

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							

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 _____

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.

CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE:
Insert URL Here

STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name	MI	Child's Last Name	Check all that apply				
			Foster Child	Migrant	Runaway	Homeless	Head Start
			<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"/>

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Write only one case number in this space.

Are you unsure what income to include here? Flip this page and review the charts titled "Sources of Income" for more information.
The "Sources of Income for Children" chart will help you with the Child Income section.
The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

Name of Adult Household Members (First and Last)	Child Income		How often?		Welfare/Child Support/Alimony		How often?		Pensions/Retirement/Social Security/SSI/VA Benefits	Check if no SSN <input type="checkbox"/>
	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly		
	\$		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member:

Print Name of Adult Signing the Form: _____

Signature of Adult: _____

Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone/Email: _____

STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL/AT.

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivor's Benefits	<ul style="list-style-type: none"> 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
Income from person outside of household	<ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money
Income from any other source	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Workers compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

OPTIONAL Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

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

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, the funds your child care center/provider receives may be impacted. 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 (FDPRI) case number or other FDPRI 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 the meal reimbursement for your child care center/provider. 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.

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.ascrusda.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:

MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7142, or
EMAIL: program.inhake@usda.gov
This institution is an equal opportunity provider.

*Only use this address if you are filing a complaint of discrimination.

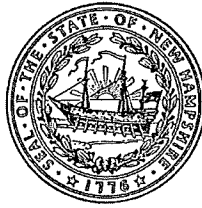
DO NOT FILL OUT For official use only

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

Total Income How often? Weekly Bi-weekly Monthly 2x/Month

Determining Official's Signature Date Household size Categorical Eligibility Eligibility None Reduced Denied

Confirming Official's Signature Date Follow-up Official's Signature Date



Frank Edelblut
Commissioner

Christine Brennan
Deputy Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
101 Pleasant Street
Concord, N.H. 03301

SPECIAL DIETARY MEDICAL STATEMENT
Please send to Student's School

Date: _____
Student Name: _____

MEAL MODIFICATIONS MADE OUTSIDE THE MEAL PATTERN	
(Accommodation that alters the USDA meal pattern; ex. fruit cannot be served to student)	
Foods to be Avoided:	

Brief explanation of how exposure to this food affects the student:	

Recommended Substitute to this Food:	

Signature of Licensed Medical Professional	Printed Name of Licensed Medical Professional

MEAL MODIFICATIONS MADE WITHIN THE MEAL PATTERN		
(Accommodation within one of the 5 food items; ex. orange served instead of an apple)		
Foods to be Avoided:		

Brief explanation of how exposure to this food affects the student:		

Recommended Substitute to this Food:		

Signature	Printed Name	Title

Please refer to Page 14 of USDA-FNS *ACCOMMODATING CHILDREN WITH DISABILITIES IN THE SCHOOL MEAL PROGRAMS, JULY 25, 2017*

Meal Pattern = Meat/Meat Alternate, Grain, Vegetable, Fruit and Milk

TDD Access: Relay NH 711
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Infant Feeding Selection Form

For: _____
Baby's Name Birthdate

To help us ensure we are providing the best nutritional care for your baby, birth through 11 months old, please check and complete the following statements that apply to you and your baby. We provide the following *iron-fortified* infant formula(s) to babies in our care:

Brand name of formula(s) offered: Similac Advance

PARENT SECTION – please complete

1. I understand that this child care facility will provide a USDA-approved iron-fortified formula for my baby birth through 11 months according to the Child and Adult Care Food Program requirements.

I prefer to: (check only one)

- Have the child care facility supply formula the above formula
- Supply my own infant's iron fortified infant formula Brand: _____
- Supply breastmilk
- Supply breastmilk and supply my own infant's iron fortified infant formula to supplement as needed Brand: _____
- Supply breastmilk and have the child care facility supply the above formula to supplement as needed

2. I understand that this child care facility will provide iron-fortified infant cereal and baby food for infants 6 months through 11 months old according to the Child and Adult Care Food Program requirements.

I prefer to: (check only one)

- Have the child care facility supply iron fortified infant cereal and solid foods
- Supply my own infant's cereal and solid foods. I understand that in offering to supply my infant's solid foods, I agree to provide foods that meet the CACFP meal pattern requirements for my infant's age as shown on the chart on the back of this form.

Other things you should know about feeding my baby: (Feeding schedule, allergies, special feeding needs, etc.)

This facility has not requested or required me to provide infant formula or food for my baby, birth through 11 months old. I understand that I have the choice of having my baby participate in the CACFP. I also understand that if I provide containers of breast milk or formula and containers of food for my infant, each container must be labeled with my baby's name, and date and time of preparation.

Parent Signature

Date

Note to Center: Complete this form with each infant enrolled for care. Revise this form whenever the mother discontinues breastfeeding, the center changes the brand of formula provided, the parent changes decision about provision of formula, or the infant is ready to begin solids. Remember cow's milk is not allowed under 1 year of age without a medical statement. Keep this form on file for your records.

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