



ADULT DAILY LIVING CENTER

January 2011

Dear Participant or Guardian:

Once again, we need your assistance. To comply with the requirements of the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP) we will need you to complete, sign, and return the enclosed application. This application will need to be completed annually. This information is necessary so that we may receive CACFP reimbursement for the meals served to the participants. This form will be placed in our files and treated as confidential information. In order to be considered eligible for free or reduced price meals, the application must be completed as follows:

**FOOD STAMPS/SUPPLEMENTAL SECURITY INCOME (SSI)/MEDICAID/FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS HOUSEHOLDS (FDPIR):** If the participant currently receives food stamps, SSI, Medicaid, or FDPIR the participant is automatically eligible for free meals. Therefore you only have to list the participant's name and food stamp case number, SSI, Medicaid, or FDPIR identification number, and sign the application.

**ALL OTHER HOUSEHOLDS:** If the participant's household income is at or below the level shown on the enclosed scale, the participant is eligible for either free or reduced price meals. To apply for meal benefits, the following information must be provided or the application cannot be approved.

- **HOUSEHOLD MEMBERS:** List the names of the participant and the participant's spouse, and any dependent children, who live in the participant's household.
- **CURRENT INCOME:** List the amount of income each person received last month (Before deductions for taxed, social security, etc.), frequency of income and where it is from, such as wages, retirement, or welfare. If any household member's income last month was higher or lower than usual, list that person's expected average monthly income.
- **SIGNATURE:** An adult household member must sign the application.
- **SOCIAL SECURITY NUMBER:** List the social security number of the adult who signs the application. If that adult does not have a social security number, print "NONE."

You are required to notify us if there is a change in household size or an increase in income which exceeds \$50 per month or \$600 per year. If you list a food stamp, SSI, Medicaid, or FDPIR number, you must notify us when you no longer receive food stamps, SSI, Medicaid, or FDPIR benefits. Similarly, you should notify us if your household member becomes unemployed and of the loss of income during the period of unemployment.

In the operation of USDA's feeding programs, no one will be discriminated against because of race, color, national origin, sex, age, or disability. If you believe you have been discriminated against, write immediately to: Administrator, Food and Nutrition Service, 3101 Park Center Drive, Alexandria, VA 22302.

The money that we receive through this program will help benefit our center and its services. Please, I ask every clients family to take the time to complete this form and return to Bon Homie, Ltd. even if you feel you don't qualify. **We receive reimbursement for every client we serve lunch to, which in turn helps us to minimize costs past on to you.** Please call me with any questions or concerns that you may have.

Sincerely, Ann Short

# Child and Adult Care Food Program Child Enrollment Form

**Enrollment Date:** \_\_\_\_\_

<b>Child</b> _____ Address _____ Birth date _____	<b>Parent/Guardian</b> _____ Address _____ Telephone (home) _____ (work) _____
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<b>Sponsoring Organization</b> _____ Address _____	<b>Center/Home</b> _____ Address _____
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**Normal Hours of Care (write in times)\***

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____
End: _____	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____

\* If more than 8 hours of care per day, please attach an explanation to this form.

**Daily Expected Meal Service Participation (please check box)**

Breakfast	AM Snack	Lunch	PM Snack	Supper	Eve Snack

Is this child of school age?  Yes  No If yes, will additional meals be provided when school is not in session?  Yes  No If yes, please specify the meal:  Breakfast  Lunch  Snack  Supper

**Parental Contacts:** This child care facility participates in the Child and Adult Care Food Program. In order to receive federal funds, representatives of the sponsoring organization or the State Agency may contact you to verify your child's participation. Please indicate what time and method of contact you prefer:

_____ Day	_____ Evening	_____ Time
_____ Letter	_____ Telephone (home)	_____ Telephone (work)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Parent/Guardian

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Center Administrator/Home Provider

*"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. (Not all prohibited bases apply to all programs)."*  
*"To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."*

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**For Sponsor Use Only**

Child withdrew on \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING  
THE CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM**

**Follow these instructions, if your household gets FOOD STAMPS, TANF, FDPIR, SSI or Medicaid:**

**Part 1:** For family day care home and child care center, list participant's name and a Food Stamp, TANF or FDPIR case number. For adult day care, list participant's name and a Food Stamp, TANF, FDPIR, SSI or Medicaid case number.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Sign the form. A Social Security Number is not necessary.

**Part 5:** Answer this question if you choose to.

**If you are applying on behalf of a FOSTER CHILD, use a separate application for each foster child and follow these instructions:**

**Part 1:** Enter the child's name.

**Part 2:** Please contact us at **[Phone Number]**.

**Part 3:** Skip this part.

**Part 4:** Sign the form. A Social Security Number is not necessary.

**Part 5:** Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List each participant's name.

**Part 2:** Skip this part.

**Part 3:** Follow these instructions to report total household income from last month.

**Column A—Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B—Gross income last month and how often it was received.** Next to each person's name, list each type of income received last month, and how often it was received. In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Column C—Check if no income:** If the person does not have any income, check the box.

**Part 4:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 5:** Answer this question if you choose to.

**Privacy Act Statement:** This explains how we will use the information you give us.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

**Part 1. Children or adults enrolled to receive day care. (Use a separate application for each foster child)**

<b>Names</b> (First, Middle Initial, Last)	Food Stamp, TANF or FDIPIR case # for <u>children only</u> . All the above or SSI or Medicaid case # for <u>adults only</u> . <b>Skip to Part 4 if you listed a case #.</b>

**Part 2. Foster Child:** In certain cases, foster children are eligible for free and reduced-price meals regardless of household income. If foster children live with you, please contact **[name]** and **[phone number]**. Skip to Part 4.

**Part 3. Total Household Gross Income—You must tell us how much and how often**

A. Name (List <b>everyone</b> in household, including children)	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
<i>(Example)</i> Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

**Part 4. Signature and Social Security Number (Adult must sign)**

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)  
*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: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  I do not have a Social Security Number

**Part 5. Participant's ethnic and racial identities (optional)**

Mark one ethnic identity:	Mark one or more racial identities:
<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

**Don't fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Tier I \_\_\_ Tier II \_\_\_

Reason: \_\_\_\_\_

Temporary: Free \_\_\_ Reduced \_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM**

**The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.**

Household size	Yearly
1	\$20,036
2	\$26,955
3	\$33,874
4	\$40,793
5	\$47,712
6	\$54,631
7	\$61,550
8	\$68,469
Each additional person:	+\$6,919

**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 your child for free or reduced price meals. You must include 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 Food Stamp, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child 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 your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**Non-discrimination Statement:** 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 to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.