

# ***Building For The Future***

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

## Meals

CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (two of the four groups)
<ul style="list-style-type: none"><li>• Milk</li><li>• Fruit or Vegetable</li><li>• Grains or Bread</li></ul>	<ul style="list-style-type: none"><li>• Milk</li><li>• Meat or Meat Alternate</li><li>• Grains or Bread</li><li>• Two different servings of Fruits or Vegetables</li></ul>	<ul style="list-style-type: none"><li>• Milk</li><li>• Meat or Meat Alternate</li><li>• Grains or Bread</li><li>• Fruit or Vegetable</li></ul>

## Participating Facilities

Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

**Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.

**Family Day Care Homes:** Licensed or approved private homes.

**Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth.

**Homeless Shelters:** Emergency shelters provide food services to homeless children.

## Eligibility

State agencies reimburse facilities that offer non-residential day care to the following children:

- children age 12 and under,
- migrant children age 15 and younger, and
- youths through age 18 (19 if birthday in school year) in afterschool care programs in needy areas.

## Contact Information

If you have questions about CACFP, please contact one of the following:

### **Sponsoring Organization Child Nutrition Program, Inc.**

<b>Charlotte Office</b> 74 Kenilworth Ave. Suite 102 Charlotte NC 28204 704-375-3938 800-352-1547	<b>Fayetteville Office</b> 2130-B Hope Mills Road Fayetteville, NC 28304 910-867-5511 800-206-6864
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**CACFP Unit Manager**  
Dept. of Health and Human  
Services Division of Public  
Health Nutrition Services  
Branch 1914 Mail Service  
Center Raleigh, NC 27699  
919-707-5799

**Enrollment And Eligibility Form For CACFP July 1, 2016 through June 30, 2017**

**This Center Participates In The Child and Adult Care Food Program:**

**Heaven's Angels Child Care Center Inc**

**Site #: 783**

First Name Include Nicknames	Last Name	Date of Birth	Normal Drop Off And Pick Up Times		Indicate Child's Normal Days of Care	Indicate Normal Meals Child Receives Daily <sup>1</sup>
			Drop Off	Pick Up		
			:	:	M TU W TH F S SU	B AM LU PM SU EVE
			:	:	M TU W TH F S SU	B AM LU PM SU EVE
			:	:	M TU W TH F S SU	B AM LU PM SU EVE
			:	:	M TU W TH F S SU	B AM LU PM SU EVE
			:	:	M TU W TH F S SU	B AM LU PM SU EVE

<sup>1</sup> B=Breakfast AM= Morning Snack LU= Lunch PM= Afternoon Snack SU=Supper EVE=Evening Snack

**Check One Ethnicity Below:**

Hispanic ☐  
Non-Hispanic ☐

**Check One Or More Race(s) Below:**

☐ American Indian Including South or Central America/Alaskan Native  
☐ Black/African American ☐ Asian ☐ White  
☐ Native Hawaiian/Other Pacific Islander

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_



Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Enter Confidential Eligibility Information In Boxes A, B and/or C  
IF You Enter In These Boxes, Sign in Box D:**

**Box A**

Enter a case number here if you have one:

SNAP (Food Stamps) # \_\_\_\_\_ TANF # \_\_\_\_\_ FDPIR# \_\_\_\_\_

**Box B**

**IF you enter nothing in Box A AND your before-tax household income falls below the guidelines on the back in Box B, enter names and amounts below for all people in your household other than the children on this form. Include Yourself!:**

Names of other household members	Monthly wages	Monthly Social Security Check	Monthly child support or public assistance	Monthly retirement pensions check	Monthly Other Earnings
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

**ONLY IF you fill out Box B, enter last 4 digits of your Social Security # XXX-XX-□□□□ Check if you don't have a SS # ☐**

**Box C**

**Name any children you are enrolling who are Court Appointed Foster Children living with you or Homeless Children you are hosting (including children evacuated from Japan or Bahrain):** See Box C On Back

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_



**Box D**

**Sign Here IF You Have Entered Information In Boxes A, B or C:**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

*I certify that all of this information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that Program officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal criminal laws.*

**Office use only:** Total household size: \_\_\_\_\_ Total monthly household income \$ \_\_\_\_\_

Approved: ☐ Free ☐ Reduced  
☐ Paid-Reason: ☐ Income over guidelines ☐ Incomplete ☐ Other

Signature of Eligibility Official \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**State Use Only:**

Verified By: \_\_\_\_\_  
 Verified Classification: ☐ Free  
☐ Reduced  
☐ Paid

Reason For Change \_\_\_\_\_