

# Child Care Food Program Infant Feeding Form

Child Care Facility Name: \_\_\_\_\_

Formula(s) offered: \_\_\_\_\_

\_\_\_\_\_

Infant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This child care facility participates in the Child Care Food Program (CCFP) and is required to offer infant formula and food to all enrolled infants. Solid foods are offered only when authorized by parents and when each infant is developmentally ready, in accordance with the CCFP Meal Pattern.

We welcome breastfed babies and support and encourage moms to continue breastfeeding when returning to work or school. For formula fed infants, we offer iron-fortified infant formula.

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**Parents, please complete the following:**

**Breastmilk** - Please check if you plan to do one or both:

- Provide pumped breastmilk
- Visit facility to nurse

**Infant Formula:**

- I accept the formula(s) offered by the facility
- I prefer to supply my own formula: \_\_\_\_\_

Record changes and updates below, as needed (i.e. infant switches from breastmilk to a center-provided infant formula).

Notes	Date	Parent Initials

Please attach additional pages as needed.

- This facility has not requested or required me to provide infant formula or food.**
- If desired, I understand I may supply only one component per meal.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_

\*Please note: Early Head Start facilities provide the brand of formula you currently give your infant as well as all age-appropriate food

**Florida Department of Health  
Child Care Food Program  
Child Participation Form**

Name of Child: \_\_\_\_\_ Name of Facility: \_\_\_\_\_

Dear Parent:

Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

Check here and sign/date below if your child does not receive meals while in care

If child care hours are the same every day, please complete this chart.		
Day	Normal Hours in Care	Meals Normally Received While in Care
Mon – Fri	a.m. _____ a.m. _____ p.m. to p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

**OR**

If child care hours are <u>not</u> the same every day, please complete this chart.		
Monday	a.m. _____ a.m. _____ p.m. to p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Tuesday	a.m. _____ a.m. _____ p.m. to p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Wednesday	a.m. _____ a.m. _____ p.m. to p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Thursday	a.m. _____ a.m. _____ p.m. to p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Friday	a.m. _____ a.m. _____ p.m. to p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Saturday	a.m. _____ a.m. _____ p.m. to p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Sunday	a.m. _____ a.m. _____ p.m. to p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

Check here and sign/date below if your child has no regularly scheduled hours of care

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

# CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

Child's Name: \_\_\_\_\_ Center Name & Address: \_\_\_\_\_

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (\_\_\_\_\_) \_\_\_\_\_

**STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)**

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

**STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?**

If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: \_\_\_\_\_ or TANF Case Number: \_\_\_\_\_

**STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)**

Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's income – Total: \$ \_\_\_\_\_ How often received? (check only one):  Weekly  Bi-Weekly  Twice a Month  Monthly  Annually

**STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)**

Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually
	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (Add STEP 1 & 4): \_\_\_\_\_ Last four digits of Social Security Number (SSN) of adult household member: \_\_\_\_\_ If no SSN, write "none."

**STEP 5: Contact information and adult signature**

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): \_\_\_\_\_ Daytime phone #: (\_\_\_\_\_) \_\_\_\_\_

Street Address, City, State, Zip Code

Signature of adult household member: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date signed: \_\_\_\_\_

**OPTIONAL: Child's ethnic and racial identities** We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community.

Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. 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

**FOR CONTRACTOR USE ONLY:**

Categorical Eligibility:  FAP/SNAP or TANF Household  Foster Child Total Household Size: \_\_\_\_\_ Total Household Income: \$ \_\_\_\_\_

Eligibility Determination:  Free  Reduced-Price  Non-needly How Often Income is Received (Frequency):  Weekly  Biweekly  Twice a Month  Monthly  Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-needly Status:  Income too High  Incomplete Application  Other Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Second Party Check Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS for completing the Free and Reduced-Price Meal Application (use a pen and print all information other than signature)**

**IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM (FAP/SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS, FOLLOW THESE INSTRUCTIONS:** STEP 1: List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. STEP 2: Enter either the FAP/SNAP or TANF case number in the designated space. The case number will be on your letter of eligibility; it is not the number on your EBT card. STEP 3: Skip this step. STEP 4: Skip this step. STEP 5: Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

**IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:** With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household where they reside. You have the option to provide the child care center with official documentation from the foster care agency or court that placed the child in the household, rather than completing this application. Should you choose to complete this application, and you are applying only for a foster child(ren), then only complete STEPS 1 and 5. If you are applying for foster and non-foster children, complete STEPS 1, 3, 4 and 5. If completing STEP 3, do not include payments to the household for the care of the foster child(ren). See the instructions listed below for the applicable steps.

**ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:** STEP 1: List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. STEP 2: Skip this step. STEP 3: Enter the total income received by all children listed in STEP 1, then check how often the income is received. STEP 4: List all adults age 19 and older that are supported with the household's income, even if they are not related to you and even if they receive no income. If there is not enough space to list all adults, use a second form and attach the forms together. For each adult, list the amount of income he/she regularly receives before taxes or anything else is taken out and circle how often the income is received (frequency) in the appropriate columns. If self-employed, list net income. See examples below for sources of income to report. For any adult with no income, write "none" or "0." Any income fields that are blank will also be counted as a zero (0). Enter the total number of household members (all children and adults), then list the last four digits of the social security number (SSN) of the adult completing/signing the application (or write NONE if he/she has no SSN). STEP 5: Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

Sources of Income for Children		Sources of Income for Adults		
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
Social Security • Disability Payments • Survivor's Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits	• Salary, wages, cash bonuses • Net income from self-employment (farm or business)	• Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household
Income from person outside the household	A friend or extended family member regularly gives a child spending money	If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food and clothing		
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust			

The Richard B. Russell National School Lunch Act requires that, unless you list a current Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) case number or are applying for a foster child, you must include the last four digits of the Social Security Number (SSN) of the adult household member signing the application or indicate that the signer does not have a SSN. Providing the last four digits of a SSN is not mandatory, but if this information is not given or an indication is not made that the signer does not have a SSN, the application cannot be approved. The information provided on this form may be verified through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a welfare office to verify receipt of FAP/SNAP or TANF benefits, contacting the state employment security office to determine the amount of benefits received, and checking any documentation produced by the household to prove the amount of income received. These verification efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. 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 investigate violations of program rules.

**This institution is an equal opportunity provider. Please refer to the accompanying Parent Letter to read the full Nondiscrimination Statement**