

Child and Adult Care Food Program  
CHILD AND/OR ADULT ENROLLMENT FORM

Dear Parent/Guardian:

Your child / adult's day care has been approved for participation in the USDA's Child and Adult Care Food Program, which partially reimburses Child Care Providers/Centers for nutritious meals served to children/adults in attendance. This program reimbursement supports the quality of the meal program and is beneficial to you and your child / adult because it provides nutritious meals and snacks.

Sponsoring Organization Name: Merrimack Valley Day Care Services  
 Sponsoring Organization Phone #: (603) 224-1632  
 Child Care Provider/Business Name: Tiny Twisters  
 Sponsoring Organization CACFP Representative Name: Elizabeth Bolduc

**Annual Renewals:**

Check One:  
 I certify that the changes noted, initialed and dated below are true and accurate.  
 I certify that the information recorded below remains true and accurate.

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

**Directions: Form must be completed by parent/guardian so that the actual time of enrollment reflects the accurate arrival and departure times each day of the child(ren) in attendance. Please ensure that this document represents the most current profile of your child(ren)'s enrollment status. Update and certify this document annually.**

Full Name of Child / Adult in Family Enrolled in CACFP	Date of Birth	Age	Time Child/Adult Arrives at Day Care	Time Child Goes to School	Time Child Returns from School	Time Child/Adult Leaves for Home	Days in Care							Attendance during Vacation/No-School Days (Circle One)	Meals Eaten at Child Care												
							M	T	W	Th	F	Sa	Su		Bk	AM Sn	L	PM Sn	Su	BT Sn							
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Parent/Guardian/Client Name: \_\_\_\_\_ *Please Print*

Mailing Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Parent/Guardian Workplaces: \_\_\_\_\_

Mother Phone # \_\_\_\_\_ Father Phone # \_\_\_\_\_

**To the best of my knowledge all of the above information is correct.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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**For CACFP Representative Use Only**

Sponsor Signature \_\_\_\_\_

Effective Date of Form: \_\_\_\_\_

Check One

New enrollment       Annual Renewal

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly. 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. This institution is an equal opportunity provider.



**PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN):** An adult household member must sign the application. If Part 3 is completed, the adult signing the form also must 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 (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Last four digits of Social Security Number: \*\*\* - \* \* - \_\_\_\_\_  I do not have a Social Security Number

**PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

<u>Choose one ethnicity:</u>		<u>Choose one or more (regardless of ethnicity):</u>	
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

**FEDERAL ELIGIBILITY INCOME CHART For School Year 2021-2022**

Household size	Yearly	Monthly	Weekly	Household size	Yearly	Monthly	Weekly
1	\$ 23,828	\$1,986	\$459	5	57,424	4,786	1,105
2	32,227	2,686	620	6	65,823	5,486	1,266
3	40,626	3,386	782	7	74,222	6,186	1,428
4	49,025	4,086	943	8	82,621	6,886	1,589
				Each additional person	+ \$8,399	+ \$700	+ \$162
				person:		+ \$700	+ \$162

**DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.**

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

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Date Withdrawn: \_\_\_\_\_

Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 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 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 if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. 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.

## USDA Nondiscrimination Statement

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:

- (1) mail: U.S. Department of Agriculture,  
Office of the Assistant Secretary for Civil Rights,  
1400 Independence Avenue, SW,  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). *This institution is an equal opportunity provider.*

August 2021  
ccc/fdch Income Eligibility Form