



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

The SS Noah

Part 1. All Household Members

Name of Enrolled Child(ren): _____

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<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"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. If no one receives these benefits, skip to part 3.
 NAME: _____ ELIGIBILITY NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: _____ ELIGIBILITY NUMBER: _____
 Check here if no eligibility number

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income) <i>(Example)</i> Jane Smith	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$200/bi-monthly
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)
 An adult household member must sign this form. If Part 4 is completed, 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 Privacy Act Statement on the next 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: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ I do not have a Social Security Number

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Center:

Enrollment

Child First Name	Child Last Name	Date of Birth	Hour In	Hour Out	Days In Care	Meals Attending
					MON <input type="checkbox"/> TUE <input type="checkbox"/>	breakfast <input type="checkbox"/> am snack <input type="checkbox"/>
					WED <input type="checkbox"/> THR <input type="checkbox"/>	lunch <input type="checkbox"/> pm snack <input type="checkbox"/>
Please Circle (optional): White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Amer Indian <input type="checkbox"/>			AM <input type="checkbox"/>	AM <input type="checkbox"/>	FRI <input type="checkbox"/> SAT <input type="checkbox"/>	supper <input type="checkbox"/> ev snack <input type="checkbox"/>
Alaska Native <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/>			PM <input type="checkbox"/>	PM <input type="checkbox"/>	SUN <input type="checkbox"/>	
Parent First Name:		Parent Last Name:		Date of Enrollment:		Date Dropped:
Address _____						
City, State, Zip _____						
Home Phone _____			Work _____			
Email _____						
<p>THIS SECTION MUST BE COMPLETED IF YOUR CHILD IS UNDER 12 MONTHS OLD: THIS CENTER SUPPLIES THE IRON FORTIFIED INFANT FORMULA: _____</p> <p style="text-align: center;">Under the policies of the USDA CACFP, the childcare center is required to supply the iron-fortified infant formula of the center's choice. Please select your preferences below:</p>						
<input type="checkbox"/> The center will supply formula		<input type="checkbox"/> I Will bring the Breastmilk		I will bring the Iron fortified infant formula listed here: _____ (if this formula is low-iron or non iron fortified a medical statement is necessary.)		
Date of change:		New instructions: example: <i>change formula to Iron fortified Similac</i>				
Center must update this information as the situation changes, such as a change in the infant's formula. Update in the space provided above.						
When your child is developmentally ready, the center is required to supply solid foods such as iron-fortified infant cereal, fruits, vegetables, meat/meat alternates as they become developmentally ready to accept according to the Infant Meal Pattern. Please select your food preference:						
<input type="checkbox"/> The center will supply solid foods		<input type="checkbox"/> I will bring solid foods my child is developmentally ready to accept				

Dear Parent, Because your day care provider cares about good nutrition, they have chosen the benefits of the Child and Adult Care Food Program. This program is sponsored by Nutriservice, Inc. 972-203-9490. Under the regulations of the CACFP, your provider may not charge you separate fees for meals, nor may you be asked to provide food for your child for those meals claimed under the program. 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 and Compliance, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (866) 632-9992 (toll free), (202) 260-1026, or (202) 401-0216 (TDD). USDA is an equal opportunity provider and employer.

Signature X	Date of Signature
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