

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 pre-filled with the following information:
 - Child's First and Last Name (all the children in the household)
 - Date of Birth
 - Parent/Guardian Name and Phone Number
 - Household Address

Child Care Food Program Enrollment and Benefit Form Site Name: Child Care Home														
Part 1: All Children in Household														
Name	Date of Birth	Normal Hours	Relation	Normal Days of Care / Meals* the Child Normally Receives while in Care each Day (Circle)								Foster Child	Racial Identity* (select all that apply)	Ethnic Identity* (select one)
				Sun	Mon	Tues	Weds	Thurs	Fri	Sat		<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
Dale Johnson	04/25/2018	to	<input type="checkbox"/> Providers Own <input type="checkbox"/> Residential <input type="checkbox"/> Related but not residing with provider	Sun BAL P SE	Mon BAL P SE	Tues BAL P SE	Weds BAL P SE	Thurs BAL P SE	Fri BAL P SE	Sat BAL P SE	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
Bethany Johnson	03/03/2009	to	<input type="checkbox"/> Providers Own <input type="checkbox"/> Residential <input type="checkbox"/> Related but not residing with provider	Sun BAL P SE	Mon BAL P SE	Tues BAL P SE	Weds BAL P SE	Thurs BAL P SE	Fri BAL P SE	Sat BAL P SE	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Not Hispanic or Latino <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

Infant Feeding Preferences Complete only if you have children under 12 months old. Choose one from each column:
 I will provide breastmilk for my infant. I will provide solid foods for my infant once they are developmentally-ready to eat them.
 I will provide iron-fortified infant formula for my infant. Formula brand: _____ I want the center or provider to supply solid foods for my infant once they are developmentally-ready to eat them.
 I want the site to supply iron-fortified infant formula. Formula brand: _____

Child Care Food Program Enrollment and Benefit Form Site Name: Child Care Home												
Part 2: Benefits or Household Income: Complete EITHER Section A or Section B												
Section A: If any member of your household receives State SNAP, FDI/R, 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. CSNAP <input type="checkbox"/> DFDI/R <input type="checkbox"/> DTANF <input type="checkbox"/>												
NAME: _____ CASE NUMBER / EDP: _____												
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												
Part 3: Signature and Last Four Digits of Social Security Number (Adult must sign)												
Sign Here: _____												
Print Name: Susan Johnson Date: _____												
Address: 4567 Park Street Zip Code: 12345												
City: Yourtown State: AL Phone Number: (651) 433-7345												
Last four digits of Social Security Number: _____												
<input type="checkbox"/> I do not have a Social Security Number												
Don't fill out this part. This is for official use only.												
Total Income: _____ Per: _____												
Household size: _____												
Eligibility: Tier-1 _____ Tier-2 _____												
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 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.nour.usda.gov/government_files/civil_rights , 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) 632-4992. 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.												