



Child + Adult Care Food Program

Center Name: Starting Point

Phone No: (254) 770-1774

Dear Parent/Guardian:

Our center participates in the *Child & Adult Care Food Program (CACFP)* under the guidance of the **Texas Department of Agriculture**. The CACFP helps to ensure that your children are served healthy meals and provides our center assistance with food costs that helps us keep your child's tuition more affordable.

Please help us comply with the requirements of the CACFP by completing & returning the attached forms:

1. CACFP Meal Benefit Income Eligibility Form – which determines the level of benefits allowed for each meal served to your child
2. Food Program Enrollment Form – which records basic enrollment information.

We have included the sample below to assist you in proper completion of the form.

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

SAMPLE

Part 1. All Household Members

Name of Enrolled Child(ren): Emma, Maggie, Millie, Dottie

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
<u>Emma Belle Doe</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Maggie Wren Doe</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Millie Jane Smith</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Dottie Lane Smith</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Mary C. Doe</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Charles R. Doe</u>	<input type="checkbox"/>	<input type="checkbox"/>

List the appropriate household members for both sections

Be sure to mark these boxes (if applicable)

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 3.
 NAME: _____ CASE 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 Programs (H1660), provide the name of the program and case number: _____
 NAME: _____ CASE NUMBER: _____
 Check here if no case number Name & Food stamp or TANF # _____

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

A. Name (List only household members with income) <small>(Examples)</small>	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
<u>Jane Smith</u>	<u>\$200/weekly</u>	<u>\$150/twice a month</u>	<u>\$100/monthly</u>	<u>\$200/bi-monthly</u>
<u>Mary C. Doe</u>	<u>\$100/weekly</u>	<u>\$ /</u>	<u>\$ /</u>	<u>\$ /</u>
<u>Charles R. Doe</u>	<u>\$200/biweekly</u>	<u>\$ /</u>	<u>\$ /</u>	<u>\$ /</u>
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

List only household members with income, the amount, & how often it's received

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: Mary Doe Print name: Mary C. Doe

Date: 07/13/11

Address: 436 Woltstein Phone Number: 281-496-3122

City: Houston State: TX Zip Code: 77056

Be sure to complete

Last four digits of Social Security Number: •••• 7632 I do not have a Social Security Number





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F. A. Q.

1. Do I need to fill out a form for each of my children in day care? No. You only need to complete one form that will include all children in your household enrolled at our center.

2. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children are not required to be U.S. citizens nor have a social security number to qualify for meal benefits offered at our child care center.

3. Who should I include as members of my household?

- Everyone in your household (grandparents, other relatives, or friends who live with you) who shares income and expenses
- Yourself and all children who live with you
- Foster children who live with you.

4. What if I have foster children? Foster children are eligible for free meals, regardless of income, and payments received for the foster child are not required to be recorded as income. You should note on the application that the child is in foster care.

5. How do I report income information? Report total gross income each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income.

6. What if my income is not always the same? List the total gross amount that you and other members of your household normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, list that you get \$1000 per month.

7. Can my children get free meals without me providing income information? Yes. You do not need to disclose income information if the children in your household receive any of the following:

- Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps)
- Temporary Assistance for Needy Families (TANF)
- Food Distribution Program on Indian Reservations (FDPIR)
- Foster children (reference question #4 for more information on foster children)

If your children receive any of the above, they are eligible for free meals without income information being provided.

8. We are in the military; do we include our housing and supplemental allowances as income? The following should not be included:

- Housing as part of the Military Housing Privatization Initiative
- Family Subsistence Supplemental Allowance
- Combat Pay, including Deployment Extension Incentive Pay (DEIP)

Should a household member be a deployed service member, only include as income that portion of his/her income made available to the household by them or on their behalf. All other allowances must be included in your gross income.

9. When do I have to complete a new form? Forms are valid for 12 months. You will be asked to complete a new form once a year to maintain your child's eligibility benefits. If within that year a significant change has occurred in income or household size, including a job loss or a new baby or household member, please submit a new form.





CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

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"/>
	<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 case number for the person who receives benefits. If no one receives these benefits, skip to part 3.

NAME: _____ CASE 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 case number: NAME: _____ CASE NUMBER: _____

Check here if no case 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



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

Mark one or more racial identities:

- Asian
 White
 Black or African American
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander

Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- I do elect to allow my household information to be disclosed.
 I do not elect to allow my household information to be disclosed.

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: _____

Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-up Official's Signature: _____ Date: _____

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 apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant 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 the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "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, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."



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Food Program Enrollment Form

Our center participates in the *Child & Adult Care Food Program (CACFP)* under the guidance of the Texas Department of Agriculture. The CACFP helps to ensure that your children are served healthy meals and provides our center assistance with food costs that helps us keep your child's tuition more affordable.

Please complete each section, sign/date at the bottom, and return to our center as soon as possible.

Child (1)	Child's Full Name / <i>Nombre y Apellido del Niño</i>		Child's Date of Birth / <i>Fecha de Nacimiento</i>	Enrollment Date / <i>Fecha de Matriculación</i>	
	Times In Care / <i>Las Horas en Cuidado</i>		Check the days your child normally attends / <i>Los días su niño asiste normalmente</i>		
	START TIME:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> SUN	<input type="checkbox"/> THUR <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	Check the meals your child normally receives while in care / <i>Las comidas su niño recibe normalmente mientras en el cuidado</i>
	END TIME:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> BREAKFAST <input type="checkbox"/> AM SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> PM SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EV SNACK		
For Office Use Only / <i>SOLO PARA EL USO DE LA AGENCIA</i>			Withdrawal Date:		
Child (2)	Child's Full Name / <i>Nombre y Apellido del Niño</i>		Child's Date of Birth / <i>Fecha de Nacimiento</i>	Enrollment Date / <i>Fecha de Matriculación</i>	
	Times In Care / <i>Las Horas en Cuidado</i>		Check the days your child normally attends / <i>Los días su niño asiste normalmente</i>		
	START TIME:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> SUN	<input type="checkbox"/> THUR <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	Check the meals your child normally receives while in care / <i>Las comidas su niño recibe normalmente mientras en el cuidado</i>
	END TIME:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> BREAKFAST <input type="checkbox"/> AM SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> PM SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EV SNACK		
For Office Use Only / <i>SOLO PARA EL USO DE LA AGENCIA</i>			Withdrawal Date:		
Signature—Parent or Guardian / <i>La firma de Padre o Guardián</i>			Date of Signature / <i>La fecha de Firma</i>		
Parent/Guardian Phone No. / <i>Número de teléfono</i>			Parent/Guardian Email Address / <i>Dirección electrónico</i>		



