## **Annual Enrollment Form**

## Virginia Child and Adult Care Food Program

	C	Center Information		
		Center Name		
Cente	er Address	City	State	Zip Code

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 (Include Birth Date/Age)	2	DAYS OF WEEK IN ATTENDANCE	3	3 TIMES CHILD NORMALLY ATTENDS DURING WEEK					
	Child's First Name	<ul> <li>☐ Monday</li> <li>☐ Tuesday</li> <li>☐ Wednesday</li> <li>☐ Thursday</li> <li>☐ Friday</li> <li>☐ Saturday</li> <li>☐ Sunday</li> </ul>			TIME IN	TIME OUT	SPORADIC SCHEDULE	□ Breakfast □ AM Snack □ Lunch □ PM Snack		
	Child's Last Name							□ Supper		
	Date of Birth		inuay	Not						
5	Signature and Date									
I certify the information above is correct.										
-	Signature of Parent or Guardian					Date	Parent's Telephone Number			
base sexu prol Prog	es of race, color, national origi nal orientation, or all or part of nibited bases will apply to all p gram Discrimination Complain	n, age, o f an ind rogram t Form,	disability, sex, gend ividual's income is c s and/or employme found online at http	er ider lerived ent act p://ww	ntity, religion, reprisal, a I from any public assista ivities.) If you wish to fi vw.ascr.usda.gov/comp	nination against its customers, e nd where applicable, political be nce program or activity conduct le a Civil Rights program compla laint_filing_cust.html, or at any l end your completed complaint f	liefs, marital status, familial or j ed or funded by the Departmer int of discrimination, complete JSDA office, or call (866) 632-99	barental status, ht. (Not all the USDA 192 to request the		

form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer.

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

1	All Household Members					2	2			3						
NA	NAMES OF ALL HOUSEHOLD MEMBERS [Adults and Children]						F	SNAP, TANF or FDPIR CASE #								
	First, Middle Initial, Last					Ages of children at center	Skip to	Part 6 if al childrer	T.	Skip to Part 6 if you list a SNAP, TANF or FDPIR case number. <b>MUST BE SEVEN (7) DIGITS</b>						
1.																
2.																
3.																
4.																
5.																
6.																
4       Homeless, Migrant, or Runaway         If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and																
Li Homeless Liaison, Migrant Li Runaway call your School Homeless Liaison, Migrant Coordinator.																
5 Total Household Gross Income (before deductions). You must tell us how much and how often.																
GROSS INCOME AND HOW OFTEN IT IS RECEIVED (Example: \$100/month, \$100/twice a month, \$100/every other week, \$100/week)           Worker's Comp												ek)				
(LI	IST ALL HOUSEHOLD MEMBERS WITH INCOME)	Earnings From Work We			lfare, Child Support, Alimony		Pension	Pensions, Retirement, Social Security		Worker's Comp, Unemployment, SSI, etc. (All other income)						
i.	,	Amount \$			ount	How often?	Amou ດ່	int	How often?	ć	Amou	nt	н	How often?		
i. ii.		\$		\$ \$			\$			\$ \$						
iii.		\$		\$ \$			\$ \$			\$						
iv.		\$		\$			\$			\$						
٧.		\$		\$			\$				\$					
6	Signature and Social Se	curity Numbe	r (Adult m	ust sigi	n)		u.						_			
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>I do not have a social security number</i> box. X X X - X - Social Security Number I do not have a social security number box. 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.																
															_	
7	Date Contact Information (C		ame of Adult H	lousehold	Member		Signature of Adult Household Member									
'		ptional)														
-	Nork Telephone Number (Include A	Area Code)	Home Telephor	ne Numhe	er (Include	Area Code)	Ho	me Addr	ess (Number,	Street.	City.	State	Zin Co	de)		
8	Optional - Sharing Info	,	<u> </u>		<u> </u>	,					0.1299	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>,p = 00</u>	<u>ue)</u>		
May	y we share your information on th		ne FAMIS, the	complete	health ins	urance progran	n for every o	child in Vi	irginia? If <b>yes</b> ,	do not	: sign	belov	v.			
	No, I do not want my information application shared with the FAN	on from this AIS. Da	ate:			Sign here:									_	
No, 1 do not want my information from this application shared with the FAMIS.       Date:																
NON-DISCRIMINATION STATEMENT: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjuication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speed disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer.										ation wi	th eduo	ation	health,	ina		
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