ProvidersChoice™
Supporting the Child Care Professional

CACFP: ANNUAL Child Enrollment & Household Income Statement

Center Name: MI FAMILIA CHILDCARE #163

First Day in Care:

STEP 1 List all children in the household

First Name	Last Name	Date of Birth	Enrolled in center?	Foster child?	Hours in Care		Normal Days in Care							Normal Meals Received						Ethnicity*	Race**
					Arrive	Leave	M	Tu	W	Th	F	Sa	Su	B	AM	L	PM	D	EV		

Ethnicity* Optional to complete — **H:** Hispanic or Latino -OR- **N:** Not Hispanic or Latino

Race** Optional to complete — **I:** American Indian or Alaskan Native, **A:** Asian, **B:** Black or African American, **P:** Native Hawaiian or other Pacific Islander, **W:** White

STEP 2 Infants

Infant's Name:

☐ Center will provide formula

☐ Parent will provide breastmilk

The type of iron-fortified infant formula this center offers:

☐ Parent will provide iron-fortified infant formula. *Specify brand & type:*

☐ Parent will provide more than 1 food item per meal/snack and decline the CACFP

STEP 3 Do any household members currently participate in: ☐ **SNAP?** ☐ **MFIP?** ☐ **FDPIR?** If YES, **Case Number:**

STEP 4 Complete if you do not have a case number

Adults – Full Name List all adult household members even if they don't receive income.	Gross Pay		Farm or Self-Employment		Public Assistance, Child Support, Alimony		All Other Incomes	
	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?
	$		$		$		$	
	$		$		$		$	
	$		$		$		$	
How Often	**W:** Weekly, **B:** Bi-Weekly (every other week), **2:** Twice a month, **M:** Monthly, **Y:** Yearly				Child Income		$	

STEP 5

I certify (promise) that all information on this form is true and that all income is reported. I understand this information is given in connection with receipt of federal funds and that officials may check the information. I understand that if I purposely give false information, I may be prosecuted under applicable federal and state laws.

Print Name

Signature

Date

Last 4-digits of Social Security Number SSN (if STEP 4 is completed): ☐ No SSN

Address

Phone

Email

City, State, Zip Code

SPONSOR USE ONLY

☐ Free (A) – Foster ☐ Free (A) – Case Number ☐ Free (A) - Income ☐ Reduced (B) - Income ☐ Paid (C)

11/1/19 Effective Dates _____ TO _____ Signature _____ Date _____

Income: How Much _____ How Often _____ HH Size _____

2nd Approval _____