

**Illinois State Board of Education
Annual Enrollment Form
Child and Adult Care Food Program**

Child Care Centers, Pre-K, Head Start, Even Start, and Licensed Outside School Hours Programs

Exempt programs: At-Risk After-School, License-exempt Outside School Hours, or Emergency Shelters

Parents/Centers: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents or guardians to complete or review a CACFP Annual Enrollment Form when enrolling their child(ren) and every year thereafter. This information will help ensure all children receive appropriate meals during their care. The parent or center may complete Sections 1 through 4. The parent must review to ensure accuracy; then complete Section 5, sign and date Section 6. If parent does not complete Section 5, center staff should complete to the best of their ability (by observation) and initial the section. The center will review completed enrollment form and enter effective date in lower left section.

1	2	3 TIMES CHILD NORMALLY ATTENDS DURING WEEK						4		
FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE	TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL		MEALS RECEIVED
		AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center	
First Child	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours								
Name _____ Birth Date _____ Age _____		<input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack								
Second Child	<input type="checkbox"/> Same Days as Above <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Same Times as Child Above								
Name _____ Birth Date _____ Age _____		<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack								
Third Child	<input type="checkbox"/> Same Days as Above <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Same Times as Child Above								
Name _____ Birth Date _____ Age _____		<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack								

Please answer both questions. This information is voluntary.

5 ETHNIC/RACIAL CATEGORIES—

A. Ethnic data of child(ren)— Mark only one. Hispanic or Latino Not Hispanic or Latino

B. Racial data of child(ren)— Mark one or more that apply. Asian Black or African American Native Hawaiian or Other Pacific Islander

White American Indian or Alaska Native

6 SIGNATURE

I certify the information above is correct. _____ Date _____ Telephone Number of Parent or Guardian _____

Signature of Parent or Guardian

<p align="center">CHILD CARE REPRESENTATIVE USE ONLY</p> <p>Effective Date of This Enrollment Form _____</p> <p>The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.</p>	<p>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 toll free 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.</p>
---	---

**HOUSEHOLD ELIGIBILITY APPLICATION FOR CHILD CARE CENTERS
CHILD AND ADULT CARE FOOD PROGRAM**

1. All Household Members	2.	3.
NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	Ages of Children at Center	FOSTER CHILD Foster children are a legal responsibility of DCFS or court. If all are foster children, skip to #6.
		SNAP OR TANF CASE NUMBER Skip to Part 6 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below.
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

4. Homeless, Migrant, or Runaway

Homeless
 Migrant
 Runaway

 Signature of School Homeless Liaison or Migrant Coordinator Date

5. Total Household Gross Income (before deductions) You must tell us how much and how often.

NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 twice a month; \$100/every other week; \$100/week)							
	Earnings From Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

6. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 5 is completed or if zero income is listed, the adult signing the form must also list the last four digits his or her social security number or mark the I do not have a social security number box.

I certify all information on this application is true and all income is reported. I understand the center will get federal funds based on the information I give. I understand the institution, Illinois State Board of Education, or Office of Inspector General, may verify this information on the application. Deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

_____ _____ _____
 Date Printed Name of Adult Household Member Signature of Adult Household Member

7. Contact Information (Optional)

Work Telephone Number (Include Area Code)
 Home Telephone Number (Include Area Code)
 Home Address (Number, Street, City, State, Zip Code)

8. Optional - Sharing Information With All Kids Insurance Program

May we share your information on this application with the All Kids Insurance Program, the complete health insurance program for every child in Illinois? If yes, do not sign below.

No, I do not want my information from this application shared with the All Kids Insurance Program.

Date: _____ Sign here: _____

PRIVACY ACT STATEMENT: 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 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 Child and Adult Care Food Program. 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.

NON-DISCRIMINATION STATEMENT: 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 toll free 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.

CHILD CARE REPRESENTATIVE USE ONLY—ELIGIBILITY DETERMINATION - COMPLETE SECTIONS A and B BELOW
 Follow the instructions for Institutions to Process Household Eligibility Applications available at www.isbe.net/nutrition.

SECTION A Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12 *Convert income only if different frequencies of pay are reported.*

TOTAL INCOME \$ _____ Per: Week Every 2 Weeks Twice a Month Month Year NUMBER IN HOUSEHOLD: _____

Free based on: Reduced based on: Denied—Reason:

foster child household's income income too high
 SNAP or TANF migrant incomplete application
 homeless runaway Non-qualifying SNAP/TANF
 household's income

SECTION B Signature of Representative _____ Effective Date _____