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



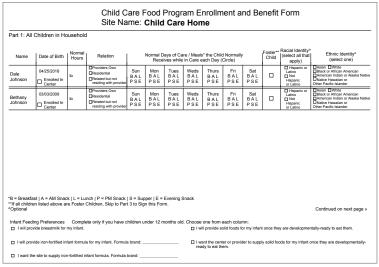
We've designed a single form that collects all the enrollment information required by USDA (participant's normal days and hours in care as well as the meals normally received) along with the optional income information needed if households are applying for Tier I status within a home categorized by geography as Tier II. **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 prefilled with the following information:
 - Child's First and Last Name (all the children in the household)
 - o Date of Birth
 - ° Parent/Guardian Name and Phone Number
 - Household Address



			re Food Program E ne: Child Care Hon		a Benefit Forr
Part 2: Benefits or Household Income: Comp	lete EITHER Section	n A or Section B			
Section A: If any member of your household r penefits. If no one receives these benefits, plea	eceives State SNAP, ase complete the sec	FDPIR, or State TANF of	ash assistance, provide the name sehold Gross Income. SNAP	and case number for to	he person who receives
NAME:		CASE N	IUMBER / EDP:		
Section B: Total Household Gross Income—Y	ou must tell us how r	nuch and how often			
A. Name	B. Gross income and how often it was received				
(List all adult household members AND any children that earn income. If an adult household member does not earn income, write "no income".)	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Securi SSI, VA benefits	ty. 4. All other Income	Circle How Often It Wa Received^^
					WBTMA
					WBTMA
^W = Weekly B = Bi-Weekly T = Twice a Mon					WBTMA
(See Statement on the right.) contributed in the and that all income is reported i undestand that the conter or day care home will get Federal funds based on the information (ple.) understand that CACFF (ordical may verify the information. I undestand that if purposely give false information, the participant receiving meals may lose the read benefit, and if may be prosecuted.			Address: 4567 Park Street Zip Code: 12345 City: Yourtown State: AL Phone Number: (651) 433-7345 Last four digits of Social Security Number:		
Don't fill out this part. This is for official use only. Total income: Per: Week Every ZWeeks Twice A Month Month Household size: File The Twice The Ter 2 File The Twice The Ter 2 Sponsoring Organization Signature: Date:	if you Num! A fost or Fo indice of electric deter discrimination program inform application of the control of t	do not, we cannot approve the or of the adult household mem er child or you list a Supplemer of Distribution Program on Indi the adult household me mine if the participant is eligible mination Statement. In accorda es, the USDA, its Agencies, offi among a child or the among and a child or participant is a constant and the participant is a constant participant and participant p	col Lunch. Act requires the information on the positional for their reduced price meals. per who signs the application. The Social So ber who signs the application. The Social So I all Nutrition Assistance Program (SIAMP), Tr. in Reservacions (FDHR) case number for at horse signing the application does not have a for free or reduced price meals, and for soin for free or reduced price meals, and for soin for fee or reduced price meals, and for soin for fee or reduced price meals, and for soil for fee or reduced price meals, and for soil for the soil of the soil for fee or reduced price meals and soil for the soil control of the soil possibility of the soil possibility of the soil possibility of the soil possibility soil soi	rou must include the last four ccurrly Number is not requires emporary Assistance for Nee e participant or other (FDPIF is Social Security Number. We inistration and enforcement inistration and enforcement suartment of Agriculture (USD) atting in or administering USI prisal or retailation for prior or require alternative means of no could contact the Agency (St abilities may contact USDA is	rdigits of the Social Security twhen you apply on behalf of dy Families (TANF) Program of identifier or when you the first of the Program. Non- A) civil rights regulations and programs are prohibited ivil rights activity in any communication for program ate or local) where they prough the Federal Relay.