

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.

| 1 FULL NAME OF ENROLLED CHILD (Include Birth Date/Age) | 2 DAYS OF WEEK IN ATTENDANCE | 3 TIMES CHILD NORMALLY ATTENDS DURING WEEK | 4 MEALS RECEIVED | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|------|----|----------------------------|------|---------------|----------------------------|--|----|----|------|----|----|------|---------------|-------------------|--|--|--|--|--|--|--|--|---|
| First Child | <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <td>AM</td><td>PM</td><td>TIME</td> <td>AM</td><td>PM</td><td>TIME</td> <td>Leaves Center</td><td>Returns To Center</td> </tr> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td> </tr> </table> <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours | TIME IN | | | TIME OUT | | | TIMES CHILD ATTENDS SCHOOL | | AM | PM | TIME | AM | PM | TIME | Leaves Center | Returns To Center | | | | | | | | | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack |
| TIME IN | | | TIME OUT | | | TIMES CHILD ATTENDS SCHOOL | | | | | | | | | | | | | | | | | | | | | |
| AM | | | PM | TIME | AM | PM | TIME | Leaves Center | Returns To Center | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Birth Date | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Second Child | <input type="checkbox"/> Same Days as Above | <input type="checkbox"/> Same Times as Child Above | <input type="checkbox"/> Same Meals as Above | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <td>AM</td><td>PM</td><td>TIME</td> <td>AM</td><td>PM</td><td>TIME</td> <td>Leaves Center</td><td>Returns To Center</td> </tr> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td> </tr> </table> <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours | TIME IN | | | TIME OUT | | | TIMES CHILD ATTENDS SCHOOL | | AM | PM | TIME | AM | PM | TIME | Leaves Center | Returns To Center | | | | | | | | | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack |
| TIME IN | | | TIME OUT | | | TIMES CHILD ATTENDS SCHOOL | | | | | | | | | | | | | | | | | | | | | |
| AM | | | PM | TIME | AM | PM | TIME | Leaves Center | Returns To Center | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Birth Date | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Third Child | <input type="checkbox"/> Same Days as Above | <input type="checkbox"/> Same Times as Child Above | <input type="checkbox"/> Same Meals as Above | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <td>AM</td><td>PM</td><td>TIME</td> <td>AM</td><td>PM</td><td>TIME</td> <td>Leaves Center</td><td>Returns To Center</td> </tr> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td> </tr> </table> <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours | TIME IN | | | TIME OUT | | | TIMES CHILD ATTENDS SCHOOL | | AM | PM | TIME | AM | PM | TIME | Leaves Center | Returns To Center | | | | | | | | | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack |
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| AM | | | PM | TIME | AM | PM | TIME | Leaves Center | Returns To Center | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Birth Date | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please answer both questions. This information is voluntary.

| | | | | |
|----------|---------------------------|---|---|---|
| 5 | ETHNIC/RACIAL CATEGORIES— | A. Ethnic data of child(ren) — Mark only one. | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not Hispanic or Latino |
| | | B. Racial data of child(ren) — Mark one or more that apply. | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| | | | <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native |

6 SIGNATURE
 I certify the information above is correct. Signature of Parent or Guardian Date Telephone Number of Parent or Guardian

CHILD CARE REPRESENTATIVE USE ONLY

Effective Date of this enrollment form: _____

The effective date may be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month in which this form is received.

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.

- 1) 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)
- 2) 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 Skip
- 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 Skip
- 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 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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