

# CHILD ENROLLMENT FORM/INCOME APPLICATION

## Participant Information: (To be completed by Parent/Guardian)

**This household receives SNAP/KTAP Benefits (If yes, input the number here:)**

**1 1**

If a child is a SNAP/K-TAP recipient or a Foster/Head Start participant, the child is automatically eligible to receive free Program meal benefits, subject to the requirements of 7 CFR 226.23.

**If your participant receives assistance from the items below, they are automatically eligible for free meals. (Please complete and skip to section 2. If child receives Head Start services, please proceed to complete Section 2. Household Income is not required.)**

| Participant's Last Name | Participant's First Name<br><i>*If under 12 months, please complete Infant Addendum</i> | Date of Birth | OPTIONAL<br>Ethnicity<br>(Circle One for each participant)<br><br>H=Hispanic<br><br>NH=Non Hispanic | OPTIONAL<br>Race<br>(List the race/races that apply for each participant)<br><br><i>Examples include:</i><br>Black or African American; White; Native Hawaiian or other Pacific Islander; American Indian or Alaskan Native, Asian; Unknown or Undeclared. | Meals Normally Eaten<br>(Circle all that apply)<br><i>B=Breakfast<br/>AM=AM Snack<br/>L=Lunch<br/>PM=PM Snack<br/>S=Supper<br/>LN=Late Snack</i> | Head Start               | Foster                   |
|-------------------------|---|---------------|---|--|--|--------------------------|--------------------------|
|                         |   |               | H NH  |  | B AM L PM S LN   | <input type="checkbox"/> | <input type="checkbox"/> |
|                         |   |               | H NH  |  | B AM L PM S LN   | <input type="checkbox"/> | <input type="checkbox"/> |
|                         |   |               | H NH  |  | B AM L PM S LN   | <input type="checkbox"/> | <input type="checkbox"/> |
|                         |   |               | H NH  |  | B AM L PM S LN   | <input type="checkbox"/> | <input type="checkbox"/> |

**\*Parent/Guardian works multiple shifts and participants may be in care different days/hours ☐ Yes ☐ No**

### 1. Income Application Household Members and Monthly Income:

| NAMES OF HOUSEHOLD MEMBERS<br>Including Children Not Listed Above<br>Last, First | GROSS MONTHLY<br>Income From Work<br>(Before Deductions) | MONTHLY Income<br>From Welfare Payments,<br>Child Support, Alimony | MONTHLY Income<br>From Pensions, Retirement, Social<br>Security, Unemployment Compensation | Any Other MONTHLY<br>Income Including Money<br>Received from<br>Kinship/Foster Child |
|--|--|--|--|--|
| 1.   | \$   | \$   | \$   | \$   |
| 2.   | \$   | \$   | \$   | \$   |
| 3.   | \$   | \$   | \$   | \$   |

### 2. Signature and Social Security Number:

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

X \_\_\_\_\_  
**Signature of Adult Household Member** **Home/Cell Phone Number**  
 X \_\_\_\_\_ ☐ No Social Security Number X \_\_\_\_\_  
**Last four digits Social Security Number\*** **Date**

**FOR SPONSOR USE ONLY. DO NOT WRITE BELOW THIS LINE.**

Application approved for: ☐ Free Meals ☐ SNAP/KTAP  
☐ Reduced Meals ☐ Foster  
☐ Paid Meals ☐ Headstart  
☐ Income Household

\_\_\_\_\_  
 Signature of Determining Official

\_\_\_\_\_  
 Date

Total Household Monthly Income \_\_\_\_\_  
 Household Size \_\_\_\_\_

\*7 CFR 226.15 (e)(2)

(Revised June 2022)

"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 last four digits of the Social Security Number are 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) Program or Food Distribution Program on Indian Reservations (FDPIR) case 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."

#### USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete the [USDA Program Discrimination Complaint Online Form](#) (AD-3027) found online at [How to file a Complaint](#), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 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: (833) 256-1665 or (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

## Child Care Income Application Letter

Dear Parent/Guardian:

The U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP) provides reimbursement for healthy meals and snacks served to participants enrolled in childcare at Grace Early Learning Center. Although all participants receive meals free of charge, the childcare receives reimbursement based upon the number of enrolled participants who are eligible for free or reduced-price meals. Please help us comply with the requirements of the CACFP and receive the meal reimbursement by completing the *CACFP Enrollment Form/Income Application* as soon as possible. The completed form is confidential and will be securely stored.

| Income Guidelines for Reduced Price Meals Effective<br>July 1, 2024-June 30, 2025 |                     |          |
|---|---------------------|----------|
| Household Size  | Reduced Price Meals |          |
|   | Monthly             | Yearly   |
| 1   | \$2,322             | \$27,861 |
| 2   | \$3,152             | \$37,814 |
| 3   | \$3,981             | \$47,767 |
| 4   | \$4,810             | \$57,720 |
| 5   | \$5,640             | \$67,673 |
| 6   | \$6,469             | \$77,626 |
| 7   | \$7,299             | \$87,579 |
| 8   | \$8,128             | \$97,532 |
| For each additional family member add:  | \$830               | \$9,953  |

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 apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case 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.

### USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete the [USDA Program Discrimination Complaint Online Form](#) (AD-3027) found online at [How to file a Complaint](#), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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: (833) 256-1665 or (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

Hali Mattox

Sponsor Representative

502-427-4352

Phone Number

If you have questions about the CACFP and its administration, you may contact, Division Director at 502-564-5625 or at the following address:  
School and Community Nutrition, Kentucky Department of Education, 300 Sower Building, 5<sup>th</sup> floor, Frankfort, KY 40601

Email: [scncacfpgeneral@education.ky.gov](mailto:scncacfpgeneral@education.ky.gov)

The information found in this letter may also be made available electronically to households (email, website, etc.)