

## CACFP Child Enrollment Form Instructions

### Instructions

Here are instructions to help you fill out the form. Please make sure to fill in all of the requested information. Use a pen to mark your answers on one form. When you are finished, please return the form to us at:

Lewis Cass Early Learning Academy, 401 S. Maple St, Galveston, IN 46932.

1. Enter your child's first and last name. Only put one name on this form.
2. Enter your child's birthdate using the MM/DD/YYYY format
3. Enter the hours your child attends our center, on the days they attend. Use a time range format like 7:00am - 4:00pm. Do NOT use a single number format indicating the total number of hours.
4. Put a check mark by the meals your child will eat while in attendance. Most children who are enrolled full-time are served breakfast, AM snack, lunch, and PM snack. It just depends on what your drop off and pick up times are.
5. If your child is enrolled in a K-12 school system, check this item. Skip it if they are not.
6. If your child is 6 weeks to 1 year and 1 day of age, fill in this section. Skip it if they are not.
7. Print your name.
8. Enter your phone number
9. Sign your name.
10. Enter today's date. This form is good for 1 year from this date. You will have to fill out a new form each year.

# CHILD ENROLLMENT FORM

IDOE/CACFP  
June 2019

Name of Institution: Lewis Cass Schools Sponsor ID Number: 0815  
 Name of Facility: Lewis Cass Early Learning Academy

1 Child's Name: \_\_\_\_\_ Birthdate: 2 MM/DD/YYYY

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
3 Please enter the normal hours your child is in care on the specific days of care.						N/A	N/A
4 Please check (✓) the meals your child normally receives while in care.	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____
5 If your school-age child will be in attendance outside of the regular hours indicated above (snow days, school breaks, etc.) Please check (✓) here _____							

FOR INFANTS ONLY: All facilities must offer infant formula and meals/snacks to infants in care during meal service times

6 Infant Formula  
 This facility will provide the following iron-fortified infant formula: \_\_\_\_\_  
 Check here to accept:  Check here to decline:  Provide name of parent-provided formula: \_\_\_\_\_  
 Infant Meals and Snacks  
 Check here to accept:  Check here to decline:

This information is required by CACFP federal regulations at §226.15 (e)(2) and (3) for each enrolled participant, and must be updated annually.

7 Printed name of parent/guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

9 Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

This institution is an equal opportunity provider.

CACFP Meal Benefit Income Eligibility Form  
Letter to Household (Non-Pricing Centers)

November 2023

Dear Households:

Lewis Cass Early Learning Academy offers healthy meals and snacks to everyone in care as part of the Child and Adult Care Food Program (CACFP). Lewis Cass Early Learning Academy receives support from CACFP to serve those meals. CACFP gives more support if your household income is less than or equal to the limits on this chart:

Federal Income Standards for Reduced-Price Meals for July 1, 2022 - June 30, 2023		
Household size	Yearly Income	Monthly Income
1	25,142	2,096
2	33,874	2,823
3	42,606	3,551
4	51,338	4,279
5	60,070	5,006

Please fill out a *CACFP Meal Benefit Income Eligibility* form. It will help us find out how much support Lewis Cass Early Learning Academy receives. Please be sure to read the instructions carefully. Fill in all the information we request. We can only accept complete forms. Please submit the completed form to:

Lewis Cass Early Learning Academy, 401 S. Maple Street, Galveston, IN 46932

Thank you for taking the time to fill out the form. If we approve your form for free or reduced-price meals, eligibility lasts 12 months. We may verify the information on the form to confirm eligibility. If not approved or you disagree with our decision, you have the right to appeal it.

In the operation of child nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability. If you have questions or want to request an appeal, please contact Center Director or Assistant Director at [earlylearning@lewiscass.net](mailto:earlylearning@lewiscass.net).

Sincerely,



Angela Johnson  
Director

## CACFP Meal Benefit Income Eligibility Form Instructions

The Child and Adult Care Food Program (CACFP) makes good food a regular part of day care! Please fill out the *CACFP Meal Benefit Income Eligibility* form. It helps us find out if your household qualifies for free or reduced-price meals. This lets us know how much money CACFP will give to support your day care center.

### Instructions

Here are instructions to help you fill out the form. Before you begin, turn the form over to learn why we ask for this information. It tells you how we use the information and what rights you have. It also tells you how to contact USDA if you believe you are treated unfairly.

Please make sure to fill in all of the requested information. Use a pen to mark your answers on one form. When you are finished, please return the form to us at:

**Lewis Cass Early Learning Academy**  
**401 S. Maple St, Galveston, IN 46932**

### Step 1:

List everyone from your household attending the day care. Use one line for each person's name. Write one letter in each box. Stop if you run out of space. If there are more than five people, add their names on a second piece of paper.

Do you have any foster children? If you answer *Yes*, mark the *Foster Child* box next to the child's name. If you are only applying for foster children, finish Step 1 and go to Step 4. If you are applying for both foster and non-foster children, go to Step 2.

Are any children migrant, runaway, homeless, or enrolled in Head Start? If *Yes*, mark the correct boxes next to the child's name and go to Step 4.

### Step 2:

For Childcare: You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR).

For Adult Daycare: You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), Supplemental Security Income (SSI), or Medicaid benefits.

Do any household members, including you, currently receive these benefits? If *Yes*, write the case number in the box and go to Step 4. You only need to provide one case number. If *No*, go to Step 3.

### Step 3:

Report current income for all household members. Skip this step if you answered *Yes* in Step 2.

How do you report child income? Turn the form over and use the *Source of Income for Children* chart to see if your household has income to report. Write the amount in the boxes

*This institution is an equal opportunity provider.*

in part A of the form. Mark how often the amount is earned. Write 0 in the box if there is no income to report.

How do you report income of adult household members? Turn the form over and use the *Source of Income for Adults* chart to see if your household has income to report.

In part B, list all the adults in your household, including you, even if each of you doesn't receive income. Include all adults, such as grandparents, other relatives, and friends who live with you and share household income and expenses. Write the amount of income each of you receives, in the boxes next to your names. Mark how often the amount is received. Write 0 in the box if there is no income to report.

Make sure you report the current amount of money you get before taxes. Don't include SNAP, FDPIR, WIC, student financial aid, or money you receive for a foster child as income.

Count the number of all children and adults in your household. Include all infants, children, students, and adults. Write the total number in the box under the list of adult household members.

Do you or another adult household member have a Social Security number? Write the last four digits in the boxes. If there is no Social Security number, mark the *Check if no SSN* box.

**Points to Remember:**

<b>If:</b>	<b>Then:</b>
Your income isn't always the same	List the amount of money that you normally get. For example, don't include overtime pay, if you don't normally get it. If your income is normally higher or lower, you can report annual income instead.
Your household includes members who aren't citizens	Participants don't have to be U.S. citizens to qualify for meal benefits.
You are in the military	Don't include your Family Subsistence Supplemental Allowance (FSSA), combat pay, or the money you receive for privatized housing. If deployed, count any pay that is provided to your household as income.

**Step 4:**

An adult household member must sign this form. The signer promises that all information is true and complete.

Print the name, address, and telephone or email of the adult signer. Sign and write today's date in the marked boxes.

**Optional:**

We ask about the participants' ethnicity and race to make sure we do our best to serve our community. Providing this information is not required. You won't be denied benefits based on your race, color, national origin, sex, age, or disability.

# CACFP Meal Benefit Income Eligibility

Complete one application per household. Please use a pen (not a pencil).

**APPLY ONLINE:**  
Insert URL Here

## STEP 1 List ALL children or adults in day care (if more spaces are required for additional names, attach another sheet of paper)

Participant's First Name	MI	Participant's Last Name	Check all that apply				
			Foster Child	Migrant	Runaway	Homeless	Head Start
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.  
Children in Head Start are eligible for free meals if an approved head start application or statement of enrollment is attached.*

## STEP 2 List the following assistance programs any household member participates in - for child care: SNAP, TANF, or FOPPIR, or for adult daycare: SNAP, FOPPIR, SSI, or Medicaid

IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space.

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

Definition of Household Member "Anyone who is living with you and shares income and expenses, even if not related."

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all child Household Members listed in STEP 1 here.

Child Income \$ 

How often?		
Weekly	Bi-Weekly	Monthly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. All Other Household Members (Including Yourself)**  
List all adult Household Members (including yourself) as well as any children not listed in STEP 1 even if they do not receive income. For each person listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars. If they do not receive income from any source, you must write "0" - do not leave blank. If you enter "0", you are certifying that there is no income.

Name of Household Members (First and last)	Earnings from Work	How often?			Welfare/Child Support/Alimony	How often?			Pension/Retirement/ Social Security/SSI/ VA Benefits
		Weekly	Bi-Weekly	Monthly		Annually	Weekly	Bi-Weekly	
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Source of Income for Children	
<b>Sources of Child Income</b>	<b>Examples</b>
Earnings from work	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> </ul>
Social Security - Disability Payments - Survivors Benefits	<ul style="list-style-type: none"> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>
Income from person outside of household	<ul style="list-style-type: none"> <li>A friend or extended family member regularly gives a child spending money</li> </ul>
Income from any other source	<ul style="list-style-type: none"> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>

Source of Income for Adults		
<b>Earnings from Work</b>	<b>Public Assistance/Alimony/Child Support</b>	<b>Pensions/Retirement/All other sources of income</b>
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li>Net income from self-employment (farm or business)</li> <li>If you are in the U.S. Military:               <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

**OPTIONAL** Participant's Ethnic and Racial Identities (Optional)

We are required to ask for information about the participant's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect eligibility for receiving meals during care.

Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino  
 Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

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, the funds your child care center/provider receives may be impacted. 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 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 the meal reimbursement for your child care center/provider. 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

MAIL: U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9610

FAX: (202) 690-7442; or  
 EMAIL: [program.intake@usda.gov](mailto:program.intake@usda.gov)

*This institution is an equal opportunity provider.*

**\*Only use this address if you are filing a complaint of discrimination.**

**DO NOT FILL OUT** Sponsor use only - The Determining Official's dated signature is required

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Monthly x 12 (required if earnings are in more than one frequency type)

Total Income  How often?  Weekly  Bi-Weekly  Monthly  Annually

Household size  Categorical Eligibility

Eligibility:  Free  Reduced  Paid  Tier I  Tier II

Date (required)  2nd Official's Signature  Date

Date (required)  3rd Official's Signature  Date

Use this space for income calculations: