

# Child Care Food Program Enrollment and Benefit Form

## Site Name: **Test Center 2**

Part 1: All Children in Household

Name	Date of Birth	Enrolled In Center	Normal Hours	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 BAL PSE	Mon BAL PSE	Tues BAL PSE	Weds BAL PSE	Thurs BAL PSE	Fri BAL PSE	Sat BAL PSE			
Timothy Cox	06/16/2017	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<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"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<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"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<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"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<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"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<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"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<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"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<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"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<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.

^Optional

Continued on next page »

# Child Care Food Program Enrollment and Benefit Form

## Site Name: **Test Center 2**

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

**Section A: If any member of your household receives State SNAP, FDPIR, 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 FDPIR TANF

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				Circle How Often It Was Received <sup>^^</sup>
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All other Income	
					W B T M A
					W B T M A
					W B T M A

<sup>^^</sup>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.*

Sign Here: \_\_\_\_\_  
 Print Name: Ruth Anderson Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 City: \_\_\_\_\_ State: MN Phone Number: \_\_\_\_\_  
 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  
 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 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.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](mailto:program.intake@usda.gov). This institution is an equal opportunity

# Child Care Food Program Enrollment and Benefit Form

## Site Name: **Test Center 2**

### Part 1: All Children in Household

Name	Date of Birth	Enrolled In Center	Normal Hours	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)
Jane Doe	04/09/2019	<input type="checkbox"/>	03:00 pm to 09:00 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"/> Not Hispanic or Latino	<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 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"/> Not Hispanic or Latino	<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 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"/> Not Hispanic or Latino	<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 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"/> Not Hispanic or Latino	<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 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"/> Not Hispanic or Latino	<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 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"/> Not Hispanic or Latino	<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 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"/> Not Hispanic or Latino	<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 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"/> Not Hispanic or Latino	<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.

^Optional

Continued on next page »

# Child Care Food Program Enrollment and Benefit Form

## Site Name: **Test Center 2**

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

**Section A: If any member of your household receives State SNAP, FDPIR, 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  FDPIR  TANF

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				Circle How Often It Was Received <sup>^^</sup>
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All other Income	
					W B T M A
					W B T M A
					W B T M A

<sup>^^</sup>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.*

Sign Here: \_\_\_\_\_  
 Print Name: John Anderson Date: \_\_\_\_\_  
 Address: 123 Lake Street Zip Code: 11111  
 City: Minneapolis State: MN Phone Number: \_\_\_\_\_  
 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  
 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 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.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](mailto:program.intake@usda.gov). This institution is an equal opportunity

# Child Care Food Program Enrollment and Benefit Form

## Site Name: **Test Center 2**

Part 1: All Children in Household

Name	Date of Birth	Enrolled In Center	Normal Hours	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 BAL PSE	Mon BAL PSE	Tues BAL PSE	Weds BAL PSE	Thurs BAL PSE	Fri BAL PSE	Sat BAL PSE			
Teresa Bennett	03/28/2016	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<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
Craig Bennett	09/12/2016	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<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"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<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"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<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"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<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"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<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"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<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"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<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.

^Optional

Continued on next page »

# Child Care Food Program Enrollment and Benefit Form

## Site Name: **Test Center 2**

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

**Section A: If any member of your household receives State SNAP, FDPIR, 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 FDPIR TANF

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				Circle How Often It Was Received <sup>^^</sup>
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All other Income	
					W B T M A
					W B T M A
					W B T M A

<sup>^^</sup>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.*

Sign Here: \_\_\_\_\_  
 Print Name: Dennis Murphy Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 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  
 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 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.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](mailto:program.intake@usda.gov). This institution is an equal opportunity

# Child Care Food Program Enrollment and Benefit Form

## Site Name: **Test Center 2**

### Part 1: All Children in Household

Name	Date of Birth	Enrolled In Center	Normal Hours	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)
Paul Hill	04/26/2019	<input checked="" type="checkbox"/>	07:00 am to 04:00 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 checked="" type="checkbox"/> Not Hispanic or Latino	<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
Sarah Hill	06/19/2016	<input checked="" type="checkbox"/>	07:00 am to 04:00 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 checked="" type="checkbox"/> Not Hispanic or Latino	<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"/> Not Hispanic or Latino	<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 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"/> Not Hispanic or Latino	<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 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"/> Not Hispanic or Latino	<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 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"/> Not Hispanic or Latino	<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 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"/> Not Hispanic or Latino	<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.

^Optional

Continued on next page »

# Child Care Food Program Enrollment and Benefit Form

## Site Name: **Test Center 2**

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

**Section A: If any member of your household receives State SNAP, FDPIR, 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 FDPIR TANF

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				Circle How Often It Was Received <sup>^^</sup>
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All other Income	
					W B T M A
					W B T M A
					W B T M A

<sup>^^</sup>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.*

Sign Here: \_\_\_\_\_  
 Print Name: Susan Hill Date: \_\_\_\_\_  
 Address: 123 Main Street Zip Code: 11111  
 City: Minneapolis State: MN Phone Number: (123) 456-7892  
 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  
 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 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.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](mailto:program.intake@usda.gov). This institution is an equal opportunity



# Child Care Food Program Enrollment and Benefit Form

## Site Name: **Test Center 2**

### Part 1: All Children in Household

Name	Date of Birth	Enrolled In Center	Normal Hours	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 BAL PSE	Mon BAL PSE	Tues BAL PSE	Weds BAL PSE	Thurs BAL PSE	Fri BAL PSE	Sat BAL PSE			
Martin Bailey	07/23/2015	<input checked="" 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"/> Not Hispanic or Latino	<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 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"/> Not Hispanic or Latino	<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 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"/> Not Hispanic or Latino	<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 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"/> Not Hispanic or Latino	<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 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"/> Not Hispanic or Latino	<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 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"/> Not Hispanic or Latino	<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 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"/> Not Hispanic or Latino	<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 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"/> Not Hispanic or Latino	<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.

^Optional

Continued on next page »

# Child Care Food Program Enrollment and Benefit Form

## Site Name: **Test Center 2**

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

**Section A: If any member of your household receives State SNAP, FDPIR, 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 FDPIR TANF

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				Circle How Often It Was Received <sup>^^</sup>
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All other Income	
					W B T M A
					W B T M A
					W B T M A

<sup>^^</sup>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.*

Sign Here: \_\_\_\_\_  
 Print Name: Tammy Bailey Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 City: \_\_\_\_\_ State: MN Phone Number: \_\_\_\_\_  
 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  
 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 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.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](mailto:program.intake@usda.gov). This institution is an equal opportunity