunday</td>
<td>✓ 7:00 am</td>
<td>8:15 am</td>
</tr>
</tbody>
</table>

- Yes, The schedule listed above may frequently vary due to changes in parents/guardians schedule

### SIGNATURE OF PARENT/GUARDIAN
Mary Jones

### DATE
7/13/2015

### DAY PHONE NUMBER
(614) 222-3344

### MAILING ADDRESS:
123 Park St.

### CITY
Columbus

### ZIP CODE
43215

In accordance with Federal civil rights laws 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.

This institution is an equal opportunity provider.

(Rev. 12/3/2015)
Ohio Department of Education - Office for Child Nutrition

CHILD AND ADULT CARE FOOD PROGRAM

ENROLLMENT FORM

Required Form for use by Child Care Centers and Head Start Programs

CACFP programs except those having an enrollment form on file are: Emergency Shelters, Outside-School-Hours, Youth Development & After School At Risk

Instructions for Completion

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e) (2) require that an enrollment form be completed annually and signed by the child's parent or guardian.

<table>
<thead>
<tr>
<th>CENTER NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CHILD'S NAME</th>
<th>AGE</th>
<th>BIRTHDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(please print)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AND THE MEALS RECEIVED WHILE IN CARE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check (✓) Days</th>
<th>List Hours Child Normally in Care</th>
<th>Check (✓) Meals Child Normally Receives while in Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Normally</td>
<td>Arrive     Depart     Arrive     Depart     Breakfast  AM  Snack  Lunch  PM  Snack  Supper  Evening  Snack</td>
<td></td>
</tr>
<tr>
<td>in Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
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<tr>
<td>Wednesday</td>
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<td>Thursday</td>
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<tr>
<td>Friday</td>
<td></td>
<td></td>
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<tr>
<td>Saturday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Yes, The schedule listed above may frequently vary due to changes in parents/guardians schedule

<table>
<thead>
<tr>
<th>SIGNATURE OF PARENT/GUARDIAN</th>
<th>DATE</th>
<th>DAY PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street/ Apt:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip Code:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

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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;
3. Email: program.intake@usda.gov.

This institution is an equal opportunity provider. (rev. 12/3/2015)
CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICE MEALS Fiscal Year 2019-2020

INSTRUCTIONS: To apply for free and reduced-price meals, read the household Letter and instructions on backside of this form. Complete application and return to the center. In accordance with the NSLA, information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure. Part 1 is to be completed by all households. Part 2 is to be used only for a child living in a household receiving food assistance (SNAP) or Ohio Works First (OWF) benefits. Part 3 is only for children not receiving Food Assistance or OWF benefits. Part 4 if an adult household member must sign and date form, the last 4 digits of social security number must be listed if Part 3 is completed. Part 5 is optional. * Asterisks indicate info that must be completed. Form must be completed annually and valid for only 12 months.

CENTER NAME

PART 1 - PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER

* NAME OF ENROLLED CHILD(REN) AGE BIRTH DATE

1.

2.

3.

4.

PART 2 - LIST EACH CHILD’S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 7 DIGITS.

Check type of benefit:

□ FOOD ASSISTANCE (SNAP) or
□ OHIO WORKS FIRST (OWF)

CASE NO.

PART 3 - TOTAL HOUSEHOLD SIZE, TOTAL HOUSEHOLD GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: List names of all household members. List all gross income: list how much and how often. If Part 2 is completed, skip to Part 4.

a. LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1

b. CHECK IF NO FOZERO INCOME

c. GROSS INCOME during the last month (amount earned before taxes & other deductions) and HOW OFTEN IT WAS RECEIVED: Weekly, Every 2 Weeks, Twice Per Month, Monthly, Annually

EXAMPLE: JANE SMITH

1. $200 / weekly

2.

3.

4.

5.

6.

PART 4 - SIGNATURE & LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: Adult household member must sign/date form. If Part 3 is completed, the adult signing the form must also list last 4 digits of his/her Social Security Number or check the “I do not have a Social Security Number” box. I certify that all information on this form is true and correct and that all income is reported. I understand that the center will get Federal Funds based on the information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

* SIGNATURE OF ADULT HOUSEHOLD MEMBER

DATE

+ Insert last 4 digits of Social Security Number

(check if applicable)

I do not have a Social Security Number

Print Name: ____________________________

Daytime Phone Number: ____________________________

Work Phone Number: ____________________________

Street/Apt: ____________________________

City / State / Zip: ____________________________

County: ____________________________

PART 5: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race and ethnicity of enrolled child(ren).

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Other

Please mark one ethnic identity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

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 to Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FPDIR) case number for the participant or other (FPDIR) 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.

State Distribution: 7/13/2019

THIS SECTION TO BE COMPLETED BY CENTER: Note: All information above this section is to be filled in by the parent or guardian.

Complete information below only if qualifying child(ren) by household income from Part 3. Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion:

Weekly x 52, Every 2 Weeks (2x weekly) x 26, Twice per Month (semi-monthly) x 24, Monthly x 12.

Total Household Income: ____________________________

Per: ☐ week ☐ every two weeks ☐ twice per month ☐ month ☐ year

☐ FREE, based on ☐ Food Assistance/OWF Case No.

☐ Household size and income

☐ Foster Child

☐ REDUCED, based on Household size and income

☐ PAID, based on ☐ Income too high

☐ Incomplete

☐ Invalid case number or information

Signature of Sponsor / Center Representative ____________________________

Date Sponsor Certified/Categorized Form ____________________________

Effective Date ____________________________ (From the 1st of month of date signed)

Expiration Date ____________________________ (Valid until last day of month in which form was signed one year earlier)

Revised August 2019
HOUSEHOLD LETTER - Dear Parent or Guardian

Please help us comply with the requirements of the United States Department of Agriculture's Child and Adult Care Food Program (CACFP) by completing the attached income eligibility application for free and reduced-price meals. All information will be treated with strict confidentiality. The CACFP provides reimbursement to the child care center for healthy meals and snacks served to children enrolled in child care. The completion of the income eligibility application is optional. Complete the application on the reverse side using the instructions below for your type of household. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center. Households with incomes less than or equal to the reduced-price values listed on the chart at the bottom of this page are eligible for free meal benefits. An application must contain complete information to be considered for free or reduced-price meals. Households are no longer required to report changes regarding the increase or decrease of income or household size as long as the household is no longer certified to be eligible for food assistance (SNAP) or Ohio Works First (OWF). Once approved for free or reduced-price benefits, a household will remain eligible for those benefits for a period not to exceed 12 months. During periods of unemployment, your child(ren) is eligible for meal reimbursement provided the loss of income during this time causes the family to be within eligibility standards for meals. In operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability §268.23(e)(2)(i). If you have questions regarding the completion of this application, contact the child care center.

PART 1 - CHILD INFORMATION:

- All households complete this part (denotes required info)
  - Print the name of the child(ren) enrolled at the child care center. All children (including foster children) can be listed on the same application.
  - List the enrolled child's age and birth date.
  - Check box indicating if the child is a foster child. Foster children that are under the legal responsibility of the foster care agency or court are eligible for free meals.

PART 2 - HOUSEHOLD INCOME:

- All households complete this part (denotes required info)
  - List a current food assistance or OWF case number for each child. This will be a 7-digit number. Do not list a welfare case number.

PART 3 - TOTAL HOUSEHOLD SIZE, GROSS INCOME AND HOW OFTEN RECEIVED:

- All households complete parts 3 & 4.
  - Write the names of all household members including yourself and the child(ren) that attends the child care center, noting any income received. A household is defined as a group of related or unrelated individuals who are living as one economic unit that share housing and/or significant income and expenses of its members.
  - This might include grandparents, other relatives, or friends who live with you. Attach another piece of paper if you need more space to list all household members.
  - Check the box for any person listed as a household member (including children) that has no income.
  - For each household member, list each type of income received during the last month and list how often the money was received.
  - 1. Earnings from work before deductions: Write the amount of total gross income each household member received last month, before taxes/deductions or other benefits taken out (not including the take-home pay) and how often it was received (weekly, every two weeks, twice per month, monthly, annually). Include any income received on a recurring basis, including gross earned income. Households are not required to include payments received for a foster child as income. If any amount during the previous month was more or less than usual, write that person's usual monthly income. If you normally get overtime, include it, but not if you only get it sometimes. If you are an active military and your income is part of the Military Housing Privatization Initiative and you receive the Family Subsidy 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 to them or on their behalf by the household shall 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.
  - 2. List the amount each person got the last month from welfare, child support or alimony and list how often the money was received.
  - 3. List the amount each person got the last month from veterans' benefits, Social Security, Supplemental Security Income (SSI), Veterans' (VA) benefits or disability benefits and list how often the money was received.
  - 4. List all other income sources. Examples include: worker's compensation, strike benefits, unemployment compensation, regular contributions from people who do not live in your household, cash withdrawn from savings, interest/dividends, income from assistance/investments, royalties/royalties/annuities or any other income. Enter the money, the source of the income, and the income type in column 1 under earnings from work. Business, farm or rental property report income should be entered in column 4. Do not include food assistance payments.

PART 4 - SIGNATURE AND LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:

- All households complete this part (denotes required info)
  - "*" indicates a signature or an adult household member.

PART 5 - RACIAL/ETHNIC IDENTIFICATION - OPTION

You are not required to answer this part in the application to be considered complete. This information is collected to make sure that everyone is treated fairly and will be kept confidential. No child will be discriminated against because of race, color, national origin, gender, age or disability.

NON-DISCRIMINATION STATEMENT: In accordance with Federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, age, disability, sex, reprisal or retaliation for prior civil rights activity. Complaints of discrimination may be filed against programs administered by the USDA and the USDA will not discriminate against individuals who file such complaints. These complaints can be filed with the USDA Office of Civil Rights, 5301 Washington Avenue, 4th Floor, Washington, D.C. 20250-9410.

REduced income eligibility guidelines

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Annual</th>
<th>Monthly</th>
<th>Twice Per Month</th>
<th>Every Two Weeks</th>
<th>Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>31,284</td>
<td>2,607</td>
<td>1,304</td>
<td>1,204</td>
<td>632</td>
</tr>
<tr>
<td>2</td>
<td>39,661</td>
<td>3,289</td>
<td>1,645</td>
<td>1,518</td>
<td>758</td>
</tr>
<tr>
<td>3</td>
<td>47,568</td>
<td>3,970</td>
<td>1,985</td>
<td>1,853</td>
<td>917</td>
</tr>
<tr>
<td>4</td>
<td>55,535</td>
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<td>2,326</td>
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<td>5</td>
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<td>7</td>
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<td>6,696</td>
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<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For each additional family member, add +4,177 +462 +314 +315 +158

Guidelines to be effective from July 1, 2019 through June 30, 2020

Households with incomes less than or equal to the reduced-price values below are eligible for free or reduced-price meal benefits.

Revised August 2019