



# CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

## Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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

NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_

**Part 3. (Applies only to parents/guardians with children enrolled in a day care home)** If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_

Check here if no eligibility number ☐

## Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List <b>only</b> household members with income)  (Example) Jane Smith	B. Gross income and how often it was received <b>Note:</b> 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
	\$200/weekly _____	\$150/twice a month _____	\$100/monthly _____	\$200/bi-monthly _____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____

## Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 4 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 next page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home 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: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of Social Security Number: \* \* \* - \* \* - \_\_\_\_\_ ☐ I do not have a Social Security Number



## CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

### Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian ☐ American Indian or Alaska Native  
☐ White ☐ Native Hawaiian or Other Pacific Islander  
☐ Black or African American

### Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- ☐ I do elect to allow my household information to be disclosed.  
☐ I do not elect to allow my household information to be disclosed.

### 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 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) 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, 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 a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, 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:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or  
(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.

# Beyond Meals, Inc. CE:06388

## CHILD ENROLLMENT FORM

**Facility Name:** Tender Steps Daycare & Preschool

**IMPORTANT NOTICE:** This form must be completed by parent or guardian at the time of enrollment and must be updated yearly. Failure to complete the enrollment form will result in non-payment for this child's meals for this child care center.

**CHILD'S(REN) NAME:**

Last Name:	First Name:	MI	Date of Birth	Normal hrs in care		Select Days Normally in Care	Select Meals/Snacks Normally Served	Original Date Enrolled	Date Withdrawn
				Arrive	Depart.				
						Mon Tue Wed Thu Fri Sat Sun	BR AM LU PM SU EV		
				AM/PM	AM/PM				
						Mon Tue Wed Thu Fri Sat Sun	BR AM LU PM SU EV		
				AM/PM	AM/PM				
						Mon Tue Wed Thu Fri Sat Sun	BR AM LU PM SU EV		
				AM/PM	AM/PM				
						Mon Tue Wed Thu Fri Sat Sun	BR AM LU PM SU EV		
				AM/PM	AM/PM				
						Mon Tue Wed Thu Fri Sat Sun	BR AM LU PM SU EV		
				AM/PM	AM/PM				
						Mon Tue Wed Thu Fri Sat Sun	BR AM LU PM SU EV		
				AM/PM	AM/PM				

If more space is needed, please use additional form.

I certify that I have received the following flyers: (1) Building For the Future notifying me that this child care center receives federal cash assistance to serve health meals to my child(ren) which must meet nutritional requirements established by USDA's Child and Adult Care Food Program. (2) W.I.C. Program Information Flyer. (4) Letter to Households. (5) Parent Complaint Procedures. All flyers were received in the appropriate language.

**PARENT/GUARDIAN FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Non-Discrimination Statement:**

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## CACFP INFANT FEEDING PREFERENCE FORM

Infant's Name \_\_\_\_\_ Infant's Date of Birth \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Tender Steps Daycare & Preschool will feed your infant breast milk provided by you and/or we will  
(Name of Facility)  
provide iron fortified infant formula.

The Infant Formula Provided by this child care provider is: \_\_\_\_\_

### Breast milk and/or Formula preference

Please mark your preference (choose all that apply)	Today's Date	Today's Date
	Birth - 5 months	6 - 11 months
I will bring expressed breast milk for my infant (or) I will breastfeed my infant at the site.		
I want the child care provider to provide the infant formula it offers for my infant.		
I will bring the infant formula for my infant. Please list the kind of infant formula you will bring: _____		

### Preference regarding infant cereal and other foods

Please mark your preference	Today's Date
	6 - 11 months
My child is developmentally ready for solid foods. I want the child care provider to provide the infant cereal and other foods for my infant.	
My child is developmentally ready for solids. I will bring the infant cereal and/or other foods for my infant.	
My child is NOT developmentally ready for solid foods. I will inform the provider when and designate the solid food(s) to be introduced to my infant at that time.	

Parents (or guardian's) Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_

1. This form must be kept on file for each infant enrolled for child care.
2. This form must be kept current and accurate for each infant enrolled for child care until the infant reaches one year of age.
3. If the parent (or guardian) provides expressed breast milk and the child care provider feeds it to the child, and/or if the mother breast feeds her child on site, the meal may be claimed for reimbursement.
4. If the parent (or guardian) declines the formula and the child care provider provides meal and/or snack components, the meal may be claimed for reimbursement.
5. If the parent (or guardian) declines infant meals/snack, meals and snacks may NOT be claimed for reimbursement.

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 a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, 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: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or (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.

## CACFP INFANT FEEDING PREFERENCE

Dear Parent/Guardian,

This child care provider participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants according to program requirements. Participation in this program requires child care providers to follow specific meal patterns according to the age of the infant.

If your child is exclusively breastfed, child care providers participating in the CACFP can feed your infant the breast milk you supply and meet the meal pattern requirements. Breastfeeding is widely recognized as the best source of nutrition for infants.

The Institute of Medicine and the American Academy of Pediatrics recommends that adults/caregivers, who work with infants and their families, promote and support exclusive breastfeeding for the first six months and continuation of breastfeeding in conjunction with complementary foods for 1 year or more, and the Texas Department of Agriculture (TDA) encourages child care providers to dedicate a space for mothers to breast feed their infants on site.

Child care providers participating in the CACFP **are required** to offer at least one infant formula for infants who are enrolled for child care. You may decline the infant formula offered, and supply breast milk and/or your own preferred infant formula.

Additionally, when you determine in consultation with your physician that your child is developmentally ready, the child care provider will also be **required** to offer infant cereal and other foods. As with infant formula, you can decline the infant cereal and other foods offered and provide those items to your child care provider. It is important to note that your child care provider will not receive reimbursement for meals that contain more than one parent provided component. Speak to your child care provider to understand what components are required for your infant's meal and the exceptions made for infants with disabilities, so that your infant receives the most nutritious meal possible.

**It is very important that you indicate your preferences on the form that follows so we can honor the nutrition choices you have made for your family.** Please complete the information below to designate your preference for infant formula, infant cereal, and other foods.

**Tender Steps Daycare & Preschool**  
**2215 N MIDLAND DR STE 4A**  
**Midland, TX 79707**

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. **Tender Steps Daycare & Preschool** offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

**1. Do I need to fill out a Meal Benefit Form for each of my children in day care?** You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household only if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to: Tender Steps Daycare & Preschool 2215 N MIDLAND DR STE 4A (432) 400-7973.**

**2. Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children (reference question #8 for more information on foster children) and children enrolled in a Head Start Program (HSP), Early Head Start Program (EHSP), or Even Start Program (ESP) and have not entered kindergarten) are also eligible for free meals. Households with children enrolled in a HSP, EHSP or ESP can provide a certification letter from the program of the child's enrollment and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

**3. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Income Chart, sent with this application. Children in households participating in WIC may be eligible for reduced price meals.

**4. May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

**5. Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

**6. How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

**7. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

**8. What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children can provide the Texas Department of Family and Protective Services Form 2085FC, *Placement Authorization Foster Care/Residential Care*, to their child's caregiver and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

**9. We are in the military, do we include our housing and supplemental allowances as income?** If 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.

**10. (Pricing program only) Will the information I give be verified?** Maybe. We may ask you to send written proof to verify the information you submitted on the form. **What if I disagree with the decision about the information I complete on this form?** You can talk to [Not Applicable], either in person or by telephone at [Not Applicable]. You may ask for a hearing by calling or writing to: [Not Applicable].

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability. If you have other questions or need help, call **(832) 646-6661**.

Sincerely,  
Beyond Meals, Inc.