# CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

**APPLY ONLINE:** 

Insert URL Here

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State

Zip

Phone/Email

City

Sourc	e of Income for Children
Sources of Child Income	Examples
Earnings from work	A child has a regular full or part-time job where they earn     a salary or wages
Social Security - Disability Payments - Survivors Benefits	<ul> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>
Income from person outside of household	A friend or extended family member reguarly gives     a child spending money
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust

	Source of Income for Adults	
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income
<ul> <li>Salary, wages, cash bonuses</li> <li>Net income from self-employment (farm or business)</li> </ul>	Unemployment benefits     Workers compensation     Supplemental Security Income (SSI)	<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> </ul>
<ul> <li>If you are in the U.S. Military:</li> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<ul> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans benefits</li> <li>Strike benefits</li> </ul>	<ul> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

### **OPTIONAL** Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino					
Race (check one or more): American Indian or Alaskan Native Asian B	Black or Afri	can American 🗌 Native Hawaiian or Other Pacil	fic Islander	White	
The <b>Richard B. Russell National School Lunch Act</b> requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of 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 or other FDPIR identifier for your child 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 the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.	employees disability, a require alt Agency (St Federal Re <b>To file a pr</b> gov/compl	nce with Federal civil rights law and U.S. Department of s, and institutions participating in or administering USDA age, or reprisal or retaliation for prior civil rights activity ernative means of communication for program informal ate or local) where they applied for benefits. Individuals lay Service at (800) 877-8339. Additionally, program inf rogram complaint of discrimination, complete the USDA aint_filing_cust.html, and at any USDA office, or write a equest a copy of the complaint form, call (866) 632-9992 U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410	A programs a y in any prog tion (e.g. Bra s who are de formation ma A Program D letter addre 2. Submit you FAX: EMAIL:	are prohibited from discriminating based gram or activity conducted or funded by US aille, large print, audiotape, American Sign af, hard of hearing or have speech disabil ay be made available in languages other t discrimination Complaint Form, (AD-3027) assed to USDA and provide in the letter all	on race, color, national origin, sex, SDA. Persons with disabilities who Language, etc.), should contact the ities may contact USDA through the han English. found online at: http://www.ascr.usda.

## DO NOT FILL OUT 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	How often?	Household size	Categorial Eligibility 📃	Eligibili Free Reduced		
Determining Official's Signature	Date	Confirming Official's Signature		Date	Follow-up Official's Signature	Date

# Sponsor/Center Name:Greater Philadelphia YMCA - \_ Agreement #:317-46-253-6

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

**PARENTS:** This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas to include signing and dating same
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				TIMES C	HILD NORM	VALLY AT	TENDS DURING	WEEK		1	
FULL NAME OF ENROLLED CHILD	DAYS OF WEEK IN		TIM	E-IN		TIME	OUT	TIME CHIL	D ATTENDS		
(Include Birth Date/Age	ATTENDANCE							SCH	OOL		MEALS RECEIVED
(include Birth Date/Age	ATTENDANCE	AM	PM	TIME	AM	PM	TIME	LEAVES	RETURNS		
								CENTER	TO CENTER		
FIRST CHILD	MONDAY										
	TUESDAY										
NAME	WEDNESDAY	☐ Yes	No	I work multiple	e shifts and	l child(rer	) may be in care	different days/h	ours		BREAKFAST
	THURSDAY	Other:									A.M. SNACK
BIRTH DATE	FRIDAY										LUNCH
	SATURDAY										P.M. SNACK
AGE	SUNDAY										SUPPER
		Enroll	ment D	Date:			Withdrawal	Date:			EVENING SNACK
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SECOND CHILD	Same as Above										Same Meals as Above
NAME		☐ Yes		Lwork multiple	chifte and	l child(ror	) may be in care	different days/h			BREAKFAST
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								CENTER	TO CENTER		
THIRD CHILD	Same as Above										Same Meals as Above
	MONDAY										
NAME	TUESDAY	Yes	🗌 No	I work multiple	e shifts and	l child(rer	) may be in care	different days/h	ours		BREAKFAST
	WEDNESDAY	Other:									A.M. SNACK
BIRTH DATE	THURSDAY										LUNCH
	FRIDAY										P.M. SNACK
AGE	SATURDAY										SUPPER
	SUNDAY	Enroll	ment D	Date:			Withdrawa	Date:			EVENING SNACK

#### Signature

Signature of Pare nt or Guardian

Telephone Number of Parent or Guardian

	CHILD CARE REPRESENTATIVE USE ONLY:	
I	Name of Representative/Signature	Date
	The effective date can be made retroactive back to the first day the child participates in the CACFP as long as	it occurs in the same month this form is received.

Date

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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at: <u>http://www.ascr.usda.gov/complaint\_filing\_cust.html</u>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.