

Child and Adult Care Food Program ENROLLMENT FORM / INCOME ELIGIBILITY STATEMENT for CHILD CARE

CENTER NAME: _____

FISCAL YEAR: 2011

PART 1 – ENROLLMENT INFORMATION

Name of Enrolled Child	Date of Birth	Before & After Care	Circle Normal Days of Care / Print Normal Hours of Care	Circle Meals Normally Received
		YES NO	SUN MON TU WED TH FRI SAT Normal hours To	Breakfast A.M. Snack Lunch P.M. Snack Supper
		YES NO	SUN MON TU WED TH FRI SAT Normal hours To	Breakfast A.M. Snack Lunch P.M. Snack Supper
		YES NO	SUN MON TU WED TH FRI SAT Normal hours To	Breakfast A.M. Snack Lunch P.M. Snack Supper

INCOME ELIGIBILITY

Please check all that apply and then fill out the parts specified:

- A member of my household receives benefits from Head Start, TANF, and/or SNAP (formerly Food Stamps). → Please complete Part 2 and Part 5.
- My household includes one or more foster children → Please complete Part 3 and Part 5.
- My child (ren) may qualify for Free/Reduced-Price meals based on household income. → Please complete Part 4 and Part 5.
- My children (ren) will not qualify for Free/Reduced-Price meals. → Please complete Part 5 only.

PART 2 – HOUSEHOLD MEMBER(S) RECEIVING BENEFITS FROM HEAD START, TANF and/or SNAP

Name of Household Member(s)	Circle (if applicable)	Circle One or Both (if applicable)	TANF or SNAP Case Number
	HEAD START	TANF SNAP	
	HEAD START	TANF SNAP	
	HEAD START	TANF SNAP	

PART 3 – FOSTER CHILDREN

Name of Foster Child	Instructions
	For households with foster children only: Write the child(ren)'s name(s) here, then skip to Part 5. For households with foster and non-foster children: Write the foster child(ren)'s name(s) here. If you did not complete Part 2, you must complete Part 4 to qualify non-foster child(ren) for free/reduced-price meals. You may choose to include foster child(ren) in Part 4 with non-foster child(ren). This could make it easier for the non-foster child(ren) to qualify for free/reduced-price meals. If you choose to list the foster child(ren) in Part 4, you must report any personal income received by the foster child(ren). You are not required to report payments that you receive from the placement agency to support the foster child(ren). If you completed Part 2, skip Part 4. All complete Part 5.

PART 4 – TOTAL HOUSEHOLD INCOME – *Not required if you have reported a case number in Part 2.*

Write how much and how frequently all income is received: weekly, every two weeks (biweekly), twice a month (semimonthly), once a month (monthly), annually.

List Names (First and Last) of Everyone In Your Household	Gross Income From Last Month (If None, Write "0")							
	Earnings From Work Before Deductions		Alimony, Child Support, Welfare, etc.		Pensions, Retirement, Social Security, VA, etc.		Second job or any other income	
	INCOME	FREQUENCY	INCOME	FREQUENCY	INCOME	FREQUENCY	INCOME	FREQUENCY
NAME								
1.								
2.								
3.								
4.								
5.								
6.								

PART 5 – CERTIFICATION, SIGNATURE, AND SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

The adult household member who fills out the application must sign below. If Part 4 is completed, the adult signing the form must also provide the **last four (4) digits ONLY** of his/her Social Security Number (SSN), or check the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.) **The last four digits of your SSN are not needed if you have checked the box that your child(ren) will not qualify for Free/Reduced-Price meals, have listed a TANF or SNAP case number, circled Head Start, or are applying for a foster child only.**

CERTIFICATION: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that institution official may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

PRINTED NAME OF PARENT / GUARDIAN	SOCIAL SECURITY NUMBER (SSN) OF PARENT / GUARDIAN (LAST 4 DIGITS ONLY):	XXX-XX-____
SIGNATURE OF PARENT / GUARDIAN	DATE	<input type="checkbox"/> I do not have a Social Security Number
STREET ADDRESS, CITY, STATE, ZIP CODE		DAYTIME PHONE

PART 6 – CIVIL RIGHTS INFORMATION: ENROLLED CHILD(REN)’S ETHNICITY & RACE (OPTIONAL)

Check the ethnic and racial identity of your children. We need this information to be sure that everyone receives benefits on a fair basis.

Ethnicity (mark one ethnic identity):

- Hispanic or Latino
- Not Hispanic or Latino

Race (mark one or more racial identities):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. “In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.”

In conjunction, the District of Columbia Human Rights Act, approved December 13, 1977 (DC Law 2-38; DC Official Code §2-1402.11(2006), as amended) prohibits discrimination on the basis of marital status, personal appearance, sexual orientation, gender identity or expression, family responsibilities, familial status, source of income, place of residence or business, genetic information, matriculation, or political affiliation of any individual. To file a complaint alleging discrimination on one of these bases, please contact the District of Columbia’s Office of Human Rights at (202) 727-3545.

PRIVACY ACT STATEMENT

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 indicate that the child participates in Head Start, list a Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) Program case number, submit an application on behalf of a foster child only, 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. Verification efforts may be carried out through program reviews, audits, and investigations and may include contacting the Child and Family Services Agency to verify foster child status; contacting the authorized Head Start representative at the center to verify Head Start enrollment; contacting the Income Maintenance Administration office to determine current certification of receipt of SNAP and/or TANF benefits; contacting employers to determine income; and/or checking the documentation produced by the household member to verify the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

CENTER USE ONLY – IES CLASSIFICATION

Reimbursement classification category for foster children

Check if one or more foster children are reported on this form:

- Free

Total Monthly Income:

Income conversion formulas

Weekly income X 4.33 / every 2 weeks X 2.15 / twice a month X 2

Total monthly income: \$ _____

Number of household members: _____

Reimbursement classification category for non-foster children

Check one classification for all non-foster children reported on this form:

- Free (Head Start, TANF, SNAP, Income Eligible)
- Reduced-price
- Paid (household income above free or reduced-price level)
- Paid (incomplete information)
- Free (parent reported zero income)*

* **Zero Income 45-Day Income Verification:** Complete this section if income listed is \$0. Contact the adult who completed the form every 45 days to verify income.

_____ 1st date verified; _____ 2nd date verified; _____ 3rd date verified; _____ 4th date verified;
 _____ 5th date verified; _____ 6th date verified; _____ 7th date verified; _____ 8th date verified

Date IES is reclassified based on verification of a change in income: _____ [] free [] reduced-price [] paid

To complete the IES: The institution’s Determining Official MUST sign and date this form.

Signature of Determining Official

Date

Signature of Verifying Official

Date

Date child(ren) withdrew or terminated: _____