

Helpful Information to Complete the Utah CACFP Enrollment Form

Regardless of your family's financial need, the Center is required to have a form on file for each family enrolled.

PAGE 1

STEP 1

Provide names and birthdates for ALL children living in your household. Children you want to enroll at Wee Care provide their schedule.

STEP 2

Fill out this section if you or any family members participate in an assistance program listed on Page 1 of the form. Provide the following information:

- A. Circle Option #1 (School/Child Care).
- B. Circle the program you or family member participate (SNAP, TANF-FAP, or FDPIR).
- C. Enter your case number for the program you participate.

If you entered information in Step 2 proceed to Step 4.

STEP 3

Provide the following information if you skipped Step 2:

- A. List any income your child receives from social security or other sources listed on Page 2 of the form.
- B. List ALL adults living in your household including yourself. Provide earnings for each adult and how often income is received. If the individual doesn't have an income write 0 under Earnings. Remember to include the total number of children and adults living in your household (an arrow is pointing to the box) and the last 4 digits of your social security number (box is to the right of Total Household Members).

STEP 4

Provide your address, print your name, sign, and date your application.

PAGE 2

You do not need to fill out page 2 of the form unless you want to provide your child's Racial and Ethnic identities. However, we need you to include page 2, so the Center can complete the bottom portion.

If you have any questions, contact the Wee Care Center (801)863-7266 or email weecarecenter@uvu.edu

Utah CACFP Enrollment Form/ Free and Reduced-Price Income Application

Complete one application per household. In order to count as enrollment record, Steps 1 & 4 must be completed.

Enrollment Date:

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
 Children in **State Foster care** and children who meet the definition of **Homeless, Migrant, Runaway or participate in Head start programs** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information

Child's Last Name, First Name	Date of Birth	Normal Days and Hours in Care (Include ALL hours the child might be in care)						Head Start	Foster Child	Runaway Homeless Migrant
		Arrival Time	Departure Time	M	T	W	T			

STEP 2 Do any of the Household Members (including you) currently participate in one or more of the following eligible assistance programs?: If NO > Go to STEP 3

A. This box indicates which program applicant is enrolled in.

1. School/Child Care 2. SNAP, TANF-FAP, FDPIR

B. Do any Household Members currently participate in one of the following eligible assistance programs? (circle only one)

1. School/Child Care 2. SNAP, TANF-FAP, FDPIR

C. Enter case number of the selected assistance program in this space

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'YES' to STEP 2)

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 the 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.

\$

Weekly Bi-weekly 2x Month Monthly

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 not 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" or leave any fields blank, you are certifying (promising) that there is no income to report

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/ Retirement. Other income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
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Total Household Members (children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member X X X

Check if no SSN

STEP 4 Contact information and adult signature

"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 program officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input style="width: 95%;" type="text"/> Street Address (if available)	<input style="width: 95%;" type="text"/> City	<input style="width: 95%;" type="text"/> State	<input style="width: 95%;" type="text"/> Zip code	<input style="width: 95%;" type="text"/> Daytime Phone and Email (optional)
<input style="width: 95%;" type="text"/> Printed name of adult signing the form	<input style="width: 95%;" type="text"/> Signature of adult		<input style="width: 95%;" type="text"/> Today's Date	

INSTRUCTIONS Sources of Income

Sources of income for Children

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
-Social Security -Disability Payments -Survivor's 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 the 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

Sources of Income for Adults

Earnings from Work	Public Assistance/ Alimony/ Child Support	Pensions/ Retirement/ All other Income
-Salary, wages, cash bonuses -Net income from self-employment (farm or business) If you are in the U.S. Military: Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) -Allowances for off-base housing, food and clothing	-Unemployment benefits -Worker's compensation -Supplemental Security Income (SSI) -Cash assistance from State or local government -Alimony payments -Child support payments -Veteran's benefits -Strike benefits	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Regular income from trusts or estates -Annuities -Investment income -Earned interest -Rental income -Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic identities

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 free or reduced price meals

Ethnicity (check one): Hispanic or Latino Not hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian 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, 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 last four digits of 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-FEP) 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 lunch and breakfast programs. 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.

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:

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

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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

Weekly	Bi-Weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 Household Size Categorical Eligibility

Free	Reduced	Paid
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Determining Official's Signature Date Confirming Official's Signature Date Verifying Official's Signature Date