PROVIDERS CHOICE

Annual Family CACFP Enrollment Form

Center Name: Mi Familia Childcare #163

Step 1 List all children ages 0-17 years old living in your household, even if they are not related. If more space is needed, attach another sheet.

Child's First Name	Child's Last Name	Birthdate (mm/dd/yyyy)	Enrolled at this center?	In Foster Care?	Enrolled in Head Start?	Hours in Care: Arrive Time	Hours in Care: Leave Time	Hours in Care: Varies	Normal Days in Care: Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Normal Meals Received: Breakfast	AM Snack	Lunch	PM Snack	Dinner	EV Snack	Ethnicity*	Race**
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OPTIONAL TO COMPLETE – Ethnicity* *(Select one)* **H:** Hispanic or Latino **N:** Not Hispanic or Latino

Race** *(Select one or more)* **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 Under 12 Months Only:** The iron-fortified infant formula this center offers is: N/A

☐ Parent/guardian accepts center formula ☐ Parent/guardian will provide breastmilk

☐ Parent/guardian declines center formula and will provide _____ *(specify brand/type of iron-fortified infant formula)*

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

Step 3 If any household members currently participate in SNAP*, MFIP*, or FDPIR*, provide the case number. *If no, skip to step 4.*

SNAP Case Number: **MFIP** Case Number: **FPIR** Case Number:

Step 4 **Adult Income –** List the full name and gross income (before taxes) for each adult household member (living with you, sharing income and expenses, related or not), including yourself. If any adult household members do not receive income from any source, write '0'.

	Gross Pay from Work (Do not write in an hourly wage): Gross pay before taxes (not take-home pay)	Weekly	Every 2 weeks	Twice per month	Monthly	Yearly	Farm or Self-Employment: Net Income after business expenses	Monthly	Yearly	Public Assistance, Child Support, Alimony: Payments received	Weekly	Every 2 weeks	Twice per month	Monthly	All other Incomes: Pension, retirement, disability, unemployment, Veterans benefits, etc.	Weekly	Every 2 weeks	Twice per month	Monthly
	$	☐	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

Child Income – Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes) received by ALL children listed in STEP 1 here.

Total Income	Weekly	Every 2 weeks	Twice per month	Monthly	Yearly
$	☐	☐	☐	☐	☐

Step 5 I certify (promise) that all information provided is true and that all income is reported. I understand this information is given in connection with the receipt of Federal funds and officials may verify (confirm) the information. I am aware that I may be prosecuted under applicable State and Federal laws if I provide false information.

Print Name: Signature: Date (mm/dd/yyyy):

Last four numbers of signer's Social Security Number (SSN): or ☐ I do not have a Social Security Number *(Required if completing Step 4)*

Address (include street, city, state, zip code):

Phone: Email:

Sponsor Use Only—Do Not Write Here Effective Dates: From _____ TO _____ 1st Approval Signature: _____ Date: _____ 2nd Check Initials: _____

☐ Free (A)-Head Start ☐ Free (A)-Foster ☐ Free (A)-Case Number ☐ Free (A)-Income ☐ Reduced (B)-Income ☐ Paid (C) **Total Income:** $_____ How often: _____ HH Size: ___

If Children qualify differently– Head Start Child(ren): _____ Child(ren) in Foster Care: _____ Free/Reduced/Paid Child(ren): _____