

# Free and Reduced Meal Application and Enrollment Roster Guidance for Child Care Centers

\*blank forms included\*

(to be used in conjunction with the Free and Reduced-Price Meal Application and Enrollment Roster Review training module located on our website)

Fiscal Year 2020-2021



## **Child Care Food Program**

**...building healthy habits for life**

Florida Department of Health  
Bureau of Child Care Food Programs  
4052 Bald Cypress Way, Bin # A-17  
Tallahassee, FL 32399-1727  
850.245.4323  
[www.FloridaHealth.gov/CCFP](http://www.FloridaHealth.gov/CCFP)

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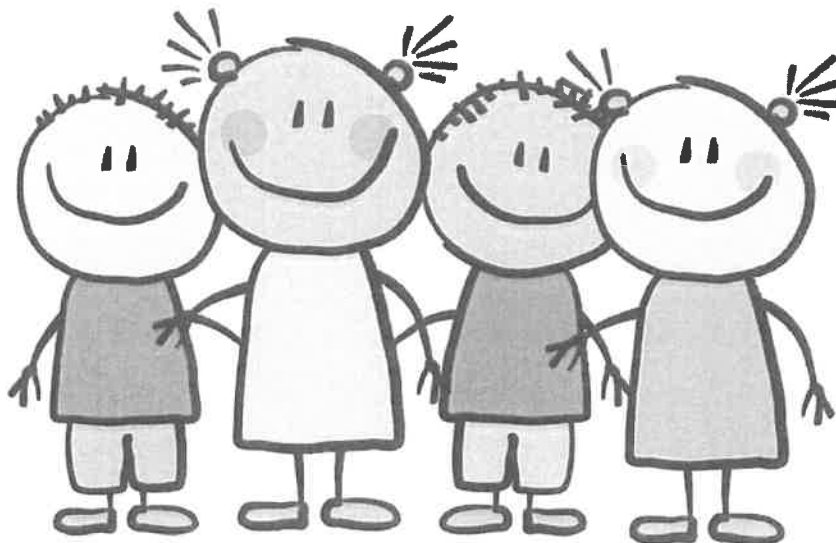
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This guidance handbook is to be used in conjunction with the *Free and Reduced-Price Meal Application and Enrollment Roster Review* training module which is found on our website ([www.FloridaHealth.gov/ccfp](http://www.FloridaHealth.gov/ccfp)) on the Training Opportunities page.

In the back of this handbook are blank forms for you to use as you start the process of applying for the Child Care Food Program (CCFP).

Follow the steps below to prepare for your Prospective Contractor Training (PCT) Part 2:

- **Watch** the *Free and Reduced-Price Meal Application and Enrollment Roster Review Module* and read through this guidance handbook
- **Collect** Free and Reduced-Price Meal Applications, Child Participation Forms, and Infant Feeding Forms (if applicable) from the parents in your center
- **Approve** the Free and Reduced-Price Meal Applications using the information you learned in the module
- **Create** the Enrollment Roster using the information from the approved Applications
- **Bring** the approved Free and Reduced-Price Meal Applications and completed Enrollment Roster to PCT Part 2 Training






# Forms Guidance







## FREE AND REDUCED-PRICE MEAL APPLICATION GUIDANCE

The free and reduced-price meal applications are used to determine how much you are reimbursed for each child's meal or snack claimed on the CCFP. Below is guidance on each section of the application.






### Top – Name of Child, etc.:

-  Write in center name and address before making copies for families.
-  Be sure to include a phone number that a parent or guardian can call for assistance with completing the form.
-  If there are siblings in the center, you may have the parent fill out one application, approve it and make copies of that application and change the name at the top of each one. If you do this, **write the word "duplicate" at the top of each copy and refer to the original application** (give the child's name that is on the original application). You must have at least one original application (signature) for the family on file.


### Step 1 – Household Children Information

-  Be sure the child's name that is listed at the top of the form is included in this section as well.
-  All household children through age 18 must be listed (household adults are listed in another section). If there are more than four children in the home, use a second form to record those children and their information, then attach the forms together. All forms must be signed.
-  All five columns to the right of the child's name must be answered.
-  Households with foster and non-foster children may choose to include the foster child as a household member or put the foster child on their own form. See "Categorical Eligibility of Foster Children" later in this booklet.

### Step 2 – Households Receiving Food Assistance


-  Florida case numbers typically start with a "1" and they are always 10 digits long so any number shorter or longer than 10 digits is incorrect.
-  The number on the Food Assistance Program or TANF electronic benefits cards is NOT the case number.
-  A household with a case number does NOT have to complete Step 4 (the income and social security number section).
-  All applications with this section correctly filled out and an adult household signature will be approved in the free category.
-  Title XX or Social Services Block Grant (SSBG) eligibility does NOT automatically qualify a household for the Free category - a correctly determined F/R Application MUST be on file.


### Step 3 – Children’s Income Information:


 Enter any income received by household children listed in Step 1, then check how often the income is received


### Step 4 – Income Section:


 If Step 2 is not completed, Step 4 must be used to determine eligibility. All types of income received must be reported.


 All adult household members (age 19 and up) must be listed in Step 4. If there are more than two adults in the home, use a second form to record those adults and their incomes, then attach the forms together. All forms must be signed.


 Household must report gross income, before taxes or anything else is taken out.


 How often income is received cannot be assumed by the approver, so frequency must be reported for each income listed. If there are different frequencies of income received by the household children, parent/ guardian should convert income using the information in "For Contractor Use Only" section, see NOTE. Contractor may assist with this conversion, if needed.


 Households that report "Zero" (\$0) income are approved in the Free category as long as the Social Security number section is completed.

 An unborn child does NOT count as a household member. You may ask the household to complete a new application after the birth of the child.


 Households whose income is above the Income Eligibility Guidelines may choose to write "above guidelines" or "N.A." in Step 4. This is acceptable and these applications are classified in the non-needy category.

 Households must report the **total** number of household members in the space provided (includes both children and adults).


 If the household has reported a case number in Step 2 or if it is an application for a foster child, a Social Security number is not needed and you may disregard any income reported in Step 4.



 F/R Applications **MUST** include the last four digits of the Social Security Number (SSN) of the person who signs the application if qualifying using income information, **UNLESS** the signer indicates that he/she does not have one.

### Step 5 – Signature:











 Every F/R Application **MUST** be signed by an adult household member if it is to be determined in the free or reduced category. Applications that are not signed by an adult household member are **INCOMPLETE** applications and must be listed in the non-needy category.

 If additional forms are needed in order to list all household members, each form must be signed by adult household member.

 If Adult Household Member does not date this section, your date in the application approval section may be used to determine the effective date of the application. See "Effective Date of Income Eligibility Determinations" later in this booklet.

-  Phone numbers and address information is not necessary to make an application complete.
-  Households are not required to complete the optional ethnic/racial section. This information does not affect the income eligibility determination on the F/R Application.

### **APPLICATION APPROVAL SECTION:**

-  Make sure the application is complete. If something is missing, contact the household to clarify the information. It is acceptable to obtain additional information over the phone to complete the F/R Application. Make a notation on the application of the information obtained, from whom the information was received, the date it was received, and your initials.
-  The center official must indicate if the F/R Application determination is based on:  
1) categorical eligibility (case number), 2) foster child, or 3) household size and income.
-  Ensure that the total number of household members in Step 4 equals the number of children and adults listed on the form.
-  If qualifying a child using the income section, add the children's income in Step 3 and the adult's income in Step 4 to obtain the total household income.
-  If different income frequencies are listed, center official must convert all income to an annual amount. (Weekly X 52, Biweekly X 26, Twice a Month X 24, Monthly X 12)
-  All persons claimed at the free or reduced-price reimbursement rate must have an approved F/R Application on file.
-  The center determining official must sign and date the application.
-  Second party check signature is optional unless required as result of a corrective action plan (CAP).
-  Information on the F/R Application is valid for a maximum of one calendar year from the effective date. See "Effective Date of Income Eligibility Determinations" later in this booklet.
-  If you have any questions regarding eligibility of a child, refer to the following pages or to the Eligibility Guide located on the CCFP website.

**This quick reference chart allows you to see what is required  
for each type of Free and Reduced-Price Meal Application**

<b>Type of Household</b>	<b>Required Information</b> (Additional information may be provided but is not required to determine eligibility category)
<p><u>Food Assistance Program</u> (formerly known as Food Stamp Program) or <u>TANF</u> (Temporary Assistance to Needy Families)</p>	<ol style="list-style-type: none"> <li>1. Name of child.</li> <li>2. Food Assistance Program/TANF Case Number. This is a 10-digit number assigned to the household receiving benefits. This number typically begins with a “1” and is on the “notice of decision” or “letter of eligibility” provided by the Food Assistance Program/TANF Office. It is <b>not</b> the 16-digit random number on the electronic benefits card used for the program. <i>Note: Medicaid and subsidized child care eligibility <u>does not</u> automatically qualify children for free meals.</i></li> <li>3. Signature of parent/guardian or other adult household member.</li> </ol> <p>NOTE: If any member of the household currently receives Food Assistance Program or TANF benefits, then any child in that household is eligible for free meals.</p>
<p><u>Foster Child</u> (if document from foster care agency or court is <u>not</u> submitted)</p>	<ol style="list-style-type: none"> <li>1. Name of child.</li> <li>2. Circled Yes answer in the appropriate row of the foster child column.</li> <li>3. Signature of foster parent/guardian or other adult household member.</li> </ol>
<p>All Other Households</p>	<ol style="list-style-type: none"> <li>1. Name of child.</li> <li>2. All household member names (children and adults).</li> <li>3. Combined gross income for all household children (through age 18) who have any income, and how often that income is received. If the children’s income section (Step 3.A) is blank, you can assume there is no children’s income.</li> <li>4. Current gross income (or net income for self-employed persons only) from all sources for each adult household member <u>and</u> how often each source of income is received. <b>(Note: For any adult household member that does not receive any income, “none” or “0” should be listed for that person. If an adult has no income listed, you can assume his/her income is “none” or “0”, and the application can be approved accordingly with no income for that individual. If there are no adults listed in Step 3.B, the application is incomplete and you <u>cannot</u> consider it to be a zero income application.)</b></li> <li>5. Signature of parent/guardian or other adult household member.</li> <li>6. The last four digits of the social security number of the adult household member that signed the form. If this person does not have a social security number, then “none” must be written in the spaces provided.</li> </ol>



## CATEGORICAL ELIGIBILITY OF FOSTER CHILDREN

Effective October 1, 2010, the Healthy, Hunger-Free Kids Act (the Act) of 2010 provided eligibility for free meals to foster children, whose care and placement is the responsibility of the State or who are placed by a court with a caretaker household. This provision only applies to foster children formally placed by a State child welfare agency or a court – not informal arrangements outside of State or court based systems.

The Act allows a choice (made by the household) of three methods to certify a foster child for the free meal eligibility category:

**Method One: Documentation from the Foster Care Agency or Court – (No Free and Reduced-Price Meal Application required)**

The documentation must be from the agency or court that placed the child and must state that the child is a foster child who is a ward of the State or the child has been placed in a specific household by the court. The documentation must be maintained in the center (and sponsor's office, as applicable) instead of a meal application for that child. Completed enrollment and child participation forms must still be maintained for each child.

**Method Two: Include Foster Child on a Household's Free and Reduced-Price Meal Application – (No Foster Care Agency or Court documentation required)**

Households with foster and non-foster children may choose to include the foster child as a household member on the same household meal application that includes their non-foster children. This will streamline the process and may help the foster family's non-foster children qualify for free or reduced-price meals based on household size and income.

The contractor would certify the foster child for free meals and make an eligibility determination for the other children in the household based on the total household size (including the foster child) and income. As before, foster care payments received by the family from the placing agency are not considered income and don't need to be reported.

**Method Three: Include Foster Child on Separate Free and Reduced-Price Meal Application – (No Foster Care Agency or Court documentation required)**

A household may complete a separate meal application for a foster child if they so choose.

## INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED-PRICE MEALS

Effective July 1, 2020 – June 30, 2021

### FREE MEAL SCALE

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	16,588	1,383	692	638	319
2	22,412	1,868	934	862	431
3	28,236	2,353	1,177	1,086	543
4	34,060	2,839	1,420	1,310	655
5	39,884	3,324	1,662	1,534	767
6	45,708	3,809	1,905	1,758	879
7	51,532	4,295	2,148	1,982	991
8	57,356	4,780	2,390	2,206	1,103
For each additional family member, add	+5,824	+486	+243	+224	+112

### REDUCED-PRICE MEAL SCALE

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
For each additional family member, add	+8,288	+691	+346	+319	+160

**Remember:** The total income before taxes, social security, health benefits, union dues, or other deductions, must be reported.

# Free and Reduced-Price Meal Application Income Conversion Guidance

**STEP 3: Children's Income Information** (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's income – Total: \$ \_\_\_\_\_ How often received? (check only one):  Weekly  Bi-Weekly  Twice a Month  Monthly  Annually

STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Adult Household Members and Income – list all adult household members (age 19 and up), even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0," if you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Annually	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Annually
\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Annually	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Annually

Total Household Members (Add STEP 1 & 4): \_\_\_\_\_ Last four digits of Social Security Number (SSN) of adult household member: \_\_\_\_\_ If no SSN, write "none."

- ❖ Parents must indicate the frequency that income is received by using a check box in the child income section or circle the correct frequency to the right of the slash in the adult income section. If there are different frequencies of pay within children incomes, parents may convert income using the information in the "For Contractor Use Only" section; see NOTE. Contractor may assist with this conversion, if needed.
- ❖ In the "For Contractor Use Only" section the Determining Official is to mark the frequency the household income is received.

**FOR CONTRACTOR USE ONLY:**

Categorical Eligibility:  FAP/SNAP or TANF Household  Foster Child  Total Household Size: \_\_\_\_\_ Total Household Income: \$ \_\_\_\_\_  
 Eligibility Determination:  Free  Reduced-Price  Non-needy  Non-needy How Often Income is Received (Frequency):  Weekly  Bi-weekly  Twice a Month  Monthly  Annually

NOTE: if different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Bi-weekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-Needy Status:  Income too High  Incomplete Application  Other Reason:

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Second Party Check Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## IMPORTANT INFORMATION REGARDING FREE AND REDUCED-PRICE MEAL APPLICATIONS

- ♣ Please refer to the **Eligibility Guide for Child Care Centers FY 2020-2021** for complete instructions on the Free and Reduced-Price Meal Applications.
- ♣ The **Free and Reduced-Price Meal Application** forms have not been revised this year; please use the forms dated 6/2019 (located in MIPS under Blank Forms/Documents), as you create your new Enrollment Roster for the upcoming year. The Parent Letter that needs to accompany the Free and Reduced-Price Meal Application is updated annually. Please ensure that you are using the 2020 revised version.
- ♣ Contractors may choose to use either the **Free and Reduced-Price Meal Application – Combo** or the non-combo/standard **Free and Reduced-Price Meal Application**. See page 10 of the Eligibility Guide for Child Care Centers FY 2020-2021 for guidance. It is available in MIPS under Blank Forms/Documents.
- ♣ **REMINDER** – The “combo” version of the **Free and Reduced-Price Meal Application** combines eligibility and Child Participation Information. Using the “non-combo” or “standard” **Free and Reduced-Price Meal Application** will require that the Child Participation Information be collected on either the Child Participation Form or the enrollment form, if there is a place for that information.
- ♣ On the application, if different income frequencies are listed in Step 3 or 4, you must convert all income to an annual amount. Weekly, multiply X 52; Biweekly X 26; Twice a month X 24; Monthly X 12.
- ♣ If the income frequencies listed in Step 3 or 4 are all the same, use that frequency to determine eligibility; do not convert to another frequency. For example, if all frequencies are monthly, do not convert them to annual; determine eligibility based on monthly.
- ♣ If there is income listed but no income frequency, the form is considered incomplete and the child is considered Non-Needy until the income frequency can be obtained. Do not assume a frequency when one is not listed. Changes made to a form must be initialed and dated.
- ♣ If hourly frequency is listed, do not assume 40 hours per week. Ask the household member how many hours per week they work. Changes made to a form must be initialed and dated.
- ♣ If an adult has no income listed by their name, you can assume the adult has no income and approve the application accordingly, **as long as** there is a Social Security Number on the application. If there are no adults listed in Step 4, the application is incomplete, and you cannot consider it to be a zero-income application.
- ♣ Make sure the application is complete. If something is missing, contact the household to clarify the information. It is acceptable to obtain additional information over the phone to complete the F/R Application. Make a notation on the application of the information obtained, from whom the information was received, the date it was received, and your initials.
- ♣ A **Checklist for Free and Reduced Application Approval** is included in this handbook for your use. This is not a required form; however it is a tool to assist you in correctly approving F/R Applications.

## Checklist for Free and Reduced Application Approval

(use with updated F/R application dated 6/2019)

Instructions: Use this checklist to make sure your F/R Applications are completed and approved correctly.

### Top Section

- Child's name is listed at the top
- If using the Combo form, child participation information is completed
- If this is a copy of a sibling's form, the name is changed here and there is a note at the top indicating the child's name on the original application

### Step 1

- Child's name that is listed in top section is also listed with other children in the household
- All columns are completed next to all children's names
- If there are more children (or household members) than lines on the form, a page is attached with the additional names listed clearly

### Step 2 (if qualifying by case number)

- If case number is listed, it meets the criteria (only 10 digits, typically starts with a 1)

### Step 3 (if children have income)

- If children receive income, Step 3 is completed with amount and frequency noted.  
Note: make sure parent is not reporting child support \$ in this section

### Step 4 (if qualifying by income)

- Last 4 of SS# is listed
- Adults are listed by name
- Income is listed in all applicable columns with frequency circled
- Household members are added up correctly

### Step 5

- Adult Household member signed the application

### FOR CONTRACTOR USE ONLY section

Bottom Section must be completed correctly and signed and dated by you, the contractor, so your review will be successful!

- Categorical Eligibility is checked, if applicable
- Total Household Size equals the number of names listed on the application
- If qualifying by income (Step 4), Total Household Income is converted/added properly (if different frequencies are listed, convert to annual income)
- Eligibility Determination is checked accurately
- If qualifying by income (Step 4), Frequency of Income is checked
- Signature and Date of Determining Official is complete
- Second Party Check section is signed and dated, if applicable

## EFFECTIVE DATE OF INCOME ELIGIBILITY DETERMINATIONS

There are two options for determining the effective date of a household's eligibility category (see Option A and Option B described below). Each CCFP contractor must select the option it will use and approve all applications using only that option. During reviews conducted by FDOH, contractors must notify FDOH staff of the option being used and the date it was implemented.

### Option A: Date Contractor Approves and Signs Application

The effective date of eligibility is based on the date that the contractor approves and signs the household's application. If you choose to use this method, households must be classified as non-needy until the application is approved for another category.

For example, if the contractor receives a complete application in May 2021 and approves it in June 2021, the household would be classified as non-needy for May 2021 and the approved eligibility category is effective June 2021.

### Option B: Date Dependent on Several Factors

If using this method, the application must also be approved and signed by the contractor; however, the effective date of eligibility is dependent on a number of factors. Typically, the date that an application is "complete" would be used, but there is an exception when the application is "complete" but there is no household signature date (see Example 2 – Option B below). A "complete" application is one that contains the information required to make an eligibility determination. Below are several examples to show how Option B works.

#### Example 1 – Option B

A household submits a complete application signed and dated by an adult household member on April 28, 2021.

The contractor's staff approves the application on May 15, 2021.

The approved eligibility category is effective April 2021, since the application was complete and dated by the adult household member in April.

#### Example 2 – Option B

A household submits an application signed by an adult household member on April 28, 2021; however, the adult household member did not date the application.

The application does contain the information required to make an eligibility determination. Therefore, it is considered complete, but the effective date of eligibility must be based on one of the following dates:

- If the contractor date stamps the application upon receipt (April 28, 2021), then that date is used to determine the effective date of eligibility (April 2021); **or**
- If the contractor does not date stamp the application upon receipt, then the effective date of eligibility is based on the date the contractor's staff approves and signs the application. In this case, if the approval date is May 15, 2021, the approved eligibility category is effective May 2021 and the household is classified as non-needy for April 2021.

### Example 3 – Option B

A household submits an incomplete application signed and dated by an adult household member on April 28, 2021.

The contractor's staff obtains the information needed to complete the application from the household on April 30, 2021. The staff then notates the application with the additional information, his/her initials, and the date information was obtained.

The approved eligibility category is effective April 2021, since the application was completed in April upon receipt of the required information from the household.

### Example 4 – Option B

A household submits an incomplete application signed and dated by an adult household member on April 28, 2021.

The contractor's staff obtains the information needed to complete the application from the household on May 2, 2021. The staff then notates the application with the additional information, his/her initials, and the date information was obtained.

The approved eligibility category is effective May 2021, since the information needed to complete the application was not obtained until May. This means the household is classified as non-needy for April 2021.

**For both Option A and Option B**, applications are considered current and valid from the month in which the eligibility determination was effective through the end of the same month in the next year. For example, if an eligibility determination is effective any day during May 2021, it is considered effective from the first day of May 2021 through the last day of May 2022.

## How can I get parents to complete and turn in the F/R Applications?


The difference in reimbursement for a child in the Free Category and in the Non-needy category is over \$5.00 per day (for breakfast, lunch and snack). The following are some ideas you may consider that might help you get a completed application for each child:

- Have the F/R Application completed at the center. Ask the parent to complete it when dropping off or picking up the child. **DO NOT SEND THE APPLICATION HOME WITH THE CHILD!**
- Give your parents a “heads-up” in advance that you will be collecting this information from them at a specific time so they bring it with them (income information, SNAP #, social, etc.)
- If possible, have an informed staff person “man” a table during drop-off and/or pick-up times to help parents complete the application forms. Pick-up time may be better since parents may have more time and aren't as rushed.
- If necessary, assign different days of the week for different ages of children (e.g. Monday – infants and 1 year olds; Tuesday – 2 and 3 year olds, etc.).
- Complete the child's name at the top of the application before giving the household the form.
- Let the parents know that getting this information will possibly provide you with financial assistance in serving nutritious meals and will help prevent you from raising tuition rates.
- Assure the parents that the information provided will be used only for determination of reimbursement rates and will be kept strictly confidential.
- To ensure confidentiality, have envelopes available (or a box with an opening at the top) in which to put the applications.
- For new students coming to the center, include all of the CCFP forms the parents need to complete in the enrollment packets so they are completed when the child enrolls.




## ENROLLMENT ROSTER GUIDANCE

(Note: Excel version of this form is on our website under Regulations, Guidance, and Record Keeping)


 **Every** child must be listed on the roster, even if they only attend for one day, and even if they do not eat. This includes infants, school-age children attending before and after-school programs, as well as all VPK children.

 A complete entry on the Roster includes:

- |                                  |                                   |
|----------------------------------|-----------------------------------|
| 1) Child's name, last name first | 3) Date withdrawn (if applicable) |
| 2) Date first attended           | 4) Eligibility category           |


 The Roster should initially be done in alphabetical order, last name first. Once the initial roster is developed, new children's names can be added to the bottom.


 Be consistent with the children's names on the various forms. **Names on the roster must match the names on enrollment forms and attendance records.**


 A recommended method for keeping the roster organized is to keep a binder with A - Z tabs with a separate roster for each letter (or combination of letters – i.e., xyz); the F/R Applications and the Child Participation Forms for the children listed on each roster page can then be filed behind that roster in the binder.

 Keep roster pages together with the F/R Applications and Child Participation Forms in a binder as noted above or some other organized manner.

 The Roster must be updated and kept current at all times.


 A child must attend at least a portion of one day in a given month to be counted in the roster totals for that month.


 When a child withdraws from the center, it is a good idea to highlight through that child's name and eligibility level after you've counted them in their final month, so you don't accidentally count them in the following months.

 Do not use correction fluid (e.g., Whiteout) on roster or F/R Applications. If you need to make a change in classification of eligibility, draw a line through the "X", date it, initial it and put the "X" where it belongs, with the effective date and your initials.

 The Roster lists eligibility categories of children; therefore it **must be kept confidential.**

 **Never remove or discard a F/R Application** if a child leaves your center. Leave applications in the same order as the Roster.

 Keep CCFP records at least 3 years plus the current year (except the contract which needs to be kept on file during the entire period that the contract remains in effect and for three additional fiscal years after that). If keeping records electronically, keep hard copies of the last 13 months on site.

 The Roster is good for one year only. **A new roster, either Oct-Sept or Aug-July, must be created annually,** following the collection of the new F/R Applications.

## Organizing Your CCFP Records

**All CCFP records must be kept for the current federal fiscal year (October – September) and three subsequent years.** Keeping your records organized is crucial in this program and below are a few simple steps will make keeping these particular records easier for you.

The center must maintain at least 13 consecutive months of current records (in paper) at the child care center and be accessible for review. The other prior year records may be kept electronically. This includes ALL records kept for CCFP; not just those supporting submitted claims.

### **Organizing your Free and Reduced Applications, Child Participation Forms, Infant Feeding Forms and your Enrollment Roster:**

- A recommended method for keeping these forms organized is to create a 3-ring binder with A - Z tabs with a separate roster for each letter (or combination of letters – i.e., xyz). The forms stored in the binder (F/R Applications, Child Participation Forms and Infant Feeding forms) would be arranged by child's last name, behind the roster on which the child is listed.
- If a household completes more than one F/R Application during the year, staple the most current F/R Application to the top of the one that was completed previously.
- Make sure that F/R Applications are current and that eligibility is correctly determined for all participants on your roster.

Note: if using the Excel version of the Enrollment Roster, at the end of each month, print out the alphabetized roster for your records.

# Blank Forms

The following blank forms are included for your use in the Child Care Food Program. Once you are approved to participate, you will have access to download these and all other forms from our Management Information and Payment System (MIPS).

Child Participation Form

Infant Feeding Form

Parent Letter

Free and Reduced-Price Meal Application

Free and Reduced-Price Meal Application – Combo (includes Child Participation information on the Application)

Enrollment Roster (Excel version is on the CCFP website and in MIPS)

**Florida Department of Health  
Child Care Food Program  
Child Participation Form**

Name of Child: \_\_\_\_\_ Name of Facility: \_\_\_\_\_

Dear Parent:

Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

Check here and sign/date below if your child does not receive meals while in care

If child care hours are the same every day, please complete this chart.		
Day	Normal Hours in Care	Meals Normally Received While in Care
Mon – Fri	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

OR

If child care hours are <u>not</u> the same every day, please complete this chart.		
Monday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Tuesday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Wednesday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Thursday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Friday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Saturday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Sunday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

Check here and sign/date below if your child has no regularly scheduled hours of care

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Child Care Food Program Infant Feeding Form

<b>Child care facility: Please fill in facility name and formulas offered before distributing to parents.</b>	
Child Care Facility Name:	
*Formulas offered at this facility:	
Milk-based:	
Soy-based:	

**This child care facility participates in the Child Care Food Program (CCFP) and is required to offer infant formula and food to your baby.** The CCFP provides reimbursement for healthy meals provided and served to your baby while in our care. Our child care staff have been trained in infant feeding practices and offer age appropriate foods for your baby.

We welcome breastfed babies and support and encourage moms to continue breastfeeding when returning to work or school. For formula fed infants, we offer the iron-fortified infant formulas listed above to babies in our care.

To qualify for reimbursement, infant meals and snacks must include, at a minimum, the following food components at appropriate age and developmental stages:

- ~ Breastmilk or iron-fortified infant formula (or a combination of both)
- ~ Iron-fortified infant cereal
- ~ A variety of texture-appropriate vegetables and fruits such as sweet potatoes, bananas, and peas.
- ~ A variety of texture-appropriate meat and meat alternates such as chicken, yogurt, and cheese.
- ~ Bread, crackers, Florida WIC-approved ready-to-eat cold cereals

Please be aware this child care facility:

- ~ Will offer all food components to each infant that is developmentally ready to accept them. Parents do not have to bring in any foods for their children.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- ~ May request parents to supply clean, sanitized and labeled bottles on a daily basis.
- ~ Requires the parent to label bottles of breastmilk or formula and containers of food that they provide with baby's name, date, and time of bottle or food preparation.

### Parents please complete the following:

Baby's full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please check  this box  if your baby is breastfed. Please check if you plan to do one or both:

Provide pumped breastmilk       Visit facility to nurse

I understand that this child care facility will supply the above iron-fortified formulas for formula-fed infants up to 12 months of age and infant cereal and baby food for infants 6 months and older, according to the CCFP requirements.

I prefer to supply my own formula (write in name of \*formula): \_\_\_\_\_

**This facility has not requested or required me to provide infant formula or food.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_

\*Please note: Early Head Start facilities provide the brand of formula you currently give your infant as well as all age-appropriate food

## PARENT LETTER FOR NON-PRICING PROGRAMS

Dear Parent/Guardian:

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

We participate in the Child Care Food Program (CCFP), which provides reimbursement for serving nutritious meals to enrolled children. All meals served must meet meal pattern requirements established by the U.S. Department of Agriculture (USDA). In the operation of USDA child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability.

The information requested on the attached Free and Reduced-Price Meal Application is necessary so that we may receive reimbursement for meals served to your child while in care. The amount of reimbursement we receive from the CCFP depends on the household income status of the enrolled children. Please complete the attached application, sign, date, and return it to the address listed below. **Please refer to the back of the application for full instructions.** Your application will be placed in our files and kept confidential.

Children from households that receive Food Assistance Program (formerly known as the Food Stamp Program) or TANF (Temporary Assistance for Needy Families) benefits are eligible for free meals. Children enrolled in Head Start or Early Head Start (HS/EHS) are eligible for free meals, subject to the submission of official, acceptable HS/EHS enrollment documentation. With proper documentation, HS/EHS children will not need Free and Reduced-Price Meal Applications. Foster children are eligible for free meals regardless of the income of the household with whom they reside, subject to the submission of official, acceptable foster care agency/court documentation or a Free and Reduced-Price Meal Application. Children from households with total incomes less than or equal to the levels listed below are eligible for either free or reduced-price meals.

### INCOME ELIGIBILITY GUIDELINES (Effective July 1, 2020 - June 30, 2021)

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
For each additional family member, add	+8,288	+691	+346	+319	+160

#### HOW TO COMPLETE:

If any member of your household currently receives Food Assistance Program (FAP) or TANF benefits, then any child in the household is eligible for free meals. The application must include the child's name, the FAP or TANF case number, and the signature of an adult household member.

If completing a Free and Reduced-Price Meal Application for a foster child, the application must identify the child as a foster child, and include the child's name, any "personal use" income, and an adult's signature. Households wishing to apply for meal benefits for foster children should contact us if they have any questions.

If you do not list a FAP or TANF case number, or if the child is not a foster child, the application must include:

- the child's name;
- the names of all household members, including spouse, children, parents or other persons who live with you in the same household;
- the amount of income each person usually receives (before deductions for taxes, social security, etc.), how often it is received, and where it is from, such as wages, retirement, or public assistance. For self-employed persons, list net income. Net income is defined as gross receipts less operating expenses. For persons who do not receive any income, write "0" or "None";

- the signature of an adult household member; and
- the last four digits of the social security number of the adult household member who signed the application or the word "none" if that adult does not have a social security number.

**VERIFICATION:** Your application may be reviewed by the child care center or other officials at any time during the year to determine if it has been correctly approved. **CONFIDENTIALITY:** The information that you report will be used only to determine eligibility for free or reduced-price meals in the CCFP. **REAPPLICATION:** You may apply for free and reduced-price meals at any time during the year. If you are not eligible now but your household experiences a change, such as, a decrease in household income, an increase in household size, unemployment or receipt of Food Assistance Program or TANF benefits, then complete a new application.

Sincerely,

\_\_\_\_\_  
Name and Title of Child Care Center Representative

\_\_\_\_\_  
Name of Child Care Center

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

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](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

# CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

Child's Name: \_\_\_\_\_ Center Name & Address: \_\_\_\_\_

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: ( ) \_\_\_\_\_

**STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)**

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

**STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits? If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.**

FAP/SNAP Case Number: \_\_\_\_\_ or TANF Case Number: \_\_\_\_\_

**STEP 3: Children's income information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)**

Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's income – Total: \$ \_\_\_\_\_ How often received? (check only one):  Weekly  Bi-Weekly  Twice a Month  Monthly  Annually

**STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)**

**Adult Household Members and Income** – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0," or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually

**Total Household Members (Add STEP 1 & 4):** \_\_\_\_\_ **Last four digits of Social Security Number (SSN) of adult household member:** \_\_\_\_\_ **If no SSN, write "none."**

**STEP 5: Contact information and adult signature**

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): \_\_\_\_\_ Daytime phone #: ( ) \_\_\_\_\_  
 Street Address, City, State, Zip Code

Signature of adult household member: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date signed: \_\_\_\_\_

**OPTIONAL: Child's ethnic and racial identities** We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino

Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  Write

**FOR CONTRACTOR USE ONLY:**

Categorical Eligibility:  FAP/SNAP or TANF Household  Foster Child **Total Household Income:** \$ \_\_\_\_\_

Eligibility Determination:  Free  Reduced-Price  Non-need

**NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 12**

Reason for Non-need Status:  Income too High  Incomplete Application  Other Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Second Party Check Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**INSTRUCTIONS for completing the Free and Reduced-Price Meal Application (use a pen and print all information other than signature)**

**IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM (FAP/SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS, FOLLOW THESE INSTRUCTIONS:** STEP 1: List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. STEP 2: Enter either the FAP/SNAP or TANF case number in the designated space. The case number will be on your letter of eligibility; it is not the number on your EBT card. STEP 3: Skip this step. STEP 4: Skip this step. STEP 5: Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

**IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:** With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household where they reside. You have the option to provide the child care center with official documentation from the foster care agency or court that placed the child in the household, rather than completing this application. Should you choose to complete this application, and you are applying only for a foster child(ren), then only complete STEPS 1 and 5. If you are applying for foster and non-foster children, complete STEPS 1, 3, 4 and 5. If completing STEP 3, do not include payments to the household for the care of the foster child(ren). See the instructions listed below for the applicable steps.

**ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:** STEP 1: List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. STEP 2: Skip this step. STEP 3: Enter the total income received by all children listed in STEP 1, then check how often the income is received. STEP 4: List all adults age 19 and older that are supported with the household's income, even if they are not related to you and even if they receive no income. If there is not enough space to list all adults, use a second form and attach the forms together. For each adult, list the amount of income he/she regularly receives before taxes or anything else is taken out and circle how often the income is received (frequency) in the appropriate columns. If self-employed, list net income. See examples below for sources of income to report. For any adult with no income, write "none" or "0." Any income fields that are blank will also be counted as a zero (0). Enter the total number of household members (all children and adults), then list the last four digits of the social security number (SSN) of the adult completing/signing the application (or write NONE if he/she has no SSN). STEP 5: Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

Sources of income for Children		Sources of income for Adults	
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages	Earnings from Work	Public Assistance/ Alimony/Child Support
Social Security • Disability Payments • Survivor's Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits	<ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses</li> <li>• Net income from self-employment (farm or business)</li> </ul> If you are in the U.S. Military: <ul style="list-style-type: none"> <li>• Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>• Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>• Unemployment benefits</li> <li>• Worker's compensation</li> <li>• Supplemental Security Income (SSI)</li> <li>• Cash assistance from State or local government</li> <li>• Alimony payments</li> <li>• Child support payments</li> <li>• Veteran's benefits</li> <li>• Strike benefits</li> </ul>
Income from person outside the household	A friend or extended family member regularly gives a child spending money		<ul style="list-style-type: none"> <li>• Social Security (including railroad retirement and black lung benefits)</li> <li>• Private pensions or disability benefits</li> <li>• Regular income from trusts or estates</li> <li>• Annuities</li> <li>• Investment income</li> <li>• Earned interest</li> <li>• Rental income</li> <li>• Regular cash payments from outside household</li> </ul>
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust		

The Richard B. Russell National School Lunch Act requires that, unless you list a current Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) case number or are applying for a foster child, you must include the last four digits of the Social Security Number (SSN) of the adult household member signing the application or indicate that the signer does not have a SSN. Providing the last four digits of a SSN is not mandatory, but if this information is not given or indicated that the signer does not have a SSN, the application cannot be approved. The information provided on this form may be verified through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a welfare office to verify receipt of FAP/SNAP or TANF benefits, contacting the state employment security office to determine the amount of benefits received, and checking any documentation produced by the household to prove the amount of income received. These verification efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. We may share your eligibility information with 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 investigate violations of program rules.

**This institution is an equal opportunity provider. Please refer to the accompanying Parent Letter to read the full Nondiscrimination Statement**

# CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: \_\_\_\_\_ Center Name & Address: \_\_\_\_\_

Primary Hours of Care: From: \_\_\_\_\_ To: \_\_\_\_\_ Days of the Week in Care: M T W T H F S S Meals Typically Served While in Care: BR MS LU AS SU ES None

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (\_\_\_\_\_) \_\_\_\_\_

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits? If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: \_\_\_\_\_ or TANF Case Number: \_\_\_\_\_

STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Children's Income - sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's income - Total: \$ \_\_\_\_\_ How often received? (check only one):  Weekly  Bi-Weekly  Twice a Month  Monthly  Annually

STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Adult Household Members and income - list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (Add STEP 1 & 4): \_\_\_\_\_ Last four digits of Social Security Number (SSN) of adult household member: \_\_\_\_\_ If no SSN, write "none."

STEP 5: Contact information and adult signature

Home address (if available): \_\_\_\_\_ Street Address, City, State, Zip Code \_\_\_\_\_ Daytime phone #: (\_\_\_\_\_) \_\_\_\_\_

Signature of adult household member: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date signed: \_\_\_\_\_

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino

Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

FOR CONTRACTOR USE ONLY

Categorical Eligibility:  FAP/SNAP or TANF Household  Foster Child  Non-needy  Free  Reduced-Price  Income too High  Incomplete Application  Other Reason: \_\_\_\_\_ Total Household Income: \$ \_\_\_\_\_ How Often Income is Received (Frequency):  Weekly  Biweekly  Twice a Month  Monthly  Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Second Party Check Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS for completing the Free and Reduced-Price Meal Application (use a pen and print all information other than signature)**

Print the name of the child you are applying for at the top of the form. Print the name and address of the child care center at the top of the form. Print the name and address of the child care center the child primarily attends the child care center and the meals that you expect your child to receive while in care: breakfast (BR), morning snack (MS), lunch (LJ), afternoon snack (AS), supper (SU), and/or evening snack (ES).

**IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM (FAP/ SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS, FOLLOW THESE INSTRUCTIONS:** STEP 1: List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. STEP 2: Enter either the FAP/ SNAP or TANF case number in the designated space. The case number will be on your letter of eligibility; it is not the number on your EBT card. STEP 3: Skip this step. STEP 4: Skip this step. STEP 5: Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

**IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:** With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household where they reside. You have the option to provide the child care center with official documentation from the foster care agency or court that placed the child in the household, rather than completing this application. Should you choose to complete this application, and you are applying only for a foster child(ren), then only complete STEPS 1 and 5. If you are applying for foster and non-foster children, complete STEPS 1, 3, 4 and 5. If completing STEP 3, do not include payments to the household for the care of the foster child(ren). See the instructions listed below for the applicable steps.

**ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:** STEP 1: List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. STEP 2: Skip this step. STEP 3: Enter the total income received by all children listed in STEP 1, then check how often the income is received. STEP 4: List all adults age 19 and older that are supported with the household's income, even if they are not related to you and even if they receive no income. If there is not enough space to list all adults, use a second form and attach the forms together. For each adult, list the amount of income he/she regularly receives before taxes or anything else is taken out and circle how often the income is received (frequency) in the appropriate columns. If self-employed, list net income. See examples below for sources of income to report. For any adult with no income, write "none" or "0." Any income fields that are blank will also be counted as a zero (0). Enter the total number of household members (all children and adults), then list the last four digits of the social security number (SSN) of the adult completing/signing the application (or write NONE if he/she has no SSN). STEP 5: Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

Sources of Income for Children		Sources of Income for Adults		
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
Social Security • Disability Payments • Survivor's Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits	• Salary, wages, cash bonuses • Net income from self-employment (farm or business)  If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food and clothing	• Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household
Income from person outside the household	A friend or extended family member regularly gives a child spending money			
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust			

The Richard B. Russell National School Lunch Act requires that, unless you list a current Food Assistance Program (FAP/ SNAP) or Temporary Assistance for Needy Families (TANF) case number or are applying for a foster child, you must include the last four digits of the Social Security Number (SSN) of the adult household member signing the application or indicate that the signer does not have a SSN. Providing the last four digits of a SSN is not mandatory, but if this information is not given or an indication is not made that the signer does not have a SSN, the application cannot be approved. The information provided on this form may be verified through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a welfare office to verify receipt of FAP/ SNAP or TANF benefits, contacting the state employment security office to determine the amount of benefits received, and checking any documentation produced by the household to prove the amount of income received. These verification efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. We may share your eligibility information with 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 investigate violations of program rules. This institution is an equal opportunity provider. Please refer to the accompanying Parent Letter to read the full Nondiscrimination Statement

Organization Name \_\_\_\_\_

**Child Care Food Program  
ENROLLMENT ROSTER**

Authorization Number \_\_\_\_\_

Center Name \_\_\_\_\_  
October 1, 2020 – September 30, 2021

(1)	(2)	(3)	(4)	(5) Category of Meal Eligibility		
Name of Child (Last Name, First Name)	Age of Child	10/01/20 or 1st Date of Attendance on CCFP	Last Date of Attendance in Center	Free (a)	Reduced- Price (b)	Non-Needy (c)

(6) Enter below, for each month, the total number of children eligible for free, reduced-price, and non-needy meals. Children must be in attendance for at least one day in the month in order to be included in the free, reduced-price and non-needy numbers below. Transfer this information each month to the claim.

	OCT 20	NOV 20	DEC 20	JAN 21	FEB 21	MAR 21	APRIL 21	MAY 21	JUNE 21	JULY 21	AUG 21	SEPT 21
F				F	F	F	F	F	F	F	F	F
R				R	R	R	R	R	R	R	R	R
N				N	N	N	N	N	N	N	N	N
Totals												

## ENROLLMENT ROSTER

October 1, 2020 - September 30, 2021

### General Instructions

This enrollment roster is a required document for tracking free, reduced-price and non-needy meal eligibility in child care centers and outside school hours care centers. The child's eligibility category is based on information provided on the Free and Reduced-Price Meal Application. When a new child enrolls in the program, his/her name, age, and eligibility category with the first date of attendance must be noted on the roster.

A child care center and outside-school-hours care center may claim reimbursement only for meals served to enrolled children. Children are defined as persons who are 12 years of age and under; or children of migrant workers 15 years of age and under; or persons with an appropriately documented mental or physical disability who are enrolled in an institution or a child care facility serving a majority of persons 18 years of age and under. **No more than two meals and one snack or two snacks and one meal may be claimed per child per day.**

Do not send this report to the state office. Keep on file at your institution.

### Instructions for Completing the Enrollment Roster

For the new fiscal year (October 1, 2020 to September 30, 2021), the following should be recorded under each column:  
COLUMN

- (1) Enter the name of each enrolled child (last name first). Use the same name (first and last) for a child on all CCFP records (e.g., attendance records, enrollment records, etc.) If a new child enrolls during the fiscal year, add the child's name to the roster.
- (2) Enter the age of the child.
- (3) If the child has been in attendance prior to October 2020, then enter 10/1/20. If not, enter the first date the child attends the center.

**\*\*Prospective Contractors only:** Enter your approval date in this column when you receive your approval notice.

- (4) If a child leaves the center during this fiscal year, enter the child's last date of attendance.

**Tip: Once you have claimed the child for the last month they have attended, you may line through their name so as not to accidentally claim them in subsequent months.**

- (5) Enter the child's category of eligibility based on information from the approved Free and Reduced-Price Meal Application.
- (6) At the end of each month, enter the total numbers of free, reduced-price and non-needy children for that month and then transfer the totals to the monthly reimbursement claim.