

Household Income Eligibility Statement - Child Care Institutions

Part 1 - Households Receiving Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) If any member of your household receives FAP, FIP, or FDPIR, provide the name and case number for the person who receives the benefits.

Name: Case Number:

Table with 12 columns for household information: First and Last Names of All Household Members, Related and Unrelated; Enrolled for Child Care; Age; Birth Date; Foster Child; Amount of Earnings from Work; Amount of Welfare, Child Support, or Alimony; Amount of All Other Income; Amount of All Other source and amount; and Mark if No Income. Includes frequency indicators like 'How Often?' and 'Mark if No Income'.

Part 2 - Household Information

Part 3 - All Households: Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date) 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 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 the meal benefits, and I may be prosecuted.

Signature: Print Name: Date:

Last four digits of Social Security Number: XXX-XX- I do not have a Social Security Number

For Institution Use Only:

Form for institution use only containing fields for Total Household Members, Total Income, and Approval Date. Includes checkboxes for payment frequency (Annually, Monthly, 2x Month, Bi-Weekly, Weekly) and categories (Other Household Children: A (Free), B (Reduced), C (Paid)).

Return this completed form to: (Solutions Learning Group LLC, 2160 Crozier Muskegon MI 49441 231-3750347)

Participant Enrollment Form

Instructions:

1. List full name of participant enrolled in care
2. Circle the typical days each participant is in care
3. List times each participant is in care
4. Circle the meals and snacks each participant typically receives while in care
5. Select the ethnicity of each participant using the following codes: H = Hispanic or Latino, N = Not Hispanic or Latino*
6. Select one or more racial designations of each participant using the following codes: A/I = American Indian or Alaskan Native, A = Asian, B = Black or African American, H/PI = Native Hawaiian or Pacific Islander, W = White*
7. Sign and date the form and return to your care center

Participant's First and Last Name	Typical Days in Care (circle all that apply)	List Times in Care	Meals/Snacks Received (circle all that apply)	Ethnicity	Race
	Mon Tues Wed Thu Fri Sat Sun	Breakfast AM Snack Lunch PM Snack Supper Evening Snack			
	Mon Tues Wed Thu Fri Sat Sun	Breakfast AM Snack Lunch PM Snack Supper Evening Snack			
	Mon Tues Wed Thu Fri Sat Sun	Breakfast AM Snack Lunch PM Snack Supper Evening Snack			
	Mon Tues Wed Thu Fri Sat Sun	Breakfast AM Snack Lunch PM Snack Supper Evening Snack			

* This information is voluntary. This will assist us in assuring the Child and Adult Care Food Program is administered in a nondiscriminatory manner.

Adult/Parent/Guardian's Address

Signature of Adult/Parent/Guardian

Adult/Parent/Guardian's Phone Number

Date Signed

USDA 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 Complaintant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [USDA Program Discrimination Complaint Form](https://www.usda.gov), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to 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: **mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or **fax:** (833) 256-1665 or (202) 690-7442; or **email:** program.intake@usda.gov. This institution is an equal opportunity provider. USDA Civil Rights Complaint Link: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17FaxMail.pdf>