

**CHILD AND ADULT CARE FOOD PROGRAM  
MEDIA RELEASE**

**Child Care Centers, Adult Day Care Centers, Sponsoring Organizations of Centers,  
Outside School Hours Care Center**

**AGREEMENT NUMBER: 7383**

The Seymour Johnson Air Force Base Child Development Center announces their participation in the U.S. Department of Agriculture funded Child and Adult Care Food Program. Meals will be available at no separate charge to enrolled participants. The income guidelines for free and reduced price meals by family size are listed on the back of this sheet. Children who are TANF recipients, members of SNAP or FDPIR households, or Head Start participants are automatically eligible to receive free meal benefits. Adult participants who are members of food stamp or FDPIR households or who are SSI or Medicaid participants are automatically eligible to receive free meal benefits.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

## CACFP ELIGIBILITY APPLICATION INSTRUCTIONS

Please complete the Child and Adult Care Food Program Eligibility Applications using the instructions below. Sign the statement and return it to your child care center.

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### **PART 1-PARTICIPANT'S INFORMATION: Complete this part.**

Print the name(s) of the child enrolled in the center.

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### **PART 2-HOUSEHOLD GETTING SNAP, TANF, OR FDPIR BENEFITS: Complete this PART and PART 6.**

- (1) List your current SNAP, TANF, or FDPIR case identification number.
- (2) An adult household member must sign the statement in PART 6.

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### **PART 3-FOSTER or HOMELESS CHILD (Including children evacuated from Japan and Bahrain)**

- (1) Indicate if child is a Foster Child or is homeless. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children. Additionally, when a host family applies for free and reduced price meals for their own children, the host family 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.
- (2) An Adult household Member must sign the statement in PART 6.

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### **PART 4- HOUSEHOLD INCOME: Complete this PART and PART 6**

- (1) List the names of household members.
- (2) 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, welfare, 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.
- (3) An adult household member must sign this income eligibility statement and give the last four digits of his/her social security number in PART 6.

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### **PART 5-RACIAL/ETHNIC IDENTITY: Complete the Ethnic/Racial identity question.**

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### **PART 6-SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: All households complete this PART.**

- (1) All eligibility statements must have this signature of an adult household member;
- (2) The adult household member who signs the statement must include the last four digits of his/her social security number. If he/she does not have a social security number, write "none". If you listed a SNAP, TANF, or FDIR number a social security number is not needed.

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### **INCOME TO REPORT**

#### Earnings from Employment

Wage/salaries/tips  
Strike benefits

Unemployment compensation  
Worker's compensation  
Net income from self-owned  
business or farm

#### Welfare/Child Support/Alimony

Public assistance payments  
Welfare payments  
Alimony/Child support payments

#### Pensions/Retirement/Social Security

Pensions  
Supplemental security income  
Retirement income  
Veteran's payments  
Social security

#### Military Households

All cash income, including military housing/uniform allowances. Does not include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.)

#### Other Income

Disability benefits  
Cash withdrawn from savings  
Interest/dividends  
Income from estates/trusts/  
investments

Regular contributions from  
persons not living in the  
household  
Net royalties/annuities/  
net rental income  
Any other income

All programs of the United States Department of Agriculture are available to everyone with out regard to race, color, sex, national origin, age or disability.

North Carolina  
 Department of Health and Human Services  
 Women's and Children's Health  
**CHILD AND ADULT CARE FOOD PROGRAM**  
**CHILD ELIGIBILITY APPLICATION**

1. PRINT THE PARTICIPANT'S NAME AND DATE OF BIRTH: \_\_\_\_\_ NAME OF INSTITUTION: \_\_\_\_\_  
 \_\_\_\_\_ AGREEMENT NUMBER: \_\_\_\_\_  
 First Name Last Name Date of Birth  
 \_\_\_\_\_  
 First Name Last Name Date of Birth  
 \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_

2. SNAP, TANF or FDPIR: If the household currently receives SNAP, TANF or FDPIR benefits give the case number. Yes, we receive SNAP, TANF or FDPIR benefits. Case number is: SNAP # \_\_\_\_\_  
 TANF # \_\_\_\_\_ FDPIR # \_\_\_\_\_  
 If yes, and you have provided the case number; **DO NOT complete #3 and #4. Complete #5 (voluntary) and #6.** If a child is a member of a SNAP or FDPIR household or TANF assistance unit, the child is automatically eligible to receive free Program meal benefits, subject to the completion of the application.

3. Is this a Foster Child?  Yes  No. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children.  
 Is this a homeless child or a child evacuated from Japan or Bahrain?  Yes  No. Certification from the agency that assisted with the evacuation or is providing shelter is required.

4. HOUSEHOLD MEMBERS MONTHLY INCOME: List all others living in your household, **DO NOT** include participant listed above. List all gross income (**before deductions**) received last month. If you did not give a SNAP, TANF or FDPIR case number or if this is not a foster child, you must complete the income information.

Names of all Other Household Members	Monthly Wages Salaries	Monthly Social Security Earnings	Monthly Public Assistance/ Child Support Earnings	Monthly Retirement Pensions Earnings	Monthly Other Earnings
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

5. ETHNIC IDENTITY: (Please check one).  
 Hispanic or Latino  Not Hispanic or Latino  
 RACE OF PARTICIPANT: (Please 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 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.

Signature of Adult Household Member (Required) \_\_\_\_\_ Date \_\_\_\_\_ Last Four Digits of Social Security Number ((Required for households 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 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 SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other FDPIR 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 child is eligible for free or reduced price meals and for administration and enforcement of the Program. If a child is a Head Start participant, the child is automatically eligible to receive free Program meal benefits, subject to submission by Head Start officials of a Head Start statement of income eligibility or income eligibility documentation.

**For Institution To be classified and completed by institution/sponsor**

TOTAL HOUSEHOLD SIZE \_\_\_\_\_ TOTAL HOUSEHOLD MONTHLY INCOME \$ \_\_\_\_\_  
 Approved:  Free  Reduced  Denied  
 Reason for denial:  Income too high  Incomplete application  Other  
 Withdrew on (Date): \_\_\_\_\_

**For state use only:**  
 Verified by: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Verified classification:  Free  Reduced  Denied  
 Reason for change in classification: \_\_\_\_\_

Signature of Eligibility Official \_\_\_\_\_ Date \_\_\_\_\_  
 CAC 11 (6/12) Nutrition Services



**PARENT GUARDIAN/HOUSEHOLD LETTER FOR NON-PRICING INSTITUTIONS  
CHILD AND ADULT CARE FOOD PROGRAM**

**Dear Parent or Guardian,**

Please help us comply with the federal requirement mandating the annual submission of Program Eligibility Application (CAC 11). 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 Eligibility Application 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 a child is a member of a SNAP or FDPIR household or is a TANF recipient, the 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 child the day care center is eligible for program benefits for the foster child regardless of the income of your household. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children. Please contact the institution for further instructions.

You should list the name of everyone who lives in your household, including all 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 which you report **must** be the total gross income, before deductions, received by all members of your household last month (i.e. wages, welfare 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.

**EFFECTIVE JULY 1, 2012 - JUNE 30, 2013  
REDUCED GUIDELINES**

<b>HOUSEHOLD SIZE</b>	<b>YEARLY</b>	<b>MONTHLY</b>	<b>TWICE PER MONTH</b>	<b>EVERY TWO WEEKS</b>	<b>WEEKLY</b>
1	20,665	1,723	862	795	398
2	27,991	2,333	1,167	1,077	539
3	35,317	2,944	1,472	1,359	680
4	42,643	3,554	1,777	1,641	821
5	49,969	4,165	2,083	1,922	961
6	57,295	4,775	2,388	2,204	1,102
7	64,621	5,386	2,693	2,486	1,243
8	71,947	5,996	2,998	2,768	1,384
<b>For each Household member add:</b>	<b>+7,326</b>	<b>+611</b>	<b>+306</b>	<b>+282</b>	<b>+141</b>

You may submit a program 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.

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**Child and Adult Care Food Program (CACFP)  
Participant Enrollment Form**

Institution Name: \_\_\_\_\_ Agreement Number: \_\_\_\_\_  
Facility/Provider Name: \_\_\_\_\_

**Dear Parent/Guardian,**

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs verification of enrollment for each participant in this facility. Please complete the table below for all participants in your household that are enrolled at this facility. The information below should be completed by the parent or guardian. Please use the guides below the table to complete. Please sign and date this form below.

Participant's First Name	Participant'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 Sat Sun	B AM L PM S LPM
			_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM

**Guide:**

**Normal hours of care:** Please insert the usual arrival time and the usual departure time. Indicate a.m. or p.m.

**Normal days of care:** Please circle the days of the week the participant(s) are usually in attendance at the facility. (M=Monday; T=Tuesday; W=Wednesday; TH= Thursday; F=Friday; Sat =Saturday; Sun=Sunday)

**Meals Normally Eaten** – Please circle the meals the participant(s) usually eats at the facility.

(B=Breakfast; AM=AM Snack; L=Lunch; PM=PM Snack; S=Supper; LPM=Late PM/Evening 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 the participant withdrew: \_\_\_\_\_

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