

Adult Care Enrollment Form

Facility Name: The Place Adult Day Care

Participant's Name: Jenny Smith

Date of Birth: 5/11/50 Participant's Age: 70

Times in Care 8:00 Am to 4:00 pm (Ex: 6am to 5pm)

Days in Care Mon to Fri (EX: Mon to Fri)

Meals Normally Served To Participant (Circle):

Breakfast Lunch PM Snack Supper

Enrollment Date: 5/26/2020 Withdrawal Date: _____

Jenny Smith
Participant/Responsible Party Signature

5/30/2020
Date

In accordance with federal law and the United States Department of Agriculture (USDA) 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 USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 1-800-795-3272 or 1-202-720-6382 (TTY). USDA is an equal opportunity provider and employer.



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Adult Care)

Part 1. All Household Members

Name of Enrolled Adult(s): Jenny Smith

Names of Household Members (including enrolled adult(s)) (First, Middle Initial, Last)

Jenny Smith

CHECK IF NO INCOME

Checkboxes for income status: [checked], [], []

Part 2. Benefits: If any member of your household receives SNAP, TANF, FDPIR, SSI or Medicaid, provide the name and eligibility number for the person who receives benefits. If no one receives these benefits, skip to part 3.

NAME: Jenny Smith ELIGIBILITY NUMBER: 12345678

Part 3. Total Household Gross Income—You must tell us how much and how often

Table with columns: A. Name, B. Gross income and how often it was received (Note: Self-employed report income after expenses in box 1), 1. Earnings from work before deductions, 2. Welfare, child support, alimony, 3. Pensions, retirement, Social Security, SSI, VA benefits, 4. All Other Income. Example row for Jane Smith.

Part 4. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that the center will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: [Signature] Print name: Jenny Smith

Date: 5/30/2020

Address: 123 Wallaby Ln

Phone Number: 281-555-5555

City: Houston, Tx 77040

State: TX Zip Code: 77040

Last four digits of Social Security Number: * * * - * * - 1234 [] I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Form with checkboxes for ethnic and racial identities: Mark one ethnic identity (Hispanic or Latino, Not Hispanic or Latino), Mark one or more racial identities (Asian, White, Black or African American, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander).



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Adult Care)

Don't fill out this part. This is for official use only.

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

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____
Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Tier I ___ Tier II ___
Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Privacy Act Statement:

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 the participant 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 Social Security Number is not required when you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier 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 the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

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, 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.