Revised 4/2018

INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS
JULY 1, 2018 THROUGH JUNE 30, 2019

Part 1. CHILD ENROLLMENT: Complete the information below for all children in care. If the child is an infant, foster child (legal responsibility of a foster care agency or the court), Head Start eligible or a school-age child, please check the box.

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)		Usual Days of Care							Meals Served During Care						Infant	School Age	Head Start	Foster Child
			Arrival Time	Leave Time	M	T	W	T	F	S	S	B	AM	L	PM	D	EV				
																		❑	❑	❑	❑
																		❑	❑	❑	❑
																		❑	❑	❑	❑
																		❑	❑	❑	❑
																		❑	❑	❑	❑

OPTIONAL: Please check the ethnicity and race of the child(ren) you are enrolling.

Ethnicity (select one or more): ❑Hispanic or Latino ❑ Not Hispanic or Latino

Race (select one or more): ❑ American Indian or Alaskan Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or other Pacific Islander ❑ White or Caucasian

Part 2. Household Receiving Benefits: Supplemental Nutrition Assistance Program (**SNAP**), Temporary Assistance for Needy Families (**TANF**), or Food Distribution Program on Indian Reservations (**FDPIR**): **Complete Parts 1, 2 and 4.**

Check Applicable Program(s): ❑ **SNAP** ❑: **TANF** ❑ **FDPIR** Master Case #: _____

Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES: Complete Parts 1, 3A and 4.

If your family income exceeds the income guidelines (listed on attached letter), check this box ❑

Part 3B. ALL OTHER HOUSEHOLDS – If you **do not** have a SNAP, TANF or FDPIR ***MASTERCASE*** **number**: Complete Parts 1, 3B and 4.

List the Names of All Household Members not listed in Part 1 and Foster Children	GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly								
	Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		Check if ZERO income
	How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?	
1									❑
2									❑
3									❑
4									❑

Social Security Number of Household Member who signs form:

Last four digits of Social Security Number: XXX- XX -_____ If you do not have a Social Security Number, check this box ❑

Part 4. SIGNATURE AND CONTACT INFORMATION:

I certify (promise) that all information on this form is true and that all income is reported. I understand that the facility will receive 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 their meal benefits, and I may be prosecuted.

Signature of Parent/Guardian _____ Date _____

Print Name _____

Address _____

City _____ State _____ Zip Code _____

E-Mail Address/Telephone _____

FOR CENTER USE ONLY

_____ SNAP/TANF/FDPIR HOUSEHOLD

_____ ANNUAL INCOME:_____ HOUSEHOLD SIZE: _____

Center Official Signature _____ Date of Signature _____

Effective Date _____ Expiration Date _____

HOUSEHOLD CATEGORY: ❑ Free ❑ Reduced ❑ Paid ❑ Incomplete

Foster Child – Free Category
List name of foster child(ren)
_____