The Child and Adult Care Food Program
Enrollment Form / Income Eligibility Statement for Family Day Care Home

NAME OF CARE PROVDER: _____ FISCAL YEAR: 2021

PART 1 – ENROLLMENT INFORMATION

You must complete ALL five columns of Part 1.

Name(s) of Enrolled Child(ren)	Date of Birth	Before & After Care	Circle Normal Days of Care / Print Normal Hours of Care	Circle the Meals the Child Normally Receives while in Care
		YES NO	SUN MON TUE WED TH FRI SAT Normal hours _____ to _____	Breakfast A.M. Snack Lunch P.M. Snack Supper
		YES NO	SUN MON TUE WED TH FRI SAT Normal hours _____ to _____	Breakfast A.M. Snack Lunch P.M. Snack Supper
		YES NO	SUN MON TUE WED TH FRI SAT Normal hours _____ to _____	Breakfast A.M. Snack Lunch P.M. Snack Supper

INCOME ELIGIBILITY INFORMATION

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

- ☐ A member of my household receives SNAP (formerly Food Stamps) and/or TANF benefits. → Please complete Part 2 and Part 6.
- ☐ One or more of my children participates in Head Start / Early Head Start at this center. → Please complete Part 3 and Part 6.
- ☐ My household includes one or more foster children → Please complete Part 4 and Part 6.
- ☐ My child(ren) may qualify for Free or Reduced-Price meals based on household income. → Please complete Part 5 and Part 6.
- ☐ My child(ren) will not qualify for Free or Reduced-Price meals. → Please complete Part 6 only.

PART 2 – HOUSEHOLD MEMBER(S) RECEIVING SNAP and/or TANF BENEFITS

If any household member gets SNAP (Food Stamps) and/or TANF benefits, list the recipient's name, circle the benefit type(s), and give the case number.

Name of Benefit Recipient	Circle One or Both (if applicable)	SNAP / TANF Case Number **(required—not SSN or EBT #)**
	SNAP TANF	

PART 3 – CHILD(REN) ENROLLED IN HEAD START

If the enrolled child(ren) participates in Head Start/Early Head Start, write the name(s) below.

Name of Child	Name of Child	Name of Child

PART 4 – FOSTER CHILDREN

Name of Foster Child

Households with foster children only: Write the child(ren)'s name(s) here, then skip to Part 6.

Households with foster & non-foster children: Write foster child(ren)'s name(s) here. If you did **not** complete Part 2, you must complete Part 5 to qualify non-foster child(ren) for free/reduced-price meals. You may include foster child(ren) in Part 5 with non-foster child(ren). This makes it easier for non-foster child(ren) to qualify for free/reduced-price meals. If you choose to list the foster child(ren) in Part 5, you must report any personal income received by the foster child(ren). You do **not** have to report payments that you receive from the placement agency to support the foster child(ren). If you completed Part 2, skip Part 5. **All complete Part 6.**

PART 5 – TOTAL HOUSEHOLD INCOME – *Not required if Part 2 or Part 3 is completed.*

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

List Names (First and Last) of **Everyone** In Your Household	Gross Income (before Taxes or Deductions) 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	
NAME	INCOME	FREQUENCY	INCOME	FREQUENCY	INCOME	FREQUENCY	INCOME	FREQUENCY
1.								
2.								
3.								
4.								
5.								

PART 6 – CERTIFICATION, SIGNATURE, AND SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

The adult household member who fills out this form must sign below. If Part 5 is completed, the adult signing the form must provide the **last four (4) digits ONLY** of his/her Social Security Number (SSN), or check "I do not have a Social Security Number." (See Privacy Act Statement on the back of this page.) **The last four digits of your SSN are NOT needed if you have checked "My child(ren) will not qualify for Free/Reduced-Price meals" or if you have listed a TANF or SNAP case number or are applying for Head Start or foster child(ren) 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(s) 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	**(LAST 4 DIGITS ONLY)**: XXX – XX – ____ ____ ____ ____ SOCIAL SECURITY NUMBER (SSN) OF PARENT/GUARDIAN	
SIGNATURE OF PARENT / GUARDIAN	DATE	☐ I do not have a Social Security Number
STREET ADDRESS, CITY, STATE , ZIP CODE		DAYTIME PHONE

I give my consent for my child's provider to return this form to the Sponsoring Organization. INITIALS OF PARENTS/GUARDIAN: _____

PART 7 – CIVIL RIGHTS INFORMATION: ENROLLED CHILD(REN)'S ETHNICITY & RACE (OPTIONAL)

Please specify the ethnic and racial identity of your child(ren).

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

This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this Program is administered without discrimination.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, income derived all or in part from any public assistance programs, or protected genetic information in employment or any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete a USDA Program Discrimination Complaint Form, found online at http://ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, by fax at (202) 690-7442, or by email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 977-8330 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. Additional protected traits can be found at https://ohr.dc.gov/protectedtraits. To file a complaint alleging discrimination on one of these bases, please contact the District of Columbia's Office of Human Rights at (202) 727-4559 or https://ohr.dc.gov/service/file-complaint.

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 list a case number for the Supplemental Nutrition Assistance Program (SNAP) and/or the Temporary Assistance for Needy Families (TANF) Program, 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 Income Maintenance Administration office to confirm 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.

SPONSOR USE ONLY – IES CLASSIFICATION

Reimbursement classification category for foster children

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

- ☐ Tier I

Reimbursement classification category for non-foster children

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

- ☐ Tier I (TANF, SNAP, income-eligible for free or reduced-price meals)
- ☐ Tier II (Household income over threshold for free or reduced-price meals)
- ☐ Tier II (incomplete information)

Total Household Income:

If necessary, use the correct income conversion formula before adding incomes reported with different frequencies. Once total monthly income is determined, write "monthly" as the frequency and use the "monthly" column of the Income Eligibility Guidelines.

To find monthly income:

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

Total income: $ _____ Frequency: _____

Number of household members: _____

The institution's Determining Official MUST sign and date the IES to complete it. Signature of a Verifying Official is recommended.

_____ _____

Signature of Determining Official Date

_____ _____

Signature of Verifying Official Date

Date child(ren) withdrew or terminated: _____