Minnesota Department of
Education

CHILD AND ADULT CARE FOOD PROGRAM—CHILD CARE CENTERS
HOUSEHOLD INCOME STATEMENT

The information requested on this form is private data and will be used to determine the level of assistance for meals that you or your child care center will receive.

1. Names of all Children in Household *including* Foster Children. Attach additional page if necessary.

First Name	Last Name	Age	✓ if child is enrolled in care	✓ if Foster Child*	Any Regular Income to Child Example: SSI
				☐	$____ per___
				☐	$____ per___
				☐	$____ per___
				☐	$____ per___
				☐	$____ per___

2. Benefits (if applicable)
If any household member receives benefits from a program listed below, check the appropriate box and write in the name of the person receiving benefits and their case number. Skip Section 3.

_____ _____
Name Case Number

☐ Minnesota Family Investment Program (MFIP)
☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Food Distribution Program on Indian Reservations
- Medical Assistance and WIC do *not* qualify -

* The child is the legal responsibility of a welfare agency or court. If all children applied for are foster children, skip Sections 2 and 3.
Return completed form to the center. Also please complete the voluntary Civil Rights Survey on the back page. If household income is greater than the attached income guidelines, and you did not list a foster child in Section 1 or provide a case number in Section 2, write "Over Income" and your name on this form and return to center.

3. Names of all Adults in Household (all household members not listed in Section 1). Include all adults living in your household, related or not. Attach additional page if necessary.

First Name	Last Name	✓ if NO income	Gross Wages/ Salaries—all jobs (*before* deductions)	Pension, SSI, Retirement, Social Security	Public Assistance, Child Support, Alimony	Unemployment, Worker's Comp, Strike Benefits	Any Other Income, including *net* Farm/ Self-Employment
		☐	$_____ per ____	$_____ per ____	$_____ per ____	$_____ per ____	$_____ per ____
		☐	$_____ per ____	$_____ per ____	$_____ per ____	$_____ per ____	$_____ per ____
		☐	$_____ per ____	$_____ per ____	$_____ per ____	$_____ per ____	$_____ per ____

Write in each gross income before deductions (not take-home pay) and **how often each income is received**: **weekly (W)**, **bi-weekly** (every other week) **(BW)**, **twice per month (TM)**, **monthly (M)** or **yearly (Y)**. Do *not* write in an hourly wage. If income fluctuates, write in the amount normally received. For farm or self-employment income only, list net income (after deductions). Attach additional page if necessary.

4. I certify (promise) that all information provided on this form is true and that all household income is reported. I understand that the center will get federal funds based on the information I give. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Signature of Adult Household Member (required)

_____

Printed Name: _____ Date: _____

Last 4 digits of Social Security number (required if Section 3 is completed):
***-**-__-__-__-__
Or ☐ I do not have a Social Security number.

Sponsor Use Only—Do Not Write Below
Total Household Members: _____ Total Income: $_____ per _____
Approved: ☐ A—Foster ☐ A—Case Number
☐ A—Income ☐ B—Income ☐ C
Effective Dates: From: _____ through _____
Sponsor Signature _____ Date: _____

CIVIL RIGHTS SURVEY (voluntary)
This information is requested solely for the purpose of determining compliance with federal civil rights laws, and will not affect your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

1. Ethnicity (check one):

- ☐ Hispanic or Latino
- ☐ Not Hispanic/Latino

2. Race (check one or more):

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Black or African American
- ☐ White

FOR CENTER USE ONLY - Civil Rights Survey completed by: ☐ Adult Household Member ☐ Center Representative

PRIVACY ACT STATEMENT
The Richard B. Russell National School Lunch Act requires the information on this Household Income Statement. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the 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), or Minnesota Family Investment Program (MFIP), or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier, 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 the participant is eligible for free or reduced-price meals, and for administration and enforcement of the program.

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

SEASONAL WORKER:
Income is the expected *average gross income* before deductions (*not* take-home pay) during the year. List *average gross income* per month or other frequency.

NONDISCRIMINATION STATEMENT
This explains what to do if you believe you have been treated unfairly:

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Revised May 2013

Child Enrollment Form – Standard
Child & Adult Care Food Program

Dear Parents,
Your child care provider participates in the United States Department of Agriculture (USDA) Child & Adult Care Food Program (CACFP). This child care/center receives Federal cash assistance to serve healthy meals to your children. Good nutrition today means a stronger tomorrow! Meals served here must meet nutrition requirements established by USDA's Child & Adult Care Food Program. In order to participate, your provider has agreed to follow the USDA guidelines. In an effort to assess that these requirements are being met, the USDA and CACFP requires providers to annually collect the enrollment information listed below. Please complete the form and return it to your provider.

Name of the Child Care Provider/Center: ____________________

Child's First Name	Last Name	Child's Date of Birth	Beginning Date of Child Care
Enter the normal hours your child is in care For example 7:30 AM – 5 PM or for a split schedule 7:30 – 9 AM & 12:30 – 5 PM	Hours from: ______ to ______ ______ to ______	Check the days your child normally attends ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday	Check the meals your child normally receives while in care ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Night Snack

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____

Parent's Signature — Date Signed (form must be completed annually)

Parent's Name: ____________________ Home Phone: ____________
Please Print

Mailing Address: ____________________ Work Phone: ____________

City: ____________________ State: ________ Zip: ____________

If there are other children in care, please complete additional forms as needed

For questions please contact:

Sponsor Organization:
Name, Address, Phone...

State Contact information:
Minnesota Department of Education - Food & Nutrition
1500 Highway 36 West, Roseville, MN 55113
(651) 582 – 8526 *or* (800) 366 – 8922 fns@state.mn.us