VIRGINIA CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

1 All Household Members

	NAMES OF ALL HOUSEHOLD MEMBERS [Adults and Children] First, Middle Initial, Last	Check if NO income	Ages of children at center	2 FOSTER CHILD Skip to Part 6 if all are foster children.	3 SNAP, TANF or FDPIR CASE # Skip to Part 6 if you list a SNAP, TANF or FDPIR case number. MUST BE SEVEN (7) DIGITS
1.		☐		☐	
2.		☐		☐	
3.		☐		☐	
4.		☐		☐	
5.		☐		☐	
6.		☐		☐	

4 Homeless, Migrant, or Runaway

☐ Homeless ☐ Migrant ☐ Runaway

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

5 Total Household Gross Income (before deductions). You must tell us how much and how often.

NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT IS RECEIVED (Example: $100/month, $100/twice a month, $100/every other week, $100/week)							
	Earnings From Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp, Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	$		$		$		$	
ii.	$		$		$		$	
iii.	$		$		$		$	
iv.	$		$		$		$	
v.	$		$		$		$	

6 Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 5 is completed or if zero income is listed, 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.

X X X – X X – ___ ___ ___ ___
Social Security Number

☐ **I do not have a social security number.**

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.

Date _____ *Printed Name of Adult Household Member* _____ *Signature of Adult Household Member* _____

7 Contact Information (Optional)

Work Telephone Number (Include Area Code) _____ *Home Telephone Number (Include Area Code)* _____ *Home Address (Number, Street, City, State, Zip Code)* _____

8 Optional - Sharing Information with Virginia's Health Insurance Program for Children (FAMIS)

May we share your information on this application with the *FAMIS*, the complete health insurance program for every child in Virginia? If **yes**, do not sign below.

☐ No, I do not want my information from this application shared with the FAMIS. Date: _____ Sign here: _____

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 last four digits of your 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 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 if your child is eligible for free or reduced-price meals, and for administration and enforcement of the Child and Adult Care Food Program. 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.

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CHILD CARE REPRESENTATIVE USE ONLY – ELIGIBILITY DETERMINATION – COMPLETE SECTIONS A and B BELOW

SECTION A **Annual Income Conversion: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12** **Convert income only if different frequencies of pay are reported.**

TOTAL INCOME $ _____ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year **NUMBER IN HOUSEHOLD:** _____

☐ **FREE** based on:	☐ **REDUCED** based on:	☐ **DENIED** reason:
☐ foster child ☐ migrant ☐ SNAP or TANF ☐ homeless ☐ runaway ☐ household income	☐ household income	☐ income too high ☐ incomplete application ☐ non-qualifying SNAP/TANF

SECTION B **Signature of Determining Official:** _____ **Date:** _____

Annual Enrollment Form

Virginia Child and Adult Care Food Program

ONE FORM PER ENROLLED CHILD, NEW FORM MUST BE COMPLETED EVERY 12 MONTHS

This form is required for:	This form is NOT required for:
Child Care Centers, Head Start, Even Start, and Licensed Outside School Hours Programs	At-Risk After-School, or Emergency Shelters

Center Information

Center Name: _____ CACFP Sponsor Number: 58731

Center Address: _____ City: Fort Lee State: VA Zip Code: 23801

PARENTS/CENTERS: 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 or guardians to complete or review a CACFP Annual Enrollment Form when enrolling their child(ren) and 12 months thereafter. This information will help ensure all children receive appropriate meals during their care. The parent or center may complete Sections 1 through 4. **The parent must review to ensure accuracy; then complete Section 5, sign and date Section 6.** If parent does not complete Section 5, center staff should complete to the best of their ability (by observation) and initial the section. The center will review completed enrollment form.

1 FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	2 DAYS OF WEEK IN ATTENDANCE	3 TIMES CHILD NORMALLY ATTENDS DURING WEEK								4 MEALS RECEIVED
		TIME IN (check AM/PM and record time)			TIME OUT (check AM/PM and record time)			TIME CHILD ATTENDS SCHOOL (record in/out times)		
		AM	PM	Time	AM	PM	Time	Leaves Center	Returns To Center	
Child's First Name	☐ Monday									☐ Breakfast
Child's Last Name	☐ Tuesday									☐ AM Snack
	☐ Wednesday									☐ Lunch
	☐ Thursday									☐ PM Snack
	☐ Friday									☐ Supper
Date of Birth / Age	☐ Saturday									
	☐ Sunday									
		☐ Yes ☐ No	I work multiple shifts and child(ren) may be in care different days/hours.							

5 Ethnic/Racial Categories

Please answer both questions. This information is voluntary.

A. Ethnic data of child(ren): **Mark one only**	☐ Hispanic or Latino	☐ Not Hispanic or Latino			
B. Racial data of child(ren): **Mark one or more that apply**	☐ Asian	☐ White	☐ Black or African American	☐ Native Hawaiian or Other Pacific Islander	☐ American Indian or Alaska Native

6 Signature and Date (parent or guardian must complete this section)

I certify the information above is correct.

Signature of Parent or Guardian _____ *Date* _____ *Parent's Telephone Number (optional)* _____

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Child Care Representative Use Only

Effective Date of This Enrollment Form: _____

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.

Signature of Center Representative _____ *Date* _____

This form is effective for 12 months from the date of parent signature.