

# Annual Enrollment Form

## Virginia Child and Adult Care Food Program

Center Information			
<hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: center; margin: 0;"><i>Center Name</i></p>			
<hr style="width: 95%; margin: 0;"/> <p style="text-align: center; margin: 0;"><i>Center Address</i></p>	<hr style="width: 95%; margin: 0;"/> <p style="text-align: center; margin: 0;"><i>City</i></p>	<hr style="width: 95%; margin: 0;"/> <p style="text-align: center; margin: 0;"><i>State</i></p>	<hr style="width: 95%; margin: 0;"/> <p style="text-align: center; margin: 0;"><i>Zip Code</i></p>

This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for children. Federal CACFP regulations require all parents or guardians to complete and review an 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 guardian must complete and ensure accuracy of Sections 1 through 5.**

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

1	FULL NAME OF ENROLLED CHILD <small>(Include Birth Date/Age)</small>	2	DAYS OF WEEK IN ATTENDANCE	3	4						
TIMES CHILD NORMALLY ATTENDS DURING WEEK					MEALS RECEIVED						
	<hr style="width: 80%; margin: 0;"/> <p style="text-align: center; margin: 0;"><i>Child's First Name</i></p> <hr style="width: 80%; margin: 0;"/> <p style="text-align: center; margin: 0;"><i>Child's Last Name</i></p> <hr style="width: 80%; margin: 0;"/> <p style="text-align: center; margin: 0;"><i>Date of Birth</i></p>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; padding: 5px;">TIME IN</td> <td style="width: 33%; text-align: center; padding: 5px;">TIME OUT</td> <td style="width: 33%; text-align: center; padding: 5px;">SPORADIC SCHEDULE</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table>	TIME IN	TIME OUT	SPORADIC SCHEDULE				<p style="margin: 0;"><b>Notes</b></p>	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper
TIME IN	TIME OUT	SPORADIC SCHEDULE									

5	Signature and Date
<p><i>I certify the information above is correct.</i></p>	
<hr style="width: 95%; margin: 0;"/> <p style="text-align: center; margin: 0;"><i>Signature of Parent or Guardian</i></p>	<hr style="width: 95%; margin: 0;"/> <p style="text-align: center; margin: 0;"><i>Date</i></p>
<hr style="width: 95%; margin: 0;"/> <p style="text-align: right; margin: 0;"><i>Parent's Telephone Number</i></p>	

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# VIRGINIA CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS and FAMILY DAY HOMES

1	All Household Members	2	3
<b>NAMES OF ALL HOUSEHOLD MEMBERS [Adults and Children]</b> First, Middle Initial, Last		<b>FOSTER CHILD</b> Skip to Part 6 if all are foster children.	<b>SNAP, TANF or FDIPIR CASE #</b> Skip to Part 6 if you list a SNAP, TANF or FDIPIR case number. <b>MUST BE SEVEN (7) DIGITS</b>
	Check if <b>NO</b> income <input type="checkbox"/>	Ages of children at center	
1.		<input type="checkbox"/>	
2.		<input type="checkbox"/>	
3.		<input type="checkbox"/>	
4.		<input type="checkbox"/>	
5.		<input type="checkbox"/>	
6.		<input type="checkbox"/>	

**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: <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Month <input type="checkbox"/> Year	<b>NUMBER IN HOUSEHOLD:</b> _____
<input type="checkbox"/> <b>FREE</b> based on: <input type="checkbox"/> foster child <input type="checkbox"/> migrant <input type="checkbox"/> SNAP or TANF <input type="checkbox"/> homeless <input type="checkbox"/> runaway <input type="checkbox"/> household income		<input type="checkbox"/> <b>REDUCED</b> based on: <input type="checkbox"/> household income
		<input type="checkbox"/> <b>DENIED</b> reason: <input type="checkbox"/> income too high <input type="checkbox"/> incomplete application <input type="checkbox"/> non-qualifying SNAP/TANF

**SECTION B**    Signature of Determining Official: \_\_\_\_\_    Date: \_\_\_\_\_