

**Special Nutrition Programs
Child and Adult Care Food Program
Letter to Parents**

Dear Parent/Guardian:

The Mary's Little Lambs Preschool

participates in the Child and Adult Care Food Program (CACFP) administered by the United States Department of Agriculture (USDA). Please help us comply with the requirements of the CACFP by completing, signing, and returning the attached statement as soon as possible. This information is necessary so that we may receive CACFP reimbursement for the meals served to children in our program. This form will be placed in our files and treated as confidential information. All children in our program receive their meals free of charge, but the determination of eligibility category affects the amount of Federal funding received by us.

A foster child who is the legal responsibility of a welfare agency or court may be certified as eligible for free meals regardless of your household income. Please contact us for additional information if you have a foster child enrolled in our program.

If you receive food stamps, then you need to only list your food stamp case number. In addition, you must complete Section 5 of the form including all required information with signature, Social Security Number of an adult household member, and date form was completed.

If a food stamp case number is not reported, you must complete Section 4 and Section 5 of the eligibility statement. Section 4 should include the names of all household members and the total current household income by source. Section 5 must include all required information with signature, Social Security Number of an adult household member, and date form was completed.

USDA defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e., sharing living expenses). The income you report must be last month's total gross household income listed by source, for each household member. If last month's income does not accurately reflect your circumstances, you may provide a projection of your annual income, and you may use last year's income as a basis for making this projection if no significant changes have occurred. If your household's income is equal to or less than the amounts indicated for your household's size on the chart below, the center will receive a higher level of reimbursement.

You are required to notify us if there is a change in household size or an increase in income that exceeds \$50 per month or \$600 per year. If you list a food stamp case number, you must notify us when you no longer receive food stamps. Similarly, you should notify us if you become unemployed and the loss of income during the period of unemployment causes your family to be within the eligibility standards.

All meals served to children under the Child and Adult Care Food Program are served free regardless of race, color, sex, age, disability, or national origin.

There is to be no discrimination in admissions policy, meal service, or the use of facilities. Any complaints of discrimination should be submitted in writing to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Thank you for your cooperation.

Institution Representative
(NPC-4 Rev. 07/18)

USDA CHILD NUTRITION PROGRAM INCOME GUIDELINES			
July 1, 2022 - June 30, 2023			
Household Size	Annual	Monthly	Weekly
1	17,667	1,473	340
2	23,803	1,984	458
3	29,939	2,495	576
4	36,075	3,007	694
5	42,211	3,518	812
6	48,347	4,029	930
7	54,483	4,541	1,048
8	60,619	5,052	1,166
Each additional Household member add	+6,136	+512	+118

**CHILD CARE FOOD PROGRAM
ENROLLEMENT FORM**

Provider's Initials: _____

Date: _____

To be completed by Parent or Guardian

You have chosen a daycare that participates on the USDA Child and Adult Care Food Program (CACFP). It is our goal to assist in providing your child with nutritious meals/snacks. This enrollment information must be verified. The mealtime patterns and the daily menus should always be posted and available for parents. If you have questions, comments, or would like to learn more about the Child and Adult Care Food Program, contact our office at (505) 682-8869.

Mary's Little Lambs Preschool

479-273-1011

Name of Day Care Facility

Telephone #

506 SE Moberly Lane Bentonville

AR 72712

Address

City

State

Zip Code

The following information is required by USDA Federal Regulation CFR 226.15(e)(2).

I wish to enroll my child(ren), whose names and enrollment information are specified below, in the USDA Child and Adult Care Food Program. I understand this program reimburses day care facilities for serving nutritious and well-balanced meals/snacks to day care children.

My Child(ren) will be served the following meals:

Breakfast: AM Snack: Lunch: PM Snack: Supper: Late Snack:

Please Print Child(ren)'s Information

First Name	Last Name	Age	Birthdate	Hours of Care	Days of Week	Gender
				From: To:	Sat. <input type="checkbox"/> Tue. <input type="checkbox"/> Fri. <input type="checkbox"/> Sun. <input type="checkbox"/> Wed. <input type="checkbox"/> Mon. <input type="checkbox"/> Thur. <input type="checkbox"/>	
				From: To:	Sat. <input type="checkbox"/> Tue. <input type="checkbox"/> Fri. <input type="checkbox"/> Sun. <input type="checkbox"/> Wed. <input type="checkbox"/> Mon. <input type="checkbox"/> Thur. <input type="checkbox"/>	
				From: To:	Sat. <input type="checkbox"/> Tue. <input type="checkbox"/> Fri. <input type="checkbox"/> Sun. <input type="checkbox"/> Wed. <input type="checkbox"/> Mon. <input type="checkbox"/> Thur. <input type="checkbox"/>	
				From: To:	Sat. <input type="checkbox"/> Tue. <input type="checkbox"/> Fri. <input type="checkbox"/> Sun. <input type="checkbox"/> Wed. <input type="checkbox"/> Mon. <input type="checkbox"/> Thur. <input type="checkbox"/>	

Please identify any food allergies or special needs your child(ren) require:

Doctor's Name: _____

Doctor's Telephone: _____

Racial and Ethnic data is optional and is collected in accordance with FNS Instruction 113-1 Section XII (a)(2). This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program as administered in a nondiscriminatory manner.

OPTIONAL Participant's ethnic and racial identities			Please select all that apply					
Name of Enrolled Child(ren)	Age	Foster Child?	Hispanic or Latino	American Indian or Alaskan Native	Asian	Black or African American	Hawaiian Native or Other Pacific Islander	White
			<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"/>	<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"/>

I understand my child(ren) will receive meals at no extra charge to me when they are in care during any scheduled meal service and receive meals. I understand that the day care facility cannot and will not discriminate for reasons of race, color, national origin, sex (including gender identity or sexual orientation), or disability. There is to be no discrimination in admission policy, meal service, or use of facility. Any complaints should be addressed to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

EMERGENCY CONTACT INFORMATION:

Home Telephone #: _____

Work Telephone #: _____

Parent's Address _____ City _____ State _____ Zip Code _____

Parent's Signature: _____

Date: _____

*Form expires one (1) year from this date

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Facility Name _____

PART 1. NAME OF ENROLLED CHILDREN ***OPTIONAL – Participant’s ethnic and racial data**

Racial and Ethnic data is optional and is collected in accordance with FNS Instruction 113-1 Section XII (a)(2). This information is requested solely for the purpose of determining the State’s compliance with Federal civil rights laws, and your response will not affect consideration of your application and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

NAME OF ENROLLED CHILDREN	AGE	DATE OF BIRTH	FOSTER CHILD?	HISPANIC OR LATINO		American Indian or Alaskan Native	Asian	Black or African American	Hawaiian Native or Other Pacific Islander	White
				Yes	No					
				<input type="checkbox"/>	<input type="checkbox"/>					
				<input type="checkbox"/>	<input type="checkbox"/>					
				<input type="checkbox"/>	<input type="checkbox"/>					
				<input type="checkbox"/>	<input type="checkbox"/>					

ADDITIONAL HOUSEHOLD CHILDREN _____ TOTAL NUMBER OF CHILDREN AND ADULTS IN HOUSEHOLD: _____

PART 2. Benefits: If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

Name:	Case Number	NOTE: A Case number is not the number found on the EBT card or an individual’s Social Security number.
1. _____	_____	
2. _____	_____	
3. _____	_____	

PART 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Your School, Homeless Liaison, or Migrant Coordinator

Homeless
 Migrant
 Runaway

PART 4. TOTAL HOUSEHOLD GROSS INCOME: Please identify your income.

*** Weekly / Every 2 Weeks / Twice a Month / Monthly / Annual ***

Names of all Household Members, except children listed above	Earnings from work before deductions	Welfare, Child Support, Alimony	Pensions, SSI, VA Benefits, Social Security, Retirement	All other income	Check here if No Income
	\$ _____	\$ _____	\$ _____	\$ _____	
	\$ _____	\$ _____	\$ _____	\$ _____	
	\$ _____	\$ _____	\$ _____	\$ _____	
	\$ _____	\$ _____	\$ _____	\$ _____	

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Facility Name _____

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PART 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Statement on the back of this page.)

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.

Sign here: _____ Print name: _____

Date: _____ (form valid for one (1) year from this date)

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ I do not have a Social Security Number
(required)

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income _____ Weekly Every 2 Weeks Twice a Month Month Year Household Size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Tier I ___ Tier II ___

Reason: _____

Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)

Determining Official's Signature: _____ Date: _____

If applicable, Sponsor Signature: _____ Date: _____

Refer to the current USDA Income Eligibility Guidelines for making determinations of 'Free', 'Reduced', or 'Paid'.

HNP Representative Initials/Date
(for use during CACFP Reviews)

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, 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) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant 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.

Non-discrimination 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 (including gender identity or sexual orientation), age, or disability. To file a complaint of discrimination, write USDA, Assistant Secretary for Civil Rights, 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."