



# CACFP ENROLLMENT AND BENEFIT FORM *Instructions*

Dear Parent or Guardian:

The child care facility that your child(ren) attend offers healthy meals and snacks to children as part of the Child and Adult Care Food Program (CACFP). Your child care facility receives support from CACFP to serve those meals. CACFP gives more support if your household income is less than or equal to the limits on this chart:

| FEDERAL INCOME STANDARDS FOR REDUCED-PRICE MEALS FOR JULY 1, 2021 - JUNE 30, 2022 |               |                |
|---|---------------|----------------|
| HOUSEHOLD SIZE  | YEARLY INCOME | MONTHLY INCOME |
| <b>1</b>  | \$23,606      | \$1,968        |
| <b>2</b>  | \$31,894      | \$2,658        |
| <b>3</b>  | \$40,182      | \$3,349        |
| <b>4</b>  | \$48,470      | \$4,040        |
| <b>5</b>  | \$56,758      | \$4,730        |

Please fill out a CACFP Meal Benefit Income Eligibility form. It will help us find out how much support your child care facility receives. Please be sure to read the instructions carefully. Fill in all the information we request. We can only accept complete forms. Please give the completed form back to your child care facility.

Thank you for taking the time to fill out the form. We hope your child enjoys CACFP meals!

In the operation of child nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability.

The Child and Adult Care Food Program (CACFP) makes good food a regular part of your child's day care! Please fill out the Child Care Food Program Enrollment and Benefit Form. It helps us find out if your household qualifies for free or reduced-price meals. This lets us know how much money CACFP will give to support your child care provider.

## INSTRUCTIONS

Here are instructions to help you fill out the form. Before you begin, turn the form over to learn why we ask for this information. It tells you how we use the information and what rights you have. It also tells you how to contact USDA if you believe you are treated unfairly.

Please make sure to fill in all of the requested information. Use Adobe Reader to fill out the form or you may use a pen to mark your answers on the form. When you are finished, please return the form to your child care provider.

### Part 1

#### All Children In Household

The children enrolled in your child care center facility will be prepopulated on the form. Please confirm that the following information is accurate:

- Name
- Date of birth
- Normal arrival and departure times
- Normal days of care and meals received
- Ethnic and Racial Identity

If your child(ren) is foster or qualified as homeless, migrant or runaway, you should check the box under "categorical eligibility"

Next, please list other children in the household. We only need their names. Do not complete the other information for children in your household that are not enrolled in child care.

### Part 2

#### Benefits or Household Income

##### Section A

You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR).

Do any household members, including you, currently receive SNAP, TANF, or FDPIR? If Yes, fill in the name and the appropriate case number. You only need to provide one case number. *If No, go to Section B.*

## Section B

Report current income for all household members. *Skip this step if you answered Yes in Step 2.*

List all children that earn an income. Also list the adults in your household, including you, even if each of you doesn't receive income. Include all adults, such as grandparents, other relatives, and friends who live with you and share household income and expenses. Enter the amount of income each of you receives and circle how often the amount is received. Write 0 in the box if there is no income to report.

Make sure you report the current amount of money you get before taxes. Don't include SNAP, FDPIR, WIC, student financial aid, or money you receive for a foster child as income.

## Part 3

### Signature and Last Four Digits of Social Security Number

An adult household member must sign this form. The signer promises that all information is true and complete.

The name, address, and telephone number of the adult signer will be prepopulated on the form. Please confirm that the information is correct. Sign and write today's date in the marked boxes.

Do you or another adult household member have a Social Security number? Write the last four digits in the boxes. If there is no Social Security number, mark the Check if no SSN box.

### ! POINTS TO REMEMBER

| IF  | THEN  |
|---|---|
| Your income is not always the same                  | List the amount of money that you normally get. For example, don't include overtime pay, if you don't normally get it. If your income is normally higher or lower, you can report annual income instead.                    |
| Your household includes members who aren't citizens | You or your children don't have to be U.S. citizens to qualify for meal benefits.   |
| You are in the military                             | Don't include your Family Subsistence Supplemental Allowance (FSSA), combat pay, or the money you receive for privatized housing. If deployed, count the amount of pay that is made available to your household as income.. |

### + OPTIONAL

We ask about your children's ethnicity and race to make sure we do our best to serve our community. Providing this information is not required. You won't be denied benefits based on your race, color, national origin, sex, age, or disability.