

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 "Create Participant Registration 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:
 - Participant's First and Last Name (all the participants in the household)
 - Date of Birth
 - "Enrolled in Center" will be marked if a participant is included in My Food Program. If there are additional participants in the household that are not enrolled in the center, instruct the parent/guardian to write those participants 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: **Adult Day Center**

Part 1: All Children in Household

Name	Date of Birth	Enrolled in Center	Normal Hours	Normal Days of Care / Meals* the Child Normally Receives write in Care each Day (Circle)	Foster** Child	Racial Identity* (select all that apply)	Ethnic Identity* (select one)
Frank Anderson	04/02/1940	<input checked="" type="checkbox"/>	08:00 am to 03:00 pm	Sun PSE Mon PSE Tues PSE Weds PSE Thurs PSE Fri PSE Sat PSE	<input type="checkbox"/>	<input type="checkbox"/> Asian 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 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 PSE Mon PSE Tues PSE Weds PSE Thurs PSE Fri PSE Sat PSE	<input type="checkbox"/>	<input type="checkbox"/> Asian 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 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 PSE Mon PSE Tues PSE Weds PSE Thurs PSE Fri PSE Sat PSE	<input type="checkbox"/>	<input type="checkbox"/> Asian 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 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 PSE Mon PSE Tues PSE Weds PSE Thurs PSE Fri PSE Sat PSE	<input type="checkbox"/>	<input type="checkbox"/> Asian 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 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 PSE Mon PSE Tues PSE Weds PSE Thurs PSE Fri PSE Sat PSE	<input type="checkbox"/>	<input type="checkbox"/> Asian 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 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 PSE Mon PSE Tues PSE Weds PSE Thurs PSE Fri PSE Sat PSE	<input type="checkbox"/>	<input type="checkbox"/> Asian 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 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.

Child Care Food Program Enrollment and Benefit Form
Site Name: **Adult Day 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. (DSNAP, FDIPIR, DTANF)

NAME: _____ CASE NUMBER / EDIP: _____

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

A. Name: _____ 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 = 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 "I do not have a Social Security Number" box. (See Statement on the right.)

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.

Signature: _____ Date: _____
Address: _____ City: _____ State: IL Phone Number: (612) 859-2108
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 4 Months Month Year
Household size: _____
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 this application. You do not have to give the information, but if you do not, we cannot operate 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 marital status 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.nrc.usda.gov/complaint_filing_cact.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) 632-9922. 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.malek@usda.gov. This institution is an equal opportunity