

(add center name and/or letterhead here)

Dear Parent or Guardian:

Our center has been approved for participation in the Child and Adult Care Food Program (CACFP). The CACFP reimburses the center for the partial cost of meals. Participation in the CACFP enables us to keep our fees lower as well as serve nutritious meals to children in our program.

To determine the amount of CACFP funds the center will be eligible to receive, the parent/guardian must complete Parts 1 and 4 and one of the following options: Part 2, Part 3A, Part 3B or Part 3C. This form will be placed in our files and treated as confidential information.

**Part 1 FOR CHILD ENROLLMENT:**

- **CHILD'S NAME:** List the first and last name of all children enrolled at this center.
- **DATE OF BIRTH:** List each child(s) date of birth.
- **TIMES OF CARE, DAYS OF CARE and MEALS SERVED:** List the regular times of care for each child by listing their arrival time and leave time, check each day the child will be in care and check each meal type received while in care.
- **ETHNICITY/RACE:** Using the codes provided, enter the codes for ethnicity and race.

**Part 2 FOR A FOSTER CHILD:**

- Complete Parts 1, 2 and 4 on the reverse side.
- Write the child's personal monthly income. Write "0" if the child has no income. Personal income is (a) money given for the child's personal use, such as clothing, school fees and allowances and (b) all other money the child gets, such as money from his/her family.

**Part 3A FOR A HOUSEHOLD RECEIVING BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (formerly food stamps), TEMPORARY ASSISTANCE FOR FAMILIES (TAF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR):**

- Complete Parts 1, 3A and 4 on the reverse side.

**Part 3B FOR A HOUSEHOLD EXCEEDING 185% OF THE FEDERAL POVERTY GUIDELINES:**

- Complete Parts 1, 3B and 4 on the reverse side.

**TO CALCULATE ANNUAL INCOME**

Weekly Income X 52 • Every 2 Weeks Income X 26 • Twice a Month Income X 24 • Monthly Income X 12

Household Size:	1	2	3	4	5	6	7	Each Additional Family Member
Annual Income:	\$20,036	\$26,955	\$33,874	\$40,793	\$47,712	\$54,631	\$61,550	+ \$6,919

**Part 3C FOR ALL OTHER HOUSEHOLDS:**

- Complete Parts 1, 3C and 4 on the reverse side using the additional information below.
- **HOUSEHOLD NAMES:** Write the names of everyone in your household not listed in Part 1. Include yourself and all other children, your spouse, grandparents, other relatives and unrelated people in your household. Use a separate sheet of paper if you do not have enough space.
- **GROSS INCOME BEFORE DEDUCTIONS:** Write the amount of income each person gets on the same line as their name. Use the appropriate column(s) such as Earnings, Welfare, Pensions or Other. Next to the amount of income write how often the income was received. Income is all money before taxes or anything else is taken out. If a person does not have income, check the box for zero income.
- **SOCIAL SECURITY NUMBER:** Write social security number of the adult household member who signs the forms. If the adult household member does not have a social security number, check the box. Use of this information is for CACFP use only and is required.

**INCOME TO REPORT:**

Earnings from Work  
Wages/salaries/tips  
Net income from self-owned business or farm

Welfare/Child Support/Alimony  
Public assistance payments  
Welfare payments  
Alimony/child support payments

Pensions/Retirement/Soc. Sec.  
Pensions/retirement income  
Social Security  
Veteran payments  
Supplemental Social Security Income

Temporary Income  
Strike benefits  
Unemployment compensation  
Worker's Compensation

Other Income  
Disability benefits  
Interest/dividends  
Cash withdrawn from savings  
Income from estates/trusts/investments  
Royalties/annuities/rental income  
Regular contributions from persons not living in the household

Income from Self-Employment - Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income. Report income derived from the business venture, less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income.

Additional income from other kinds of employment must be treated as separate and apart from the income generated from your business venture. For example, if you operated a business at a net loss but held additional employment for which a salary was received, the income for purposes of this application would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment. For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income).

The necessary and appropriate information for arriving at allowable income may be taken from your most recent U.S. Individual Tax Return – Form 1040.

**Part 4 SIGNATURE AND CONTACT INFORMATION:**

- Sign and date the application. The form must be signed by the parent or guardian.
- Complete the contact information – name, telephone number, address, and employer information.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer. The Kansas State Department of Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: KSDE General Counsel, 120 SE 10th Ave, Topeka, KS, 66612 785-296-3201.

