CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICE MEALS Fiscal Year 2024-2025

INSTRUCTIONS: To apply for free and reduced-price meals, read the household Letter and instructions on backside of this form. Complete application and return to the center. In accordance with the NSLA, information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure. *Part 1* is to be completed by all households. *Part 2* is to be used only for a child living in a household receiving food assistance (SNAP) or Ohio Works First (OWF) benefits. *Part 3* is only for children NOT receiving Food Assistance or OWF benefits. *Part 4 an a*dult household member must sign and date form; the last 4 digits of social security number must be listed if Part 3 is completed. *Part 5* is optional. * Asterisks indicate info that must be completed. Form must be completed annually and valid for only 12 months.

CENTER NAME	,				,	CHECK IF A FOSTER	PART 2	2 – LIS	T EACH CHILD'S F	OOD ASS	
PART 1 – PRINT INFO	DMATION FOR ALL	CLI	DDEN	NPOLICE	AT CENTED	CHILD (The legal		A CONTRACTOR OF THE	ER CONTAINS 7 DI		A TALID
	ENROLLED CHILD			AGE	BIRTH DATE	responsibility of a welfare agency or court. Attach documentation)	Check of bene		□ FOOD ASSIS		
1.	1.						CASE NO				
2.							CASE N	10.			
3.							CASE N	10.			
4.							CASE N	10.			
PART 3 – TOTAL HO members. List all gre								REC	EIVED: List name	s of all ho	usehold
a. LIST NAME			. CHECK	c. GR	OSS INCOME du	ring the last mor	nth (amoun		ed before taxes & o		
HOUSEHO	LD MEMBERS G CHILDREN	N	IF IO/ZERO		OFTEN IT WAS	2. Welfare paym	-	•	eeks, Twice Per Mo		hly, Annually er Income
LISTED AB	OVE IN PART 1	I	NCOME	before	deductions	child support, al	mony	Socia	al Security, SSI, VA		
EXAMPLE: JANE SM	ITH				ount / how often	\$ amount / ho	w often	-	nount / how often		nt / how often
2.			\vdash	\$		\$/		\$		\$	
3.			\vdash	\$		\$/		\$		\$	
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5.			\vdash	\$		\$/		\$		\$	
6.			┞╬	\$ \$		\$ <u>/</u>		\$ \$		\$ \$	
I certify that all inform	ity Number or check the "I do not have a Social Security Number" box. reported. I understand that the center will get Federal Funds based on the stand that if I purposely give false information, I may be prosecuted. * If Part 3 is completed, insert last 4 digits of Social Security Number (Check if applicable) I do not have a Social Security Number					sed on the					
Print Name:				Daytim	e Phone Numbe	r:	Work Phone Number:				
Street / Apt:				City / S	State / Zip:			Co	ounty:		
PART 5: RACIAL/ETI		tion	al): Plea		••••	ces to identify t	he race an		,	. ,	
	or Alaska Native	_		Asi					ack or African Ame	rican	
Please mark one ethn	or Other Pacific Isla	nde 	7	Wh Inic or Lati		Пи	ot Hispanic		her		
Privacy Act Statement: The cannot approve the partic application. The Social S Assistance for Needy Fan indicate that the adult hot free or reduced-price mea	ne Richard B. Russell N pipant for free or reduce ecurity Number is not r nilies (TANF) Program o usehold member signing als, and for administratio	ed-prequi equi or Fo g the on ar	nal School ice meals red when od Distribu application ad enforce	Lunch Act You must you apply ution Progra on does not ment of the	requires the inform include the last fou on behalf of a foste am on Indian Reserv have a Social Sec Program. State Di s	ation on this applic ur digits of the Soc er child or you list vations (FDPIR) ca urity Number. We v stribution: July 20	ation. You dial Security la Suppleme se number fowill use your	o not han Numbe ental Number the parties of the parties informatics.	ave to give the inform r of the adult househ utrition Assistance Pro articipant or other (FD ation to determine if the	old member ogram (SNA PPIR) identifi he participar	who signs the P), Temporary er or when you
Complete information	n below only if qualify	/ing	child(ren	n) by hous	ehold income fro	m Part 3.	,		rtified/Categorized		
Per the total household size, compare total household income to the USDA Incon Guidelines to determine correct categorization. When income is listed in different of pay in Part 3, you must convert all income to annual income before determinating following Annual Income Conversion:					frequencies Household size and income						
	Weekly x 52, Every 2 Weeks (biweekly) x 26, Twice per Month (semi-monthly) x 24, Mon					onthly x 12	□ REDI income	JCED-	-PRICE, based on	Household	size and
Total Household	Total Household	Inc	ome: \$_				□ PAID	, base	d on 🗆 Income too	•	
Size:	Per: □ week □ eve	ry t	wo weeks	s □ twice p	er month mont	:h □ year					r or information
Signature of Sponso Note: Effective date is deter If date of parent signature is	mined by parent or sponsor	sign	ature date a	as selected or		- egorized Form	Effective [th of date signed) (Va		ate ay of month in which one year earlier)

HOUSEHOLD LETTER - Dear Parent or Guardian

Please help us comply with the requirements of the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP) by completing the attached income eligibility application for free and reduced-price meals. All information will be treated with strict confidentiality. The CACFP provides reimbursement to the child care center for healthy meals and snacks served to children enrolled in child care. The completion of the income eligibility application is optional. Complete the application on the reverse side using the instructions below for your type of household. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center. Households with incomes less than or equal to the reduced-price values listed on the chart at the bottom of this page are eligible for free meal benefits. An application must contain complete information to be considered for free or reduced-price meals. Households are no longer required to report changes regarding the increase or decrease of income or household size or when the household is no longer certified eligible for foad assistance (SNAP) or Ohio Works First (OWF). Once approved for free or reduced-price benefits, a household will remain eligible for these benefits for a period not to exceed 12 months. During periods of unemployment, your child(ren) is eligible for meal reimbursement provided the loss of income during this time causes the family to be within eligibility standards for meals. In operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability §226.23(e)(2)(iv). If you have questions regarding the completion of this application, contact the child care center.

PART 1 - CHILD INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART (*denotes required info)

- Print the name of the child(ren) enrolled at the child care center. All children (including foster children) can be listed on thesame application.
- List the enrolled child's age and birth date.
- Check box indicating if the child is a foster child. Foster children that are under the legal responsibility of the foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Attach documentation to show foster child status.

PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCE OR OHIO WORKS FIRST: COMPLETE THIS PART AND PART 4 – If a child is a member of a food assistance (SNAP) or OWF household, they are automatically eligible to receive free CACFP meal benefits.

Circle the type of benefit received: Food Assistance (SNAP) or Ohio Works First (OWF).

List a current food assistance or OWF case number for each child. This will be a 7-digit number. Do not list a swipe card number.

SKIP PART 3 - Do not list names of household members or income if you listed a valid Food Assistance (SNAP) or OWF case number for each child in Part 2.

PART 3 - TOTAL HOUSEHOLD SIZE, GROSS INCOME AND HOW OFTEN RECEIVED: ALL OTHER HOUSEHOLDS COMPLETE PARTS 3 & 4.

- a) Write the names of all household members including yourself and the child(ren) that attends the child care center, noting any income received. A household is defined as a group of related or unrelated individuals who are living as one economic unit that share housing and/or significant income and expenses of its members. This might include grandparents, other relatives, or friends who live with you. Attach another piece of paper if you need more space to list all household members.
- b) Check the box for any person listed as a household member (including children) that has no income.
-) For each household member, list each type of income received during the last month and list how often the money was received.
 - 1. Earnings from work before deductions: Write the amount of total gross income each household member received the last month, before taxes/deductions or anything else is taken out (not the take-home pay) and how often it was received (weekly, every two weeks, twice per month, monthly, annually). Income is any money received on a recurring basis, including gross earned income. Households are not required to include payments received for a foster child as income. If any amount during the previous month was more or less than usual, write that person's usual monthly income. If you normally get overtime, include it, but not if you only get it sometimes. If you are in the military and your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.
 - 2. List the amount each person got the last month from welfare, child support or alimony and list how often the money was received.
 - 3. List the amount each person got the last month from pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits or disability benefits and list how often the money was received.
 - 4. List all other income sources. Examples include: Worker's Compensation, strike benefits, unemployment compensation, regular contributions from people who do not live in your household, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, net royalties/annuities or any other income. Self-employed applicants should report income after expenses (net income) in column 1 under earnings from work. Business, farm or rental property report income should be entered in column 4. Do not include food assistance payments.

PART 4 - SIGNATURE AND LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART (* denotes required info)

- a) * All applications must have the signature of an adult household member.
- b) * The adult signing the application must also date the form.
- * Only an application that lists income in Part 3 must have the last four digits of the social security number of the adult who signs. If the adult does not have a social security number, check the box marked, "I do not have a Social Security Number." If you listed a food assistance or OWF number for each child or if you are applying for a foster child, the last four digits of the social security number are not required.

PART 5 - RACIAL/ETHNIC IDENTITY - OPTIONAL

You are not required to answer this part in order for the application to be considered complete. This information is collected to make sure that everyone is treated fairly and will be kept confidential. No child will be discriminated against because of race, color, national origin, gender, age or disability.

NON-DISCRIMINATION STATEMENT: 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 (including gender identity and sexual orientation), 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: How to File a Complaint, 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.

REDUCED-PRICE INCOME ELIGIBILITY GUIDELINES Guidelines to be effective from July 1, 2024 through June 30, 2025. Households with incomes less than or equal to the reduced-price values below are eligible for free or reduced-price meal benefits.

HOUSEHOLD SIZE	ANNUAL	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	\$27,861	2,322	1,161	1,072	536
2	\$37,814	3,152	1,576	1,455	728
3	\$47,767	3,981	1,991	1,838	919
4	\$57,720	4,810	2,405	2,220	1,110
5	\$67,673	5,640	2,820	2,603	1,302
6	\$77,626	6,469	3,235	2,986	1,493
7	\$87,579	7,299	3.650	3,369	1,685
8	\$97,532	8,128	4,064	3,752	1,876
For each additional family member, add	+9,953	+830	+415	+383	+192

Ohio Department of Education - Office of Nutrition

CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT FORM

Required Form for use by Child Care Centers and Head Start Programs

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside School Hours, Youth Development & After School at Risk

Instructions to Complete

CENTER NAME

CHILD'S NAME

(please print)

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e) (2) require that an enrollment form be **completed annually** and signed by the child's parent or guardian.

AGE

BIRTHDATE

month

day

year

	CH	ECV THE N	JODMALI	DAVE AND	HOUDS VO	пр сип	D IC IN C	ADE			
	Сп				HOURS YOU			AKE			
Check (✓) Days								nild normally receives while in care			
Child Normally in Care	Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack	
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
Yes, the sched	ule listed a	bove may fr	equently va	ry due to cl	nanges in par	ents/guaro	dians sche	dule.			
					1 = . ==		T =				
SIGNATURE OF PARENT/GUARD	DIAN				DATE		DAY P NUMB				
MAILING ADDR							1(61/12				
STREET /APT.					CITY			ZIP COD	E		
In accordance with		_			_		-				
its Agencies, offices		•				_					
discriminating base				k, disability, a	ige, or reprisa	l or retalia	tion for pr	ior civil rig	hts activity	in any	
program or activity Persons with disabi			-	s of commun	vication for pre	ogram info	rmation (a Braille	large print		
audiotape, America					•	-	-	_			
who are deaf, hard				_							
Additionally, progra	am informa	tion may be	made availa	ble in langua	ges other tha	n English.					
To file a program co	•				-				•		
at: http://www.asc		. –			•					•	
the letter all of the			in the form.	To request a	copy of the c	complaint i	form, call (866) 632-9	9992. Subm	it your	
completed form or (1) mail: U.S. Depar		•	office of the	Assistant Co.	rotom, for Civ	il Diabta 1	100 Indon	ondones A	vonus CM/		
Washington, D.C. 2			ince or the	Assistant set	retary for Civ	ii Nigiits, 1	400 muep	endence A	venue, 3vv,	,	
(2) fax: (202) 690-74											
(3) email:program.i	-	la.gov.									
This institution is ar	n equal opp	ortunity pro	vider.						Revised 8/	/2021	
	C)hio Departi	ment of Edu	ucation - Of	fice of Nutriti	on					

CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT FORM

Required Form for use by Child Care Centers and Head Start Programs

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Instructions for Completion

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e) (2) require that an enrollment form be completed annually and signed by the child's
 parent or guardian.

CENTER NAME	Sunshine Child Care							
CHILD'S NAME		AGE	BIRTHDATE	9	/	4	/ 20	09
(please print)	ANNIE JONES	5		month	/	day	/	year

CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE AND THE MEALS RECEIVED WHILE IN CARE												
Check (✓) D	ays	List	hours child	normally in	ı care	Check (✓) meals child normally receives while in care						
Child Norm in Care		Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack	
Monday	✓	7:00 am	8:15 am	4:15 pm	6:00 pm	✓			✓			
Tuesday	✓	7:00 am			6:00 pm			175	7 1			
Wednesday	✓	7:00 am	8:15 am	4:15 pm	6:00 pm		NU	1/5	1			
Thursday	✓	7:00 am			\ \6:00 pm	//*///						
Friday	✓	7:00 am	8:15 am	4:15 pm	6:00 pm				*			
Saturday												
Sunday												
Yes, the	Yes, the schedule listed above may frequently vary due to changes in parents/guardians schedule.											

SIGNATURE OF		DATE		DAY PHONE	
PARENT/GUARDIAN	Mary Jones	7/1	3/2019	NUMBER	(614) 222-3344
MAILING ADDRESS:					
STREET /APT.	123 Park St.	CITY	Columbu	ZIP (CODE 43215

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.

Revised 8/2021

ETHNIC and RACIAL DATA FORM

Agency/Daycare Center	
Agency/Daycare Address	
The agency or daycare listed above receives Federal financial assistance for participating in the C Adult Care Food Program (CACFP). Because they receive Federal financial assistance they are reto record and maintain the Ethnic and Racial data of all children enrolled in the CACFP. This informs used solely for the purpose of determining compliance with Civil Right laws and will be kept confidential. We are requesting for each participant to 'Self Identify' and provide this information however it is optional to Self Identify. This ethnic and racial information will remain confidential file for 3 years and will only be accessible to authorized personnel.	quired mation on,
To Self Identify, please answer the following questions.	
Child's name	
Ethnic Category: Choose one	
Hispanic or Latino : A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino".	
Non-Hispanic or Latino:	
Racial Categories: Check all that apply	
American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America, (including Central America), and who maintains tribal affiliation or community recognition.	
Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
Black or African American: A person having origins in any of the black racial groups of Africa.	
Native Hawaiian or Other Pacific Islander: A person having origins in any of the original	
peoples of Hawaii, Guam, Samoa, or other Pacific Islands. White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa	
Other	
Parent/Guardian Signature Date	