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

All Heuseheld Members			THE RESERVE	ID ADO	ILI OAKL	TOODFRO												
1. All Household Members			2.				3.											
NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last			Ages of Children at Center 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.											
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			- 3					-			-		-					
								-			-		-					
								T -			-		-					
								1-			_		-					
4. Homeless, Migrant, or Runawa	у																	
Homeless Migrant	Runaway			-	Sig	nature of School	Homeles	s Liais	on or Mig	rant C	oordina	ator			-	D	ate	
5. Total Household Gross Income	(before	deductions	s) You m	ust tell														
									ce a mon	th; \$10	00/even	y other	week; \$1	00/we	ek)			
NAMES (LIST ALL HOUSEHOLD MEMBERS	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/r Earnings From Work Welfare, Child								-									
WITH INCOME)	(Before Deductions)			Support, Alimony				Pensions, Retirement, Social Security						Worker's Comp., Unemploy- ment, SSI, etc. (All other income				
	Amo	ount H	How often?		Amount	How often?		Amo	ount	, }	How oft	en?	-	nount	1	Н	ow often?	
l.	\$			\$			\$						\$					
ii.	S			\$			\$						\$					
iii.	\$			\$		*,**	\$						\$					
iv.	\$			\$	2		\$						\$					
V.	S			\$			\$	-					\$	-				
I certify all information on this application is State Board of Education, or Office of Inspec applicable state and federal laws.					X													
7. Contact Information (Optional)		of Adult Hous	sehold Mei	mber	/-	. Si	ignature	of Ac	lult Hou	sehol	d Men	ber						
Work Telephone Number (Include Area Cod 8. Optional – Sharing Information		Home Telepi			ude Area Co	ode)	Но	me A	ddress	Numi	ber, St	reet, (City, Sta	e, Zij	o Coo	te)		
May we share your information on this appli No, I do not want my information from	cation with	the All Kids I	nsurance l	- Proaram	, the comple	ete health insur gram.	ance pr	ogran	n for eve	ery ch	ild in I	llinois'	? If yes	do r	not siç	gn bek	ow.	
Date:	_ Sign he	ere:																
PRIVACY ACT STATEMENT: The Richard cannot approve your child for free or reduce social security number is not required when (TANF) Program, or Food Distribution Prograigning the application does not have a socienforcement of the Child and Adult Care Fobenefits for their programs, auditors for programs.	d-price me you apply d am on India al security	als. You must on behalf of a an Reservatio number We	t include th foster chil ons (FDPIF will use vo	ie last fo d or you R) case n	ur digits of t list a Supple number or ot pation to del	he social secu emental Nutrition Ther FDPIR ide Carmina if your	rity numi on Assis ntifier fo	ber of tance r your	the add Progra child o	ilt hou m (SI r whe	usehol NAP), n you i	d men Tempo indica	nber whe brary As: te that the	sistar e ad	ns the nce fo lult ho	appli r Need useho	cation. The dy Familie ld membe	
CHILD CARE REPRESENTATIVE USE ON Follow the Instructions for Institutions to Pro	LY—ELIG	IBILITY DETI	ERMINATI	ON - CO	MPLETE S	ECTIONS A. E	3 and C	BEL	ow -									
SECTION A Annual Income Con	version W	eekly X 52	Every 2 V	Veeks X	26 Twice	a Month X 24	Once	e a M	onth X	12			vert inco uencies					
TOTAL INCOME \$ Per:	☐ Wee	k 🗌 Eve	ry 2 Week	s \square	Twice a M	onth 🔲 M	lonth		Year		N	UMBE	R IN H	OUSE	EHOL	.D:		
Free based on: foster child migran SNAP or TANF runawa homeless housef	у		duced ba househol		me [Denied—Reas ☐ income too ☐ incomplete ☐ Non-qualifyir	high applicati		=									
SECTION B Signature of Determ	ining Offic	cial								Date .								
SECTION C Effective Date of this	application	:																
The effective date mais certified.	y be made	retroactive ba	ack to the fi	irst day tl	he child part	icipates in the	CACFP	as lor	ng as it o	occurs	s in the	same	month	n wh	ich th	e child	's eligibilit	

ILLINOIS STATE BOARD OF EDUCATION Annual Enrollment Form

Child and Adult Care Food Program

This form is required for Child Care Centers, Pre-K, Head Start, Even Start, and Licensed Outside School Hours Programs. This form is NOT required for 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.

full NAME OF ENROLLED C (Include Birth Date/Age)		3	TIMES	CHILD NOR	MALLY	ATTEN	OS DURING	WEEK		4 MEALS RECEIVED		
First Child Name	☐ Monday ☐ Tuesday	TIME IN			TIME OUT				D ATTENDS	□ Breakfast		
Birth Date	☐ Wednesday ☐ Thursday	AM PM		TIME	AM	PM	TIME	Leaves Center	Returns To Center			
Age	Friday	 Y	es [No I wor	pe in care	☐ Lunch ☐ P.M. Snack						
Second Child	Same Days as Above		Sam	e Times as	Child	Above				Same Meals as Above		
Name	☐ Monday ☐ Tuesday		TIM	E IN		TIME	OUT	TIMES CHIL	D ATTENDS	√ Breakfast		
Birth Date	☐ Wednesday	AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center			
Birth Date	☐ Thursday ☐ Friday					**************************************				Lunch P.M. Snack		
Age		ПΑ	es [No I wor different								
Third Child	Same Days as Above		Sam	e Times as	Child i	Above			114	Same Meals as Above		
Name	☐ Monday ☐ Tuesday		TIM	E IN	TIME OUT				D ATTENDS	☐ Penal-feat		
	☐ Wednesday	AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center	- ☐ Breakfast		
Birth Date	☐ Thursday ☐ Friday									Lunch P.M. Snack		
Age		П	es [No I wor	7 L. F.IVI, SHACK							
Please answer both questions. 1	This information is voluntary.											
5 ETHNIC/RACIAL CATEGORIES—	A. Ethnic data of child(ren) - Mark only one.			Hispanic o	r Latin	0 [☐ Not Hi	spanic or Latii	10			
B. R	B. Racial data of child(ren) -		- Asian Black or African American						erican	Native Hawaiian or Other		
	Mark one or more that apply.			White		[☐ Americ Alaska	can Indian or Native		Pacific Islander		
6 SIGNATURE I certify the information										54		
above is correct. Sign	ature of Parent or Guardian				Da	te			Telephone	Number of Parent or Guardian		
CHILD CARE REPRESENTATIVE	USE ONLY											
Effective Date of this enrollment for	orm:											
The effective date may be made r	etroactive back to the first day the	child n	artici	notes in the	CACE	ae Ion	na ae it oon	ure in the cam	e month in whi	ich this form is resolved		

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.ascr.usda.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: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

PARENT LETTER FOR CHILD CARE CENTERS

July 1, 2017 Through June 30, 2018

Parent or Guardian:

This child care center participates in the USDA Child and Adult Care Food Program (CACFP) and receives Federal funds to provide healthy meals and snacks to all of the enrolled children. The amount of reimbursement the center receives is based on the information you provide on the attached Household Eligibility Application. Part of the USDA requirement is to ask you to complete the application. If your income is equal to or less than the income listed in the chart below for your household size, the center will receive a higher level of reimbursement. Read the attached instructions carefully and fill out all required information. We cannot approve an application that is not complete. Please return the completed application back to our center as soon as possible.

If a member of your family (child or adult) receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits; or you care for a foster child that is the legal responsibility of the State through DCFS or the court, these children are eligible for meal benefits regardless of your household income.

If your income(s) is over the income guidelines listed below, you are not required to complete this application; however, it would be helpful if you would write your child's name on the application and return it to our center. Please notify us, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the income eligibility standards.

Income Eligibility Guidelines Effective from July 1, 2017, to June 30, 2018

Reduced-Price Meals 185% Federal Poverty Guideline

Household Size Annual		Monthly	Twice Per Month	Every Two Weeks	Weekly	
1	22,311	1,860	930	859	430	
2	30,044	2,504	1,252	1,156	578	
3	37,777	3,149	1,575	1,453	727	
4	45,510	3,793	1,897	1,751	876	
5	53,243	4,437	2,219	2,048	1,024	
6	60,976	5,082	2,541	2,346	1,173	
7	68,709	5,726	2,863	2,643	1,322	
8	76,442	6,371	3,186	2,941	1,471	
For each additional family member, add	7,733	645	323	298	149	

The information you provide on the application will be used to determine your child's eligibility for meal benefits. The information will be kept confidential and only available to staff directly connected with administering the CACFP.

By signing the section on the application for the Illinois All Kids Health Insurance, you are stating you do not want your information shared with the Illinois Department of Healthcare and Family Services. If you agree to disclose the application information, it may be used to identify your child(ren) for the health insurance program. If you would like more information on All Kids, call toll-free 866/255-5437 or 877/204-1012 (TTY).

If you have any questions or need help, please contact our center.

The USDA Household Income Eligibility Guidelines are listed for families who do not receive TANF or SNAP benefits. If a household's income falls within or below the listed guidelines, they should contact their child care center or day care home provider for the benefits of the program. They may be required to complete an application and provide income, TANF, or SNAP information.

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.ascr.usda.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: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

PARENT INSTRUCTIONS HOUSEHOLD ELIGIBILITY APPLICATION

Follow These Instructions and Return the Completed form to your Center. Once approved for meal benefits, a child's Household Eligibility Application is effective for 12 months.

FOSTER CHILD(REN)

A foster child remains the legal responsibility of the State through a foster care agency or the court. If you submit documentation from the state or local agency that the child is in foster care, that documentation replaces completing a household eligibility application.

- If all children in your household (who attend this center) are foster children that are the legal responsibility of a foster care agency or court, provide the following:
 - Part 1—List the name(s) and age(s) of your foster child(ren) attending this center.
 - Part 2—Check the box(es) indicating a foster child(ren).
 - Part 3—5 Skip
 - Part 6—Provide a signature of an adult household member and date the application.
 - Part 7-8 (OPTIONAL)
- If you have some foster children that are the legal responsibility of a foster care agency or court along with other children attending this center, please provide the following:
 - Part 1—List ALL household members, including the foster child(ren), and the age(s) of the child(ren) attending the center.
 - Part 2—Check the box(es) identifying the foster child(ren).
 - Part 3—Record a valid SNAP/TANF case number if applicable
 - Part 4—Skip
 - Complete Parts 5 and 6 if applicable. See the instructions for INCOME-HOUSEHOLDS REPORTING section.
 - Part 7-8 (OPTIONAL)

SNAP OR TANF BENEFITS - HOUSEHOLDS RECEIVING

If any member (child or adult) of your household receives SNAP or TANF benefits, provide the following:

- Part 1—List ALL people in your household (including grandparents, other relatives, or friends who live with you) and the age(s) of the child(ren) attending the center.
- Part 2—Skip
- Part 3—Record a valid SNAP or TANF case number for any member (child or adult) of this household. You will find your SNAP or TANF case number on your letter of eligibility for benefits.
- Part 4—5 Skir
- Part 6—Provide a signature of an adult household member and date the application.
- Part 7-8 (OPTIONAL)

HOMELESS, MIGRANT, OR RUNAWAY

If no one in your household receives SNAP or TANF benefits and if any child is homeless, a migrant or runaway, follow these instructions.

- Part 1—List ALL household members, and the age(s) of the child(ren) attending the center.
- Part 2—3 Skir
- · Part 4—If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your local school.
- Part 5—Complete only if a child in your household isn't eligible under Part 4. See instructions for INCOME-HOUSEHOLDS REPORTING section below and complete Part 5 and 6.
- Part 6—Provide a signature of an adult household member and date the application.
- Part 7-8 (OPTIONAL)

INCOME - HOUSEHOLDS REPORTING

If no one in your household receives SNAP or TANF benefits, please report all household income. The Household Eligibility Application must include the following information:

- Part 1—List the names of ALL household members and the age(s) of the child(ren) attending the child care center.
- Part 2—4 Skip
- Part 5—List total gross income (before deductions), not take-home pay; and the frequency, how often the money is received, for
 each household member for last month. If the income last month was not the usual amount you normally receive, you may provide
 a projected amount that better represents your gross income.
 - o For ONLY the self-employed, list income after expenses. This is for your business, farm, or rental property.
 - o If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
 - o If you have no income, list zero in the earnings from work column.
- Part 6—Provide a signature of an adult household member and date the application. Also, provide the last four digits of the social social security number for the adult signing the application. If you refuse to provide the last four digits of the social security number, the application cannot be approved. If the adult does not have a social security number, mark the box, I do not have a social security number.
- Part 7-8 (OPTIONAL)

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