PROVIDERS CHOICE

Annual Family CACFP Enrollment Form

Center Name: Little Saints Preschool at St Joseph Catholic STEM School #397

Step 1

List all children ages 0–17 years old living in your household, even if they are not related. If more space is needed, attach another sheet.																													
Child's First Name	**Child's Last Name**	**Birthdate** (mm/dd/yyyy)	**Enrolled at this center?**	**In Foster Care?**	**Enrolled in Head Start?**	**Hours in Care**			**Normal Days in Care**								**Normal Meals Received**						**Ethnicity***	**Race****
						Arrive Time	**Leave Time**	**Varies**	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**		**Breakfast**	**AM Snack**	**Lunch**	**PM Snack**	**Dinner**	**EV Snack**		
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OPTIONAL TO COMPLETE – Ethnicity* *(Select one)* **H:** Hispanic or Latino **N:** Not Hispanic or Latino | Race** *(Select one or more)* **I:** American Indian or Alaskan Native **A:** Asian **B:** Black or African American **P:** Native Hawaiian or other Pacific Islander **W:** White

Step 2

Infants Under 12 Months Only: The iron-fortified infant formula this center offers is: N/A

☐ Parent/guardian accepts center formula ☐ Parent/guardian will provide breastmilk

☐ Parent/guardian declines center formula and will provide _____ *(specify brand/type of iron-fortified infant formula)*

☐ Parent/guardian will provider more than 1 food item per meal/snack and decline the CACFP

Step 3

If any household members currently participate in SNAP*, MFIP*, or FDPIR*, provide the case number. *If no, skip to step 4.*

SNAP Case Number: | **MFIP** Case Number: | **FPIR** Case Number:

Step 4

Adult Income – List the full name and gross income (before taxes) for each adult household member (living with you, sharing income and expenses, related or not), including yourself. If any adult household members do not receive income from any source, write '0'.

	Gross Pay from Work Do not write in an hourly wage						**Farm or Self-Employment**			**Public Assistance, Child Support, Alimony**					**All other Incomes**				
	Gross pay before taxes (not take-home pay)	Weekly	Every 2 weeks	Twice per month	Monthly	Yearly	Net Income after business expenses	Monthly	Yearly	Payments received	Weekly	Every 2 weeks	Twice per month	Monthly	Pension, retirement, disability, unemployment, Veterans benefits, etc.	Weekly	Every 2 weeks	Twice per month	Monthly
	$	☐	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

Child Income – Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes) received by ALL children listed in STEP 1 here.

Total Income	Weekly	Every 2 weeks	Twice per month	Monthly	Yearly
$	☐	☐	☐	☐	☐

Step 5

I certify (promise) that all information provided is true and that all income is reported. I understand this information is given in connection with the receipt of Federal funds and officials may verify (confirm) the information. I am aware that I may be prosecuted under applicable State and Federal laws if I provide false information.

Print Name: | Signature: | Date (mm/dd/yyyy):

Last four numbers of signer's Social Security Number (SSN): or ☐ I do not have a Social Security Number *(Required if completing Step 4)*

Address (include street, city, state, zip code):

Phone: | Email:

Sponsor Use Only—Do Not Write Here Effective Dates: From _____ TO _____ 1st Approval Signature: _____ Date: _____ 2nd Check Initials: ____

☐ Free (A)-Head Start ☐ Free (A)-Foster ☐ Free (A)-Case Number ☐ Free (A)-Income ☐ Reduced (B)-Income ☐ Paid (C) **Total Income:** $_____ How often: _____ HH Size: ___

If Children qualify differently – Head Start Child(ren): _____ Child(ren) in Foster Care: _____ Free/Reduced/Paid Child(ren): _____

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FARMER OR SELF-EMPLOYED

Income is your NET income (after deducting business expenses) from farm or self-employment during the year, which is generally shown on Schedule C or F from the federal tax return. A loss from farm or self-employment must be listed as zero income and does not reduce other household income for the purpose of completing this form.

SEASONAL WORKER

Income is your expected AVERAGE GROSS INCOME before deductions (NOT take-home pay) from seasonal work during the year. List your AVERAGE GROSS INCOME from seasonal work per month or other frequency.

PRIVACY ACT STATEMENT / HOW INFORMATION IS USED

The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give this information but if you do not, we cannot approve your child for free or reduced-price school meals. You must include the last four digits of the Social Security number of the adult household member who signs the application. The last four digits of the Social Security number are not required when you apply on behalf of a foster child, or you provide a Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservation (FDPIR) assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

Only authorized officials will have access to the information you provide on this form. We will use your information to determine if your child qualifies for free or reduced- price meals, and for administration and enforcement of the program. We may share your information with other 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. We require written consent from you before sharing information for other purposes.

While listing your children's race and ethnicity is voluntary, CACFP uses the percentages of participants in each racial and ethnic category to make sure CACFP is operated in a nondiscriminatory manner and in compliance with federal and civil rights laws. The information is not required and will not affect approval of benefits.

NONDISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: **1. mail**: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or **2. fax:**(833) 256-1665 or (202) 690-7442; or 3. **Email:** program.intake@usda.gov

This institution is an equal opportunity provider.

*ABBREVIATIONS

SNAP = Supplemental Nutrition Assistance Program

MFIP = Minnesota Family Investment Program

FDPIR = Food Distribution Program on Indian Reservations