

Institution Name: Park Road Baptist Church

Agreement Number: 7021

Facility/Provider Name: Park Road CDC

### Child and Adult Care Food Program (CACFP) Participant Enrollment Form

Dear Parent/Guardian,

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The enrolled participant will receive nutritious meals and snacks at no cost to you. CACFP needs verification of enrollment for each participant in this facility. Please fill out the parent/guardian section of this form, sign it and return it to the above facility/provider. Provide information for one participant per section. (In order for the institution to receive reimbursement for meals served/claimed, this form must be completed for each enrolled participant annually.)

Parent/Guardian:

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex:  Male  Female Date participant enrolled in facility: \_\_\_\_\_

Food Allergies:  Yes  No If "yes", specify: \_\_\_\_\_

(If the participant cannot be served the CACFP Meal Pattern, a statement from participant's Health Care Provider must be provided.)

Check Days of Normal Care at facility:  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Check Meals normally eaten at facility:  Breakfast  AM Snack  Lunch  PM Snack  Supper  Evening Snack

Please list the normal times of arrival and departure (check am or pm): Arrive: \_\_\_\_\_  am  pm. Depart: \_\_\_\_\_  am  pm

**If participant is an infant (0-11 months), please complete this box. Check all applicable choice(s) below:**

This institution/facility offers \_\_\_\_\_ formula for infants through the CACFP. It is your choice (To be completed by facility/provider) whether or not to use this formula based on your infant's needs. Baby foods provided by the institution/facility must be in compliance with the infant meal pattern as required by 7CFR 226.20.

- I will use the formula offered by this facility. I give permission for the formula to be mixed and/or bottles to be prepared for my infant by this facility's staff.
- I will not use the formula offered by this facility.  
If not, which formula will you send for your infant? \_\_\_\_\_  
If the formula you provide is a special formula, a medical statement must be submitted.
- I will provide breastmilk for my infant.
- My infant is four (4) months old or older and is developmentally ready for baby foods. I want the institution/facility to provide the following baby food(s) for my infant, which is/are allowed under 7CFR 226.20 (b)(2)(3)(4). \_\_\_\_\_

*Note to parents who are getting formula through the WIC Program: Your baby is eligible to get formula from this child care institution/facility as well as from the WIC Program. It is your decision which formula you want your baby to use when she/he is at child care. If you find you are getting more formula than your baby needs, you may wish to talk with your WIC nutritionist or your child care provider.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: ( ) \_\_\_\_\_

Work Telephone Number: ( ) \_\_\_\_\_ Check Work Shift:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  Other (Specify) \_\_\_\_\_

**For Facility/Provider Use Only:**

Signature of Facility Representative/Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Date the participant withdrew: \_\_\_\_\_

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 Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**PARENT GUARDIAN/HOUSEHOLD LETTER FOR NON-PRICING INSTITUTIONS  
CHILD AND ADULT CARE FOOD PROGRAM**

Dear Parent or Guardian,

Please help us comply with the federal requirement mandating the annual submission of Program Eligibility Application (CAC 11). This application will be used only for eligibility determination, placed in our files and treated as confidential information. In order for participants and the day care center to be considered eligible for program benefits, an adult household member must complete the Program Eligibility Application for each participant enrolled in the center as soon as possible, sign, date and return it to the day care center. Completion of the application is not mandatory unless you wish to be considered for eligibility as a free or reduced price participant.

If you currently receive food stamps, Temporary Aid to Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR), you are not required to list household income. You may give your food stamp, TANF or FDPIR case number, sign, date and return the application. If a child is a member of a food stamp or FDPIR household or is a TANF recipient, the child is automatically eligible to receive free Program meal benefits, subject to completion of the application.

You should also note that if you have a foster child the day care center may be eligible for program benefits for the foster child regardless of the income of your household. Please contact the institution for further instructions.

You should list the name of everyone who lives in your household, including all children, parents, grandparents and other relatives. The Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e. sharing living expenses).

The income which you report must be the total gross income, before deductions, received by all members of your household last month (i.e. wages, welfare or retirement etc). Military benefits received in cash, such as housing allowance for military households living off base and food or clothing allowance, must be considered as income. If you have a household member for whom last month's income was higher or lower than usual, list that person's expected average monthly income. Households with incomes less than or equal to the levels in the chart below, are eligible for free or reduced price meals.

**EFFECTIVE JULY 1, 2009 - JUNE 30, 2010  
REDUCED GUIDELINES**

<b>HOUSEHOLD SIZE</b>	<b>YEARLY</b>	<b>MONTHLY</b>	<b>TWICE PER MONTH</b>	<b>EVERY TWO WEEKS</b>	<b>WEEKLY</b>
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
<b>For each Household member add:</b>	<b>+6,919</b>	<b>+577</b>	<b>+289</b>	<b>+267</b>	<b>+134</b>

You may submit a program eligibility application any time during the fiscal year. Participants having family members who become unemployed are eligible for free or reduced-price meals during the period of unemployment, provided that the loss of income causes the family's income during the period of unemployment to be within the eligibility standards for those meals.

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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

## CACFP ELIGIBILITY APPLICATION INSTRUCTIONS

Please complete the Child and Adult Care Food Program Eligibility Applications using the instructions below. Sign the statement and return it to your child care center.

### **PART 1-PARTICIPANT'S INFORMATION: Complete this part.**

Print the name(s) of the child enrolled in the center.

### **PART 2-HOUSEHOLD GETTING FOOD STAMPS, TANF, OR FDPIR BENEFITS: Complete this PART and PART 6.**

- (1) List your current food stamp, TANF, or FDPIR case identification number.
- (2) An adult household member must sign the statement in PART 6.

### **PART 3-FOSTER CHILD**

- (1) Indicate if child is a Foster Child. A separate application must be completed for each foster child.
- (2) If yes, do not complete PART 4.
- (3) An Adult household Member must sign the statement in PART 6.

### **PART 4- HOUSEHOLD INCOME: Complete this PART and PART 6**

- (1) List the names of household members.
- (2) Write the amount of income (the amount before taxes or anything else is taken out), the frequency of income (i.e. weekly, every two weeks, twice a month, or monthly) received last month for each household member and where it came from, such as earnings, welfare, pensions and other income (refer to examples below for types of income to report). If any amount last month was less than usual, write the person's usual income.
- (3) An adult household member must sign this income eligibility statement and give his/her social security number in PART 6.

### **PART 5-RACIAL/ETHNIC IDENTITY: Complete the Ethnic/Racial identity question.**

### **PART 6-SIGNATURE AND SOCIAL SECURITY NUMBER: All households complete this PART.**

- (1) All eligibility statements must have this signature of an adult household member;
- (2) The adult household member who signs the statement must include his/her full social security number. If he/she does not have a social security number, write "none". If you listed a food stamp, TANF, or FDIR number a social security number is not needed.

### **INCOME TO REPORT**

#### Earnings from Employment

Wage/salaries/tips  
Strike benefits

Unemployment compensation  
Worker's compensation  
Net income from self-owned  
business or farm

#### Welfare/Child Support/Alimony

Public assistance payments  
Welfare payments  
Alimony/Child support payments

#### Foster Child's Income

ONLY funds from welfare agency identified by category for personal use of child (clothing, school fees, etc.), funds from child's family for personal use and earnings from other than occasional or part-time employment. DO NOT COUNT funds from welfare agency for shelter, care, etc.

#### Pensions/Retirement/Social Security

Pensions  
Supplemental security income  
Retirement income  
Veteran's payments  
Social security

#### Military Households

All cash income, including military housing/uniform allowances. Does not include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.)

#### Other Income

Disability benefits  
Cash withdrawn from savings  
Interest/dividends  
Income from estates/trusts/  
investments

Regular contributions from  
persons not living in the  
household  
Net royalties/annuities/  
net rental income  
Any other income

All programs of the United States Department of Agriculture are available to everyone with out regard to race, color, sex, national origin, age or disability.

North Carolina  
 Department of Health and Human Services  
 Women's and Children's Health  
**CHILD AND ADULT CARE FOOD PROGRAM**  
**CHILD ELIGIBILITY APPLICATION**

1. PRINT THE PARTICIPANT'S NAME AND DATE OF BIRTH: \_\_\_\_\_ NAME OF INSTITUTION: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

AGREEMENT NUMBER: \_\_\_\_\_

2. FOOD STAMP, TANF or FDPIR : If the household currently receives FOOD STAMP, TANF or FDPIR benefits give the case number. Yes, we receive food stamps, TANF or FDPIR benefits. Case number is: Food Stamp # \_\_\_\_\_  
 TANF # \_\_\_\_\_ FDPIR # \_\_\_\_\_

If yes, and you have provided the case number, **DO NOT complete #3 and #4. Complete #5(voluntary) and #6.** If a child is a member of a food stamp or FDPIR household or TANF assistance unit, the child is automatically eligible to receive free Program meal benefits, subject to the completion of the application.

3. IS THIS A FOSTER CHILD?  Yes  No. If yes, give the child's income \$ \_\_\_\_\_ and **DO NOT complete #4. Complete #5.** A separate application must be completed for each foster child. In certain cases, foster children are eligible for free and reduced-price meals regardless of household income.

4. HOUSEHOLD MEMBERS MONTHLY INCOME: List all others living in your household, **DO NOT** include participant listed above. List all gross income (before deductions) received last month. If you did not give a food stamp, TANF or FDPIR case number or if this is not a foster child, you must complete the income information.

Names of all Other Household Members	Monthly Wages Salaries	Monthly Social Security Earnings	Monthly Public Assistance/ Child Support Earnings	Monthly Retirement Pensions Earnings	Monthly Other Earnings
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

5. ETHNIC IDENTITY: (Please check one).  
 Hispanic or Latino  Not Hispanic or Latino

RACE OF PARTICIPANT: (Please check one or more).  
 White  Black or African American  American Indian or Alaskan Native  
 Asian  Native Hawaiian or Other Pacific Islander

6. SIGNATURE AND SOCIAL SECURITY NUMBER: 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 Program officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal laws.

Signature of Adult Household Member (Required) \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number (Required (all 9 digits) for households qualifying by income) \_\_\_\_\_

Printed Name \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

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. If a child is a Head Start participant, the child is automatically eligible to receive free Program meal benefits, subject to submission by Head Start officials of a Head Start statement of income eligibility or income eligibility documentation.

**For Institution To be classified and completed by institution/sponsor**

TOTAL HOUSEHOLD SIZE \_\_\_\_\_ TOTAL HOUSEHOLD MONTHLY INCOME \$ \_\_\_\_\_

Approved:  Free  Reduced  Denied

Reason for denial:  Income too high  Incomplete application  Other

Withdrawn on (Date): \_\_\_\_\_

**For state use only:**  
 Verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Verified classification:  Free  Reduced  Denied  
 Reason for change in classification: \_\_\_\_\_

Signature of Eligibility Official \_\_\_\_\_

Date \_\_\_\_\_