

# Important

Dear Parent,

Please return your completed CACFP Participant Enrollment Form **and** Child Eligibility Application by Friday, September 2nd. **Even if you think you do not qualify, these forms are required by the state.** Return the signed forms to your child's teacher. Call should you have any questions. 692-7068.

These forms must be completed annually. Any forms completed in the past are now obsolete.

Thank you,  
Eric

## Due Friday, September 2<sup>nd</sup>.

Please note that your child may not return on Monday without these forms.

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Estimados Padres de Familia:

Por favor regresar su aplicacion del Programa de comida (CACFP) Formulario para la inscripcion de participantes & Solicitud para poder ingresar en el programa de comidas para niños. El día viernes 2 de Septiembre. Aunque usted piense que no califica para estos servicios, esta forma es un requisito del estado, por favor devolverla firmada a la profesora de su hijo(a). Sientase tranquilo y libre de llamar si tiene alguna pregunta. 692-7068

Esta forma debe completarse anualmente. Cualquier forma hecha en el pasado no es valida ahora.

Gracias,  
Eric

## Entregar el Viernes 2 de Septiembre

# wic MAKES A HEALTHY DIFFERENCE



## WIC PROVIDES:



HEALTHY FOODS



NUTRITION  
COUNSELING AND  
EDUCATION



BREASTFEEDING  
SUPPORT



REFERRALS TO  
OTHER PROGRAMS

## To be eligible for WIC, you must:

1. Be pregnant, breastfeeding, a new mom or an infant or a child under age 5.
2. Receive Medicaid, Food Stamps, Work First or meet the WIC program's income guidelines.
3. Live in North Carolina.
4. Talk with a WIC nutritionist at your WIC appointment.



State of North Carolina • Department of Health and Human Services  
Division of Public Health • Nutrition Services Branch  
[www.ncdhhs.gov](http://www.ncdhhs.gov) • [www.nutritionnc.com](http://www.nutritionnc.com)  
This institution is an equal opportunity provider.  
500,000 copies of this public document were printed at a cost of  
\$29,692.06 or \$0.059 per copy, 10/19 NSB # 0020

## To apply for WIC, you must:

- Make an appointment with your local WIC program.
- Provide identification for yourself and each person applying for WIC.
- Provide proof of where you live.
- Provide proof of household income.

Contact your local WIC program for a complete list of acceptable documentation. WIC does not ask about visa status or citizenship.



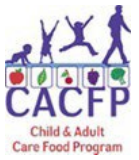
## Find your local WIC program:

Call 1-844-601-0365

Text keyword localwic + your zip  
code to 67076

Visit [nutritionnc.com/mywic](http://nutritionnc.com/mywic)

North Carolina Department of Health and Human Services  
Division of Child and Family Well-Being, Community Nutrition Services Section  
Child and Adult Care Food Program



## Infant and Child Enrollment Form

INSTITUTION NAME: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_ AGREEMENT#: \_\_\_\_\_

Circle one

**Dear Parent/Guardian,**

Helping Hand receives funding from the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs proof of enrollment for all children. Please complete the table below for each child in your family enrolled. Be sure to sign and date in the space below.

The information below must be completed by the parent or guardian.

Child's First Name	Child's Last Name	Date of Birth	Normal/Typical Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)
			_____ to _____	M T W Th F	B L PM
			_____ to _____	M T W Th F	B L PM
			_____ to _____	M T W Th F	B L PM
			_____ to _____	M T W Th F	B L PM
			_____ to _____	M T W Th F	B L PM

**Normal/Typical Hours of Care:** Write in each child's usual arrival and departure time. Indicate a.m. or p.m.

**Normal Days of Care:** Circle the days of the week each child is usually in attendance at the facility.

(M-Monday; T-Tuesday; W-Wednesday; Th- Thursday; F-Friday)

**Meals Normally Eaten** – Circle the meals each child usually eats at the facility. (B-Breakfast; L-Lunch; PM-PM Snack)

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Telephone Number:** \_\_\_\_\_ **Work Telephone Number:** \_\_\_\_\_

**For Facility/Provider Use Only:**

Signature of Facility Representative/Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Date each infant/child withdrew: \_\_\_\_\_

**For State Use Only:** Complete: \_\_\_\_\_ Incomplete: \_\_\_\_\_ Reason: \_\_\_\_\_ Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

This institution is an equal opportunity provider.



## INFANT AND CHILD INCOME ELIGIBILITY APPLICATION

INSTITUTION NAME: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_ AGREEMENT#: \_\_\_\_\_  
Circle one

1. CHILD'S NAME & DATE OF BIRTH:

First Name Last Name Date of Birth First Name Last Name Date of Birth

2. SNAP, TANF or FDIPIR case number: (Please call number on the back of your card to get your case number)

SNAP # \_\_\_\_\_ TANF#: \_\_\_\_\_ FDIPIR # \_\_\_\_\_

If you have provided the case number; DO NOT complete #3 and #4. Skip to complete #5 and #6.

3. Is this application for a:

Foster Child? Yes No Homeless Child? Yes No Child from a migrant family? Yes No

4. HOUSEHOLD MEMBERS MONTHLY INCOME:

Names of All Other Household Members Including other children not listed above	Monthly Wages / Salaries	Monthly Social Security	Monthly Public Assistance / Child Support	Monthly Retirement Pensions	Other Monthly Income
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

5. ETHNIC IDENTITY: (Check one): Hispanic or Latino Not Hispanic or Latino

RACE (Check one or more): White Black or African American American Indian or Alaskan Native Asian  
Native Hawaiian or Other Pacific Islander

6. **SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:** I certify that all of the above information is true and correct; that the application is being made in connection with the receipt of federal funds, that Program officials may verify the information on the application; and that deliberate misrepresentation of any of the information on the application may subject me to prosecution under applicable State and Federal criminal statutes.

Signature of Parent/Guardian (Required) \_\_\_\_\_ Date \_\_\_\_\_ Check if no SSN ☐  
Last Four Digits of Social Security Number (Required if qualifying by income)

Printed Name \_\_\_\_\_ Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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 your infant/child 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 last four digits of the social security number is not required when you apply on behalf of a foster infant/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 your infant/child or other FDIPIR 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 your infant/child is eligible for free or reduced-price meals and for administration and enforcement of the Program.

### To be completed by Institution/Sponsor

TOTAL HOUSEHOLD SIZE \_\_\_\_\_ TOTAL HOUSEHOLD MONTHLY INCOME \$ \_\_\_\_\_

Approved: ☐ Free ☐ Reduced-Price ☐ Denied

Reason for denial: ☐ Income too high ☐ Incomplete application ☐ Other: \_\_\_\_\_

Withdrew on (Date): \_\_\_\_\_

### For state use only:

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Verified classification:

☐ Free ☐ Reduced-Price ☐ Denied

Reason for classification change: \_\_\_\_\_

Signature of Eligibility Official (Individual at the Institution Level) – Required

Date – Required

**INSTRUCTIONS**

Please complete the Infant and Child Income Eligibility Applications using the instructions below. The application must be signed in number 6 and returned to the child care center.

**1-PARTICIPANT'S INFORMATION:**

- a. Print the name(s) and birth date(s) of the infant(s) and/or child/children enrolled in the center.

**2-HOUSEHOLD GETTING SNAP, TANF, OR FDPIR BENEFITS:**

- a. If you participate in SNAP, TANF, or FDPIR provide your case or identification number and skip number 4.  
b. If you do not participate in any of these programs, go on to number 3.

**3-FOSTER, HOMELESS, or MIGRANT INFANT/CHILD:**

- a. Indicate if either infant/child on the application is a foster infant/child, homeless, or an infant/child from a migrant family.  
b. Households with foster and non-foster infants/children may choose to include the foster infant/child as a household member, as well as any personal income earned by the foster infant/child, on the same household application that includes their non-foster infants/children.  
c. Host families applying for free and reduced priced meals for their own infants/children may include the homeless family as household members if the host family provides financial support to the homeless family. In such cases, the host family must also include any income received by the homeless family.  
d. If the infant(s) and/or child/children listed are foster, homeless, or from a migrant family, number 4 may be skipped.

**4- HOUSEHOLD INCOME:**

- a. List the names of all other household members.  
b. Write the amount of income (the amount before taxes or anything else is taken out), the frequency of income (i.e. weekly, every two weeks, twice a month, or monthly) received **last month** for each household member and where it came from, such as earnings, public assistance, pensions and other income (refer to examples below for types of income to report). If any amount last month was less than usual, write the person's usual income.

**INCOME TO REPORT**

<u>Earnings from Employment</u>	<u>Pensions/Retirement/Social Security</u>	<u>Other Income</u>
<ul style="list-style-type: none"> <li>Wage/salaries/tips</li> <li>Strike benefits</li> <li>Unemployment compensation</li> <li>Net income from self-owned business or farm</li> <li>Worker's compensation</li> </ul>	<ul style="list-style-type: none"> <li>Pensions</li> <li>Supplemental security income</li> <li>Retirement income</li> <li>Veteran's payments</li> <li>Social Security</li> </ul>	<ul style="list-style-type: none"> <li>Disability benefits</li> <li>Cash withdrawn from savings</li> <li>Interest/dividends</li> <li>Income from estates/trusts/investments</li> <li>Regular contributions from persons not living in the household</li> <li>Net royalties/annuities/ net rental income</li> <li>Any other income</li> </ul>
<u>Public Assistance/Child Support/Alimony</u> <ul style="list-style-type: none"> <li>Public assistance payments</li> <li>TANF payments</li> <li>Alimony/Child support payments</li> </ul>	<u>Military Households</u> <ul style="list-style-type: none"> <li>All cash income, including military benefits received in cash such housing/uniform allowances.</li> </ul>	

**5-RACIAL/ETHNIC IDENTITY:** Complete the Ethnic/Racial identity question.**6-SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: All households complete this part.**

All Infant and Child Income Eligibility Applications must be signed by an adult household member.

The adult household member who signs the certification statement must include the last four digits of his/her social security number. If he/she does not have a social security number, check the "No SSN" box. If you listed a SNAP, TANF, or FDIR number a social security number is not needed.



## HOUSEHOLD LETTER FOR NON-PRICING INSTITUTIONS

**Dear Parent or Guardian,**

Please help us comply with the federal requirement mandating the annual submission of program Income Eligibility Applications. This application will be used only for eligibility determination, placed in our files, and treated as confidential information. In order for participants and the day care center to be considered eligible for program benefits, an adult household member must complete the program Income Eligibility Application (IEA) for each participant enrolled in the center as soon as possible, sign, date and return it to the day care center. Completion of the application is not mandatory unless you wish to be considered for eligibility as a free or reduced-price participant.

If you currently receive SNAP, Temporary Aid to Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR), you are not required to list household income. You may give your SNAP, TANF or FDPIR case number, sign, date and return the application. If an infant and/or child is a member of a SNAP or FDPIR household or is a TANF recipient, the infant/child is automatically eligible to receive free program meal benefits, subject to completion of the application.

You should also note that if you have a foster infant/child the day care center is eligible for program benefits for the foster infant/child regardless of the income of your household. Households with foster and non-foster infants/children may choose to include the foster infant/child as a household member, as well as any personal income earned by the foster infant/child, on the same household application that includes their non-foster infants/children. Please contact the institution for further instructions.

You should list the name of everyone who lives in your household, including all infants, children, parents, grandparents, and other relatives. The Department of Agriculture 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 reported **must** be the total gross income, before deductions, received by all members of the household last month (i.e. wages, public assistance, TANF or retirement, etc.). Military benefits received in cash, such as housing allowance for military households living off base and food or clothing allowance **must** be considered as income. If you have a household member whose last month's income was higher or lower than usual, list that person's expected average monthly income.

## REDUCED GUIDELINES EFFECTIVE JULY 1, 2022 - JUNE 30, 2023\*

HOUSEHOLD SIZE	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	\$25,142	\$2,096	\$1,048	\$967	\$484
2	\$33,874	\$2,823	\$1,412	\$1,303	\$652
3	\$42,606	\$3,551	\$1,776	\$1,639	\$820
4	\$51,338	\$4,279	\$2,140	\$1,975	\$988
5	\$60,070	\$5,006	\$2,503	\$2,311	\$1,156
6	\$68,802	\$5,734	\$2,867	\$2,647	\$1,324
7	\$77,534	\$6,462	\$3,231	\$2,983	\$1,492
8	\$86,266	\$7,189	\$3,595	\$3,318	\$1,659
<b>For each additional family member add:</b>	\$8,732	\$728	\$364	\$336	\$168

\*Households with income less than or equal to these levels are eligible for free or reduced-price meals.

You may submit an Infant and Child Income Eligibility Application any time during the fiscal year. Participants having family members who become unemployed are eligible for free or reduced-price meals during the period of unemployment, provided that the loss of income causes the family's income during the period of unemployment to be within the eligibility standards for those meals.