

**Our Daily Bread CACFP**  
**ADDENDUM TO ENROLLMENT FORM FOR CHILD CARE**

Wellspring Early Learning Center / Lora Rifner

Name of Child Care Facility / Director Name

**Instructions:** This Addendum may be used to meet the enrollment data requirements of the Child and Adult Care Food Program as mandated by the Interim Rule issued on September 1, 2004, by the U.S. Department of Agriculture. The Addendum will be valid for one calendar year from the date of the parent or guardian's signature.

**Participant Name:**

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle Initial

\_\_\_\_\_

Date of Birth

**Enrollment Date:**

\_\_\_\_\_

**Special Needs Child**

☐

**Normal Days of Care (Circle as Appropriate)**

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

**Normal Hours of Care during School Year:**

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

**Normal Hours of Care during Summer:**

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

**Participant Meals (Circle as Appropriate):**

Breakfast

AM Supplement

Lunch

PM Supplement

Supper

Evening Supplement

**Parent/Guardian Name:**

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle Initial

**Parent/Guardian Daytime Telephone Number (with Area Code):**

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date of Signature**

### CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

**STEP 1** List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

[illegible]

**STEP 3** Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

**IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)**

**CASE NUMBER:**

Write only one case number in this space.

**STEP 3** **Total Household Gross Income (List only household members with income)**

Are you unsure what Income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

### A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

**B. All Adult Household Members (Including yourself)**

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that you have no income from that source.

Name of Adult Household Members (First and last)	Earnings from Work			How often?			Welfare/Child Support/Alimony			How often?			Pension or Retirement Savings/IRA/VA Benefits			How often?			Check if on SSI			
				Weekly	Bk-Week	Monthly	2x Month				Weekly	Bk-Week	Monthly	2x Month				Weekly		Bk-Week	Monthly	2x Month
	\$			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	\$			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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	\$			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

  

Total Household Members (Children and	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**STEP 4** Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and that CACFP officials may be prosecuted for knowingly providing false information."

<div> <div>Print Name of Adult Signing the Form</div> <div></div> </div>		<div> <div>Signature of Adult</div> <div></div> </div>		<div> <div>Today's Date</div> <div></div> </div>	
<div> <div>Address</div> <div></div> </div>		<div> <div>City</div> <div></div> </div>		<div> <div>State</div> <div></div> </div>	
				<div> <div>Phone/Email</div> <div></div> </div>	
				<div> <div>Zip</div> <div></div> </div>	

Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of Income
<ul style="list-style-type: none"> <li>- Salary, wages, cash bonuses</li> <li>- Net income from self-employment (farm or business)</li> </ul> <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> <li>- Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>- Allowances for off-base housing, food, and clothing</li> </ul>	<ul style="list-style-type: none"> <li>- Unemployment benefits</li> <li>- Workers compensation</li> <li>- Supplemental Security Income (SSI)</li> <li>- Cash assistance from State or local government</li> <li>- Alimony payments</li> <li>- Child support payments</li> <li>- Veterans benefits</li> <li>- Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>- Social Security (including railroad retirement and black lung benefits)</li> <li>- Private Pensions or disability benefits</li> <li>- Income from trusts or estates</li> <li>- Annuities</li> <li>- Investment income</li> <li>- Earned interest</li> <li>- Rental income</li> <li>- Regular cash payments from outside household</li> </ul>

Sources of Child Income	Examples
Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivors Benefits	- A child is blind or disabled and receives Social Security benefits - A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	- A friend or extended family member regularly gives a child spending money
Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

**OPTIONAL** Children's Ethnic and Racial Identities (Optional)

**We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.**

**Ethnicity (check one):** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

**Race (check one or more):** ☐ American Indian or Alaskan Native ☐

☐ Black or African American☐ Native Hawaiian or Other Pacific Islander☐ White

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, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application.

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, 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

Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), 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 the meal reimbursement for your child care center/provider. 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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [https://www.ascr.usda.gov/complaint\\_filing\\_cust.html](https://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

**FAX:** (202) 690-7442; or  
**EMAIL:** program.intake@ustda.gov.

Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW

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**Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12**

Total Income	How often?			Household size
	Weekly	Bi-Weekly	Monthly	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Eligibility		
Free	Reduced	Denied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Categorical Eligibility

Determining Official's Signature	Date	Confirming Official's Signature	Date	Follow-up Official's Signature	Date

**Determining Official's Signature**

**Confirming Official's Signature**

Date \_\_\_\_\_

**Follow-up Official's Signature**

Date \_\_\_\_\_