

ENROLLMENT & INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS
JULY 1, 2009 THROUGH JUNE 30, 2010

Part 1. CHILD ENROLLMENT: Complete the information below for all children in care.

Last Name, First Name	Date of Birth	Times of Care		Regular Days of Care								Meals Served During Care						Ethnicity/Race*	
		Arrival Time	Leave Time	M	T	W	T	F	S	S	Br	AM Sn	Lu	PM Sn	D	Ev Sn	Ethnicity	Race	

*Ethnicity (select one): H=Hispanic or Latino or N=Not Hispanic or Latino

*Race (select one or more): W=White, B=Black or African American, I=American Indian or Alaskan Native, A=Asian, or P=Native Hawaiian or other Pacific Islander

Part 2. FOSTER CHILD (complete a separate application for each foster child): **Complete Parts 1, 2 and 4.**

If this is a foster child, check this box Child's personal income \$ _____ (write "0" if no income)

Part 3A. HOUSEHOLDS RECEIVING BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (formerly food stamps), **TEMPORARY ASSISTANCE FOR FAMILIES (TAF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR): Complete Parts 1, 3A and 4.**

Food Assistance Program/TAF Case Number _____ FDPIR Number _____

Part 3B. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES: Complete Parts 1, 3B and 4.

If your family income exceeds the income guidelines (listed on reverse side), check this box

Part 3C. ALL OTHER HOUSEHOLDS – If you do not have a Food Assistance Program, TAF or FDPIR case number, complete Parts 1, 3C and 4.

List the Names of All Household Members not listed in Part 1	GROSS INCOME BEFORE ANY DEDUCTIONS										Check if ZERO income
	Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income				
	How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?			
1											<input type="checkbox"/>
2											<input type="checkbox"/>
3											<input type="checkbox"/>
4											<input type="checkbox"/>
5											<input type="checkbox"/>
6											<input type="checkbox"/>

Social Security Number of Household Member who signs form:

Social Security Number: _____ - _____ - _____ If you do not have a Social Security Number, check this box

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 Assistance Program, Temporary Assistants for Families (TAF) or Food Distribution Program on Indian Reservation (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 CACFP.

Part 4. SIGNATURE AND CONTACT INFORMATION:

I certify that all information on this form is true and that all income is reported. I understand that the facility will receive 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 their meal benefits, and I may be prosecuted.

Signature of Parent or Guardian _____ Date _____

Print Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Telephone _____

Employer(s) _____

For Center Use Only

_____ FOOD ASSISTANCE PROGRAM/TAF/FDPIR HOUSEHOLD

_____ HOUSEHOLD INCOME: Household Size: _____

Total annual household income: _____

Signature of Sponsor's Official: _____ Date: _____

CATEGORY:	<input type="checkbox"/> Free
	<input type="checkbox"/> Reduced Price
	<input type="checkbox"/> Paid
Temporary Determination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Re-determined as temporary on	_____ (dates)

(add center name and/or letterhead here)

Dear Parent or Guardian:

Our center has been approved for participation in the Child and Adult Care Food Program (CACFP). The CACFP reimburses the center for the partial cost of meals. Participation in the CACFP enables us to keep our fees lower as well as serve nutritious meals to children in our program.

To determine the amount of CACFP funds the center will be eligible to receive, the parent/guardian must complete Parts 1 and 4 and one of the following options: Part 2, Part 3A, Part 3B or Part 3C. This form will be placed in our files and treated as confidential information.

Part 1 FOR CHILD ENROLLMENT:

- **CHILD'S NAME:** List the first and last name of all children enrolled at this center.
- **DATE OF BIRTH:** List each child(s) date of birth.
- **TIMES OF CARE, DAYS OF CARE and MEALS SERVED:** List the regular times of care for each child by listing their arrival time and leave time, check each day the child will be in care and check each meal type received while in care.
- **ETHNICITY/RACE:** Using the codes provided, enter the codes for ethnicity and race.

Part 2 FOR A FOSTER CHILD:

- Complete Parts 1, 2 and 4 on the reverse side.
- Write the child's personal monthly income. Write "0" if the child has no income. Personal income is (a) money given for the child's personal use, such as clothing, school fees and allowances and (b) all other money the child gets, such as money from his/her family.

Part 3A FOR A HOUSEHOLD RECEIVING BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (formerly food stamps), TEMPORARY ASSISTANCE FOR FAMILIES (TAF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR):

- Complete Parts 1, 3A and 4 on the reverse side.

Part 3B FOR A HOUSEHOLD EXCEEDING THE INCOME GUIDELINES LISTED BELOW:

- Complete Parts 1, 3B and 4 on the reverse side.

TO CALCULATE ANNUAL INCOME

Weekly Income X 52 • Every 2 Weeks Income X 26 • Twice a Month Income X 24 • Monthly Income X 12

Household Size:	1	2	3	4	5	6	7	Each Additional Family Member
Annual Income:	\$20,036	\$26,955	\$33,874	\$40,793	\$47,712	\$54,631	\$61,550	+ \$6,919

Part 3C FOR ALL OTHER HOUSEHOLDS:

- Complete Parts 1, 3C and 4 on the reverse side using the additional information below.
- **HOUSEHOLD NAMES:** Write the names of everyone in your household not listed in Part 1. Include yourself and all other children, your spouse, grandparents, other relatives and unrelated people in your household. Use a separate sheet of paper if you do not have enough space.
- **GROSS INCOME BEFORE DEDUCTIONS:** Write the amount of income each person gets on the same line as their name. Use the appropriate column(s) such as Earnings, Welfare, Pensions or Other. Next to the amount of income write how often the income was received. Income is all money before taxes or anything else is taken out. If a person does not have income, check the box for zero income.
- **SOCIAL SECURITY NUMBER:** Write social security number of the adult household member who signs the forms. If the adult household member does not have a social security number, check the box. Use of this information is for CACFP use only and is required.

INCOME TO REPORT:

Earnings from Work
Wages/salaries/tips
Net income from self-owned business or farm

Welfare/Child Support/Alimony
Public assistance payments
Welfare payments
Alimony/child support payments

Pensions/Retirement/Soc. Sec.
Pensions/retirement income
Social Security
Veteran payments
Supplemental Social Security Income

Temporary Income
Strike benefits
Unemployment compensation
Worker's Compensation

Other Income
Disability benefits
Interest/dividends
Cash withdrawn from savings
Income from estates/trusts/investments
Royalties/annuities/rental income
Regular contributions from persons not living in the household

Income from Self-Employment - Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income. Report income derived from the business venture, less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income.

Additional income from other kinds of employment must be treated as separate and apart from the income generated from your business venture. For example, if you operated a business at a net loss but held additional employment for which a salary was received, the income for purposes of this application would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment. For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income).

The necessary and appropriate information for arriving at allowable income may be taken from your most recent U.S. Individual Tax Return – Form 1040.

Part 4 SIGNATURE AND CONTACT INFORMATION:

- Sign and date the application. The form must be signed by the parent or guardian.
- Complete the contact information – name, telephone number, address, and employer information.

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, D.C. 20250-9410, or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer. The Kansas State Department of Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: KSDE General Counsel, 120 SE 10th Ave, Topeka, KS, 66612 785-296-3201.