

Facility/Provider Name:

USDA Child and Adult Care Food Program (CACFP) Meal Benefit/Income Eligibility and Center Enrollment Form

Dear Parent or Guardian:

This form is in addition to the Facilities' enrollment form, and documents information required in the Federal Regulations for Child Nutrition Programs.

By completing and signing this form you certify that your child or children are enrolled for care at this facility.

This form must be updated annually.

Original Enrollment

Renewing Annual Enrollment

1 Enrolled child or children - Please print each child enrolled below

Make any corrections in colored ink

Table with columns: Child First and Last Name, Birthday, Age, Sex, Normal Days in Care, Normal Hours in Care (Arrive, Depart, Arrive\*, Depart\*), Circle meals normally received while in care, School Child, Infant.

\* School children include school hours.

\*\* Infants- children less than 12 months of age, complete and return an Infant Formula Statement

2 Race (choose all that apply)

American Indian/Alaska Native, Asian, Black or African American, Native Hawaiian/Pacific Islander, White

3 Ethnicity Mark one ethnic identity:

Hispanic, Non Hispanic

4 SNAP, TAFI, or FDPIR

SNAP#, TAFI#, FDPRI#

5 Foster Child

Check box if applying for foster child/children. Skip to part 7

If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school's, Homeless Liaison or Migrant Coordinator.

Homeless, Migrant, Runaway

6 Household Members and Gross income: List all members not listed above.

If you listed SNAP, TAFI, or FDPIR # Skip to part 7

Table for household members with columns: First and Last Name, No Income, Earning from Work Before Deductions, Welfare, Child Support Alimony received, Pensions, Retirement, Social Security, VA Benefits, All other income.

7 Signature and Last four digits of Social Security Number. (Adult must sign and date)

If on SNAP, TAFI or FDPIR, a Social Security number is not required. Just sign and date.

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: Date:

Print Name: Phone Number:

Address: City:

State: Zip Code:

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

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.

DO NOT WRITE IN BOX BELOW - THIS IS FOR OFFICIAL USE ONLY

To be classified and completed by institution/Sponsor:

ANNUAL INCOME CONVERSION: Weekly X 52, Every 2 Weeks X 26, Twice a Month X 24, Monthly X 12

SNAP/TAFI/FDPIR or FOSTER CHILD

Income How often? Annual income

Household Income

X = Household size

Approved for

Free, Reduced, Paid, Over income, Incomplete, Enrollment only

For state use only:

Verified by: Date

Verified classification:

Free, Reduced, Paid

Reason for change in classification:

Eligibility Official Date:

Follow up Official Date:

**USDA Child and Adult Care Food Program (CACFP)  
 Meal Benefit/Income Eligibility and Center Enrollment Form**

Dear Parent or Guardian:

This form is in addition to the Facilities' enrollment form, and documents information required in the Federal Regulations for Child Nutrition Programs. By completing and signing this form you certify that your child or children are enrolled for care at this facility.

This form must be updated annually.

Original Enrollment

Renewing Annual Enrollment

**1 Enrolled child or children - Please print each child enrolled below**

Child First and Last Name	Birthday	Age	Sex	Normal Days In Care	Normal Hours In Care (Include School Hours)				Circle meals normally received while in care			School Child *	Infant **
					Arrive	Depart*	Arrive*	Depart	Breakfast	AM Snack	Lunch		
1 Deanna Jeffres	6/8/2013	3y 9m	Female	Sun (Mon) Tue (Wed) (Thu) (Fri) Sat	8:00AM	4:00PM			Breakfast	AM Snack	Lunch		
2 Tina Kuisti	9/13/2013	3Y 6M	Female	Sun (Mon) Tue (Wed) (Thu) (Fri) Sat	8:00AM	4:00PM			Breakfast	AM Snack	Lunch		
3 BOBBY PIN	4/3/2012	4Y 11M	Male	Sun (Mon) Tue (Wed) (Thu) (Fri) Sat	8:00AM	5:00PM			Breakfast	AM Snack	Lunch		
4				Sun Mon Tue Wed Thu Fri Sat					Breakfast	AM Snack	Lunch		
5				Sun Mon Tue Wed Thu Fri Sat					Breakfast	AM Snack	Lunch		

\* School children include school hours.

\*\* Infants- children less than 12 months of age, complete and return an Infant Formula Statement

**2 Race (choose all that apply)**

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

**3 Ethnicity** Mark one ethnic identity:

Hispanic  Non Hispanic

**4 SNAP, TAFI, or FDPIR**

SNAP# \_\_\_\_\_ TAFI# \_\_\_\_\_ FDPIR# \_\_\_\_\_

**5 Foster Child**

Check box if applying for foster child/children. Skip to part 7

If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school

Homeless Liaison or Migrant Coordinator. Homeless  Migrant  Runaway

**6 Household Members and Gross income: List all members not listed above.**

If you listed a SNAP, TAFI, or FDPIR #, Skip to part 7

List names of everyone in your household except for the children listed above (unless they have income). If household member listed below has no income you must check the NO INCOME box.		Earning from Work Before Deductions Weekly, Every 2 weeks, Twice a month, monthly		Welfare, Child Support Alimony received Weekly, Every 2 weeks, Twice a month, monthly		Pensions, Retirement, Social Security, VA Benefits Weekly, Every 2 weeks, Twice a month, monthly		All other income Weekly, Every 2 weeks, Twice a month, monthly	
First and Last Name	No 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"/>								

**7 Signature and last four digits of Social Security Number. (Adult must sign and date)**

If on Food Stamps, SNAP, TAFI or FDPIR, a Social Security number is not required. Just sign and date.

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: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: Joy Jeffres Phone Number: 664-3094

Address: 201 E Harrison City CDA

State: ID Zip Code: \_\_\_\_\_

Last four digits of Social Security Number:     \*    \*    \*    \*    -    1    2    3    4  I do not have a Social Security Number

**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 Families in Idaho (TAFI) 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.

**DO NOT WRITE IN BOX BELOW - THIS IS FOR OFFICIAL USE ONLY**

To be classified and completed by institution/Sponsor:

**ANNUAL INCOME CONVERSION: Weekly X 52, Every 2 Weeks X 26, Twice a Month X 24, Monthly X 12**

SNAP/TAFI/FDPIR or FOSTER CHILD      Income \_\_\_\_\_ How Often \_\_\_\_\_ Annual Income \_\_\_\_\_  
 Household Income      \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ Household size \_\_\_\_\_

APPROVED FOR:  Free  Reduced  Paid  Over Income  
 Incomplete  
 Enrollment Only

For state use only:  
 Verified by: \_\_\_\_\_ Date \_\_\_\_\_  
 Verified classification  
 Free  Reduced  Paid

Eligibility Official \_\_\_\_\_ Date \_\_\_\_\_  
 Follow up Official \_\_\_\_\_ Date \_\_\_\_\_

Reason for change in classification:



Breakfast		1-2 Yrs	3-5 Yrs	6-12 Yrs	Adults	Total	Total Including Infants		
		Estimated Attendance	25	30	35	0	90	106	
		Actual Attendance							
Component	Food Served/Planned	Rqd Serving Size By Age				Qty Needed Per Est Attendance	Qty Needed Per Actual Attendance	Special Notes	
Brd/Alt	Wheat Bread	13 g	13 g	25 g	50 g	1590 g		TK PG 41 Egg Toad-in-the-Hole	
Veg/Frt/Juice	Kiwi	1/4 c	1/2 c	1/2 c	1/2 c	38 3/4 c			
Milk	1% Milk	1/2 c	3/4 c	1 c	1 c	4.38 gal			
Lunch		1-2 Yrs	3-5 Yrs	6-12 Yrs	Adults	Total	Total Including Infants		
		Estimated Attendance	25	30	12	0	67	87	
		Actual Attendance							
Component	Food Served/Planned	Rqd Serving Size By Age				Qty Needed Per Est Attendance	Qty Needed Per Actual Attendance	Special Notes	
Brd/Alt	Rolls	13 g	13 g	25 g	25 g	1015 g		TK pg 29 Beef Sloppy Joe on Roll	
Veg/Frt/Juice	Green Beans #300 can	1/8 c	1/4 c	3/8 c	1/2 c	15 1/8 c			
Veg/Frt/Juice	Mixed Fruit	.32 #30	.32 #30	.31 #30	.31 #30	21 1/8 #300			
Meat/Alt	Beef Sloppy Joes	1 oz	1 1/2 oz	2 oz	2 oz	5.88 lb			
Milk	1% Milk	1/2 c	3/4 c	1 c	1 c	2.94 gal			
P.M. Snack		1-2 Yrs	3-5 Yrs	6-12 Yrs	Adults	Total	Total Including Infants		
		Estimated Attendance	30	45	45	0	120	143	
		Actual Attendance							
Component	Food Served/Planned	Rqd Serving Size By Age				Qty Needed Per Est Attendance	Qty Needed Per Actual Attendance	Special Notes	
Brd/Alt	Trail Mix (Cheerios / Whole Grai	14 g	14 g	28 g	28 g	2310 g		TK PG 75 Trail Mix	
Veg/Frt/Juice	Tangerines	.26 lb	.26 lb	.39 lb	.39 lb	36.65 lb			
Meat/Alt									
Milk (Choose 2 of 4)									

<b>Breakfast</b>	0-3 Mths	4-7 Mths	8-11 Mths	Total	Total Including Regular	
	Estimated Attendance	1	5	10		16
	Actual Attendance					

Component	Food Served/Planned	Rqd Serv Size By Age			Qty Needed Per Est Attendance	Qty Needed Per Actual Attendance	Special Notes
		0-3	4-7	8-11			
(0-3) Form/Brst Milk	Breast Milk / Iron Fort. Infant Formula	4 floz			4 floz		
(4-7) Form/Brst Milk	Breast Milk / Iron Fort. Infant Formula		4 floz		20 floz		
(4-7) Inf Cer	Infant Rice Cereal						
(4-7) Veg/Frt							
(8-11) Form/Brst Milk	Breast Milk / Iron Fort. Infant Formula			6 floz	60 floz		
(8-11) Inf Cer/Meat/Alt	Infant Barley Cereal			2 tbsp	20 tbsp		
(8-11) Veg/Frt	Gerber Baby-Bananas			1 tbsp	10 tbsp		

<b>Lunch</b>	0-3 Mths	4-7 Mths	8-11 Mths	Total	Total Including Regular	
	Estimated Attendance	5	5	10		20
	Actual Attendance					

Component	Food Served/Planned	Rqd Serv Size By Age			Qty Needed Per Est Attendance	Qty Needed Per Actual Attendance	Special Notes
		0-3	4-7	8-11			
(0-3) Form/Brst Milk	Breast Milk / Iron Fort. Infant Formula	4 floz			20 floz		
(4-7) Form/Brst Milk	Breast Milk / Iron Fort. Infant Formula		4 floz		20 floz		
(4-7) Inf Cer	Infant Rice Cereal						
(4-7) Veg/Frt	Gerber Baby-Green Beans						
(8-11) Form/Brst Milk	Breast Milk / Iron Fort. Infant Formula			6 floz	60 floz		
(8-11) Inf Cer/Meat/Alt	Infant Rice Cereal			2 tbsp	20 tbsp		
(8-11) Veg/Frt	Gerber Baby-Green Beans			1 tbsp	10 tbsp		

<b>P.M. Snack</b>	0-3 Mths	4-7 Mths	8-11 Mths	Total	Total Including Regular	
	Estimated Attendance	5	3	15		23
	Actual Attendance					

Component	Food Served/Planned	Rqd Serv Size By Age			Qty Needed Per Est Attendance	Qty Needed Per Actual Attendance	Special Notes
		0-3	4-7	8-11			
(0-3) Form/Brst Milk	Breast Milk / Iron Fort. Infant Formula	4 floz			20 floz		
(4-7) Form/Brst Milk	Breast Milk / Iron Fort. Infant Formula		4 floz		12 floz		
(8-11) Form/Brst Milk	Breast Milk / Iron Fort. Infant Formula			2 floz	30 floz		
(8-11) Juice							
(8-11) Brd/Alt							

**Weekly Attendance & Meal Count Worksheet**

Center Name

Week Of: 4/3/2017 - 4/7/2017

Sponsor: St Vincent de Paul (4869)

2086643095

(208) 667-0677

CLASSROOM #:			04/03/2017 MONDAY					04/04/2017 TUESDAY					04/05/2017 WEDNESDAY					04/06/2017 THURSDAY					04/07/2017 FRIDAY				
AGE	NBR	CHILD NAME	Att	B	L	P		Att	B	L	P		Att	B	L	P		Att	B	L	P		Att	B	L	P	
1					-		-	-			-		-	-			-		-	-			-		-	-	
2					-		-	-			-		-	-			-		-	-			-		-	-	
3					-		-	-			-		-	-			-		-	-			-		-	-	
4					-		-	-			-		-	-			-		-	-			-		-	-	
5					-		-	-			-		-	-			-		-	-			-		-	-	
6					-		-	-			-		-	-			-		-	-			-		-	-	
7					-		-	-			-		-	-			-		-	-			-		-	-	
8					-		-	-			-		-	-			-		-	-			-		-	-	
9					-		-	-			-		-	-			-		-	-			-		-	-	
10					-		-	-			-		-	-			-		-	-			-		-	-	
11					-		-	-			-		-	-			-		-	-			-		-	-	
12					-		-	-			-		-	-			-		-	-			-		-	-	
13					-		-	-			-		-	-			-		-	-			-		-	-	
14					-		-	-			-		-	-			-		-	-			-		-	-	
15					-		-	-			-		-	-			-		-	-			-		-	-	
16					-		-	-			-		-	-			-		-	-			-		-	-	
17					-		-	-			-		-	-			-		-	-			-		-	-	
18					-		-	-			-		-	-			-		-	-			-		-	-	
19					-		-	-			-		-	-			-		-	-			-		-	-	
20					-		-	-			-		-	-			-		-	-			-		-	-	
21					-		-	-			-		-	-			-		-	-			-		-	-	
22					-		-	-			-		-	-			-		-	-			-		-	-	
Page 1 Totals:																											
* Special Diet																											

CXFORMID1008  
69389

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution under applicable state or federal statutes.

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

## 2016-2017 Idaho Child Care Center Parent/Guardian Letter

### Dear Parent or Guardian:

Our Center offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP and keep your fees low by completing the attached Meal Benefit Income Eligibility and Enrollment Form. Please complete, sign, and return this form today or as soon as possible. **This information will be kept strictly confidential.**

When completing your form, be sure to read the instructions carefully and fill out all required information. In Part 6, you must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. The income you report must be the total gross income listed by source for 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. In Part 7, an adult household member must sign, date and provide the last four digits of their social security number. After submitting the application, if you or someone in your household becomes unemployed please notify us of the change in income so we may update your form.

Children in households receiving Food Stamp, Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance to Families in Idaho (TAFI) are eligible for free meals. Complete the Meal Benefit Income Eligibility form with the following information: Names of the children in household receiving benefits, their case number, the signature of an adult household member, and the date of the signature.

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households wishing to apply for such benefits for foster children should complete Parts 1, 4 and 7 of the form or provide the child care center a letter from the state foster care agency or court certifying the foster child status.

Families applying for benefits that have foster and non-foster children in their household may place the foster children on the family application under Part 6 Household members and income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income.

If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

If your household income is less than or equal to the income levels below, the center receives more reimbursement for the nutritious meals served to your children without additional charge to you.

### Income Eligibility Guidelines Effective Dates July 1, 2016 - June 30, 2017

FEDERAL INCOME CHART			
Effective Dates July 1, 2016 to June 30, 2017			
Household size	Yearly	Monthly	Weekly
1	21,978	1,832	423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,951	5,663	1,307
8	75,647	6,304	1,455
Each Additional Person	7,696	642	148

This institution is an equal opportunity provider.