



*Close to
My Heart*
preschool

Dear Parent/Guardian:

We provide nutritious meals every day to the children at our center.

The Child and Adult Care Food Program (CACFP) helps our center to pay for meals. The amount of help we get depends on the incomes of households with children in care. **Please complete the enclosed CACFP Household Income Statement** following the instructions. If your household income is higher than the guidelines shown on the instructions page, please just write "over income" on the Household Income Statement, include your children's names, and return the form.

Return your completed Household Income Statement to:

Close To My Heart Early Childhood Program

1740 Van Dyke St N.

Maplewood, MN 55109

How will my information be used? We will use your information to request CACFP assistance for meal services.

How will my information be kept? We will keep your information on file as private data. The back page of the form has more information about data privacy.

I already get MFIP or SNAP benefits. Do I meet CACFP income guidelines? Yes. You only need to provide your case number on the form if anyone in your household is approved for one of these programs: *Minnesota Family Investment Program (MFIP)*, *Supplemental Nutrition Assistance Program (SNAP)* or *Food Distribution Program on Indian Reservations (FDPIR)*.

Also foster children meet CACFP guidelines without providing income information.

Your household *may* meet CACFP income guidelines if you are approved for the *Women, Infants and Children* program (WIC) or *Medical Assistance* program (MA). Please fill out a Household Income Statement.

Who should I include as members of my household? Include yourself and all other people living in the household, related or not (such as grandparents, other relatives or friends). Include anyone who is temporarily away, for example a college student.

What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. Include overtime pay if you regularly work overtime.

Do I need to provide my Social Security number? If household incomes are on the form, the person signing the form must write in just the last four digits of their Social Security number. If you don't have a Social Security number, indicate that on the form.

May I fill out a Household Income Statement if someone in my household is not a U.S. citizen? Yes. You or your children or other household members do not have to be U.S. citizens for you to fill out a CACFP Household Income Statement.

If you have other questions or need help, call **651-307-1492**

Sincerely,

Anne J. Hennessey

**Child Enrollment Documentation Requirement
Child and Adult Care Food Program – Child Care Centers**

Child Care Centers that participate in the Child and Adult Care Food Program (CACFP) are required to annually collect enrollment information from parents and guardians. This requirement applies to all CACFP facilities except adult day care centers, emergency shelters, outside-school-hours care centers and at-risk centers.

Documentation of enrollment must include (per regulations 7 CFR § 226.15(e)(2) and § 226.17(b)(8)):

- Each enrolled child's normal days and hours in care and the meal services in which each child normally participates.
- Signature of parent or guardian.
- Annual updating of the information.

To document enrollment information, CACFP child care centers may use either of the two attached sample enrollment forms or may revise their own child care enrollment form to include the required information. The attached "standard" enrollment form documents each child's days, hours and meals in general. The attached "alternative" version allows for more detail by documenting each child's hours and meals for each day of the week.

If you have any questions about the requirement for collection of enrollment information, please contact FNS at 651-582-8526, 800-366-8922 or e-mail mde.fns@state.mn.us.

How to Complete the CACFP Household Income Statement

Fill out a *Child and Adult Care Food Program - Household Income Statement* if any of the following apply to your household:

- Any person in your household already is approved for one of these programs: *Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR).* or
- You have one or more *foster children* in the household (a welfare agency or court has legal responsibility for the child). or
- Your *total household income* (income before deductions, *not* take-home pay) is less than or equal to the income shown below for your household size. Include any foster children as members of the household. Do *not* include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do *not* include combat pay or Military Privatized Housing Initiative payments. The income guidelines are effective from July 1, 2015, through June 30, 2016.

Maximum Household Income

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Add for each additional person	7,696	642	321	296	148

Step 1: Children List all children in your household through grade 12 and provide the requested information for each child. Providing racial/ethnic data for your children is optional; this information helps to make sure we are fully serving our community.

Step 2: Assistance Program Case Number Fill out this section if anyone in your household already is approved for an assistance program listed in Step 2. If you fill out Step 2, skip Step 3.

Step 3: Adults and Incomes

Income to Children – If any children have regular income, such as SSI or part-time jobs, list the total regular income to children. Do not include occasional earnings such as babysitting or lawn mowing.

Social Security Number – The person signing the form must provide the last four digits of their Social Security number, or check the box if they do not have a Social Security number.

Adults and Incomes – List all adults living in the household, whether related or not (such as grandparents, other relatives or friends) and their incomes. Include any adult who is temporarily away, such as a college student. Attach an additional page if necessary.

- List gross earnings before deductions, not take-home pay. Do not list an hourly wage rate. For farm or self-employment income only, list net business income after subtracting expenses.
- For adults with no income to report, enter a '0' or leave the section blank. This is your certification (promise) that there is no income to report.
- For each income, fill in a circle to show how often the income is received.

Step 4: Signature and Contact Information An adult household member must sign the form.

Child Enrollment Form—Standard Child and Adult Care Food Program

Dear Parents,

Your child care center participates in the United States Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). This child care center receives federal cash assistance to serve healthy meals to your children. Good nutrition today means a stronger tomorrow! Meals served here must meet nutrition requirements established by USDA's CACFP. In order to participate, your center has agreed to follow USDA guidelines. In an effort to assess that these requirements are being met, USDA's CACFP requires centers to annually collect the enrollment information listed below. Please complete the form and return it to your child care center.

Name of the Child Care Center: _____

Beginning Date of Child Care: _____

Child's First Name _____	Child's Last Name _____	Child's Date of Birth _____
Enter the normal hours your child is in care. For example, 7:30 AM – 5:00 PM or for a split schedule, 7:30 AM – 9:00 AM and 12:30 PM – 5:00 PM.		
Check the days your child normally attends: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		
Check the meals your child normally receives while in care: <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Night Snack		

Beginning Date of Child Care: _____

Child's First Name _____	Child's Last Name _____	Child's Date of Birth _____
Enter the normal hours your child is in care. For example, 7:30 AM – 5:00 PM or for a split schedule, 7:30 AM – 9:00 AM and 12:30 PM – 5:00 PM.		
Check the days your child normally attends: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		
Check the meals your child normally receives while in care: <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Night Snack		

If there are other children in care, please complete additional forms as needed.

Parent's Signature

Date Signed (form must be completed annually)

Parent's Name (please print): _____

Home Phone: _____ Work Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

For questions please contact:

Sponsoring Organization:
[insert Name, Address, Phone]

State Contact Information:
Minnesota Department of Education- Food and Nutrition Service
1500 Highway 36 West, Roseville, MN 55113
651-582-8526 or 1-800-366-8922 - mde.fns@state.mn.us

Nondiscrimination statement: The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotope, etc.) please

Step 1 List All Children in the Household (infant through grade 12). Attach an additional page if necessary. Ethnicity and race questions are optional and do not affect approval of this form.

First Name	Last Name	Age	Child is enrolled at this center? If yes, fill in the circle.	* Foster Child? If yes, fill in the circle.	- Optional - Ethnicity?		- Optional - Racial Identity Fill in one or more circles for each child						
					If Hispanic or Latino Ethnicity, fill in the circle.	If Asian or Pacific Islander	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	W-		
			<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"/>	<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"/>	<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"/>

* The foster child is a legal responsibility of a welfare agency or court. If all children enrolled at the center are foster children, skip steps 2 and 3.

Step 2 Benefits (if applicable)
If any household member receives benefits from one of the assistance programs listed below: **Check the program and write in the case number.** Skip Step 3.

Name _____ Case Number _____

Minnesota Family Investment Program (MFIP)
 Supplemental Nutrition Assistance Program (SNAP)
 Food Distribution Program on Indian Reservations (FDPIR)
 Medical Assistance and WIC do not qualify

Step 3 List All Adult Household Members and Household Incomes. Include all household member not listed in Step 1, related or not, including yourself. Attach an additional page if necessary. The adult who signs this application must include the last 4 digits of their social security number (SS or an indication of none. XXX-XX-____) OR I don't have a SSN (Required for Step 3 only). If any child in the household has regular income, such as a part-time job or SS, write in the total regular income for all children. Do not include occasional earnings like babysitting or lawn mowing. Total regular income to children: \$ _____ Weekly Bi-weekly 2x month Month

Adult Household Members/Incomes Write in the name of each adult household member in the section below, the gross incomes (before deductions) in whole dollars, and how often the income is received. Adult Household Members/Self-Employed May report net income after business deductions. Adult Household Members/No Income Write in 0 or leave the section blank. This is your certification (promise) that you have no income to report.

Adults – First and Last Name Include members temporarily away, such as a college student. If income normally fluctuates, write in the amount normally received (before deductions)	Earnings from Work or net self-employment	How often?				Public Assistance, Child Support, Alimony	How often?				All Other Incomes Pension, retirement, disability, Veterans benefits, unemployment	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Step 4 I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that the center will receive federal funds based on the information I give. I understand that if I purposely give false information, my children may lose me benefits and I may be prosecuted.

Signature of Adult Household Member (required) _____ Print Name: _____ Date: _____

Sponsor Use Only—Approved: A—Foster A—Case Number A—Income B—Income C—Total Household Members: _____

Effective Dates: From: _____ through _____ Sponsor Signature: _____ Date: _____ Total Income: \$ _____ per _____

Farmer or Self-Employed

Income is *net* income (after deducting business expenses) during the year, which is generally shown on Schedule C or F from the federal tax return. A loss from self-employment must be listed as zero income and does not reduce other income for the purpose of completing this form.

Seasonal Worker

Income is your average income before deductions (gross income, not take-home pay) during the year. List average gross income per month or other frequency.

Privacy Act Statement / How Information Is Used

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give this information but if you do not, we cannot approve your child for free or reduced-price school meals. You must include the last four digits of the Social Security number of the adult household member who signs the form. The last four digits of the Social Security number are not required when the form is completed on behalf of a foster child, or you provide a Minnesota Family Investment Program (MFIIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservation (FDPIIR) assistance number, or 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 qualifies for free or reduced-price meals, and for administration and enforcement of the program. We may share your information with other 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.

Nondiscrimination Statement

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at Program.intake@usda.gov.

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