

Participants & Rosters: Households & Participants: Printing Pre-Filled Income and Enrollment Forms



We've designed a single form that collects all the enrollment information required by USDA (participant's normal days and hours in care as well as the meals normally received) along with the income information needed to place a household in an income category. **Before using this form, we strongly recommend that you send it to your state agency for approval.**

To generate a pre-filled income and enrollment form for a household:

- Click on "Participants & Rosters" on the main dashboard.
- Click on the name of the parent/guardian.
- At the bottom of the page, click on the blue "Download Form" button.
- A blue hyperlink called "Download Report" will appear on the lower-left corner of the screen. Click on "Download Report" and a PDF will be saved to your default download location.



- The form will be pre-filled with the following information:
 - Child's First and Last Name (all the children in the household)
 - Date of Birth
 - "Enrolled in Center" will be marked if a child is included in My Food Program. If there are additional children in the household that are not enrolled in the center, instruct the parent/guardian to write those children in on any remaining rows.
 - Normal Hours
 - Race/Ethnicity
 - Parent/Guardian Name and Phone Number
 - Household Address

Child Care Food Program Enrollment and Benefit Form
Site Name: **Child Care Center**

Part 1: All Children in Household

Name	Date of Birth	Enrolled in Center	Normal Hours	Normal Days of Care / Meals* Receives while in Care each Day (Circle)	Foster** Child	Racial Identity* (select all that apply)	Ethnic Identity* (select one)
Susie Doe	03/01/2017	<input checked="" type="checkbox"/>	08:00 am to 03:00 pm	Sun BAL PSE Mon BAL PSE Tues BAL PSE Weds BAL PSE Thurs BAL PSE Fri BAL PSE Sat BAL PSE	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		<input type="checkbox"/>		Sun BAL PSE Mon BAL PSE Tues BAL PSE Weds BAL PSE Thurs BAL PSE Fri BAL PSE Sat BAL PSE	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		<input type="checkbox"/>		Sun BAL PSE Mon BAL PSE Tues BAL PSE Weds BAL PSE Thurs BAL PSE Fri BAL PSE Sat BAL PSE	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		<input type="checkbox"/>		Sun BAL PSE Mon BAL PSE Tues BAL PSE Weds BAL PSE Thurs BAL PSE Fri BAL PSE Sat BAL PSE	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		<input type="checkbox"/>		Sun BAL PSE Mon BAL PSE Tues BAL PSE Weds BAL PSE Thurs BAL PSE Fri BAL PSE Sat BAL PSE	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		<input type="checkbox"/>		Sun BAL PSE Mon BAL PSE Tues BAL PSE Weds BAL PSE Thurs BAL PSE Fri BAL PSE Sat BAL PSE	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

*B = Breakfast | A = AM Snack | L = Lunch | P = PM Snack | S = Supper | E = Evening Snack
**If all children listed above are Foster Children, Skip to Part 3 to Sign this Form.
*Optional

Continued on next page >

Child Care Food Program Enrollment and Benefit Form
Site Name: **Child Care Center**

Part 2: Benefits or Household Income: Complete EITHER Section A or Section B

Section A: If any member of your household receives State SNAP, FDIPIR, or State TANF cash assistance, provide the name and case number for the person who receives benefits. If no one receives these benefits, please complete the section below for Total Household Gross Income. (SNAP FDIPIR QTANF)

NAME: _____ CASE NUMBER: _____

Section B: Total Household Gross Income—You must tell us how much and how often

A. Name (List all adult household members AND any children that earn income. If an adult household member does not earn income, write "no income".)

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	Circle How Often It Was Received**
				W B T M A
				W B T M A
				W B T M A

**W = Weekly | B = Bi-Weekly | T = Twice a Month | M = Monthly | A = Annually

Part 3: Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 2 is completed using household income, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "1" do not have a Social Security Number box. (See Statement on the right.)

I certify that the 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.

Print Name: John Doe Date: _____
Address: 123 Main Street Zip Code: 55555
City: Minneapolis State: MN Phone Number: (555) 555-5555
Last four digits of Social Security Number:
 I do not have a Social Security Number

Don't fill out this part. This is for official use only. Total Income: _____ Per: _____
Week Every 2 Weeks Twice A Month Month Year
Eligibility: A-Free _____ B-Reduced _____ C-Paid _____
Effective: _____ to _____
Sponsoring Organization Signature: _____ Date: _____

The Richard B. Russell National School Lunch Act requires the information on the 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: 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.esd.usda.gov/complaint/>, filing, cost form, and at any USDA office, or write a letter addressed to USDA and provide the letter to 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.