

Special Nutrition Programs
Child and Adult Care Food Program
Letter to Parents

Dear Parent/Guardian:

The _____ participates in the Child and Adult Care Food Program (CACFP) administered by the United States Department of Agriculture (USDA). Please help us comply with the requirements of the CACFP by completing, signing, and returning the attached statement as soon as possible. This information is necessary so that we may receive CACFP reimbursement for the meals served to children in our program. This form will be placed in our files and treated as confidential information. All children in our program receive their meals free of charge, but the determination of eligibility category affects the amount of Federal funding received by us.

A foster child who is the legal responsibility of a welfare agency or court may be certified as eligible for free meals regardless of your household income. Please contact us for additional information if you have a foster child enrolled in our program.

If you receive food stamps, only list your food stamp case number. In addition, you must complete Section 5 of the form including all required information with signature. Social Security Number of an adult household member and date form was completed.

If a food stamp case number is not reported, you must complete Section 4 and Section 5 on the eligibility statement. Section 4 should include the names of all household members and the total current household income by source. Section 5 must include all required information with signature, Social Security Number of an adult household member and the date that the form was completed.

USDA defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e., sharing living expenses). The income you report must be last month's total gross household income listed by source, for each household member. If last month's income does not accurately reflect your circumstances, you may provide a projection of your annual income and you may use last year's income as a basis for making this projection if no significant changes have occurred. If your household's income is equal to or less than the amounts indicated for your households' size chart below, the center will receive a higher level of reimbursement.

You are required to notify us if there is a change in household size or an increase in income that exceeds \$50 per month or \$600 per year. If you list a food stamp case number, you must notify us when you no longer receive food stamps. Similarly, you should notify us if you become unemployed and the loss of income during the period of unemployment causes your family to be within the eligibility standards.

All meals served to children under the Child and Adult Care Food Program are served free regardless of race, color, sex, age, disability or national origin.

There is to be no discrimination in admissions policy, meal service or the use of facilities. Any complaints of discrimination should be submitted in writing to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

USDA CHILD NUTRITION PROGRAM INCOME GUIDELINES (Reduced)			
July 1, 2008 – June 30, 2009			
<u>Household Size</u>	Annual	Monthly	Weekly
1	\$19,240	\$1,604	\$370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
each added household	+6,660	+ 555	+ 129

Thank you for your cooperation.

Institution Representative
(NPC-4 Rev. 6/06)

**CHILD CARE FOOD PROGRAM
ENROLLMENT FORM**
(to be completed by parent or guardian)

Provider's Initial: _____ Date: _____ (Form valid for one year from this date)
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You have chosen a daycare that participates on the USDA Child and Adult Care Food Program (CACFP). It is our goal to assist in providing your child with nutritious meals/snacks. This enrollment information may be verified. The meal times, the meal pattern and the daily menus should be posted and available for parents at all times. If you have questions, or comments, or would like to learn more about the Child and Adult Care Food Program, contact our office.

Name of Provider/Director

Name of Day Care Facility

Telephone

Address

I wish to enroll my child (ren), whose names and enrollment information are given below, in the USDA Child and Adult Care Food Program. I understand this program reimburses day care facilities for serving nutritious, well balanced meals/snacks to day care children.

My child (ren) will be served the following meals:

(PLEASE CIRCLE) BREAKFAST AM SNACK LUNCH PM SNACK OTHER_____

Child (ren) Information (please print)

First Name	Last Name	Age	Birthdate	Time of Care	Days of Week (circle)	Sex
			/ /		SAT - SUN M - T - W - TH - FR	M F
			/ /		SAT - SUN M - T - W - TH - FR	M F
			/ /		SAT - SUN M - T - W - TH - FR	M F
			/ /		SAT - SUN M - T - W - TH - FR	M F

Note here any food allergies or special needs your child(ren) have: _____

Doctor's Name: _____

I understand my child(ren) will receive meals at no extra charge to me when they are in care during any scheduled meal service and receive meals. I understand that the day care facility cannot and will not discriminate for reasons of race, color, national origin, sex, or disability. There is to be no discrimination in admission policy, meal service, or use of facility. Any complaints should be addressed to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

In case of emergency, please call: HOME # _____ WORK # _____

Parent Address: _____

Parent Signature: _____ Date: _____
(Enroll-2007)

