

# **Eligibility Guide for Child Care Centers**

FY 2023-2024



## **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)

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, audiotope, 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.

# Child Care Food Program Eligibility Guide for Child Care Centers

## TABLE OF CONTENTS

	Page
Introduction.....	3
I. Definitions.....	4
II. Determining Eligibility.....	4
III. Required Information from Applicants.....	6
IV. Determining Household Income.....	8
V. Determining Household Size.....	9
VI. Description of Forms Included in this Guide.....	10

### Forms (attached following page 10):

Income Eligibility Guidelines

News Release (Non-Pricing) – most centers use this News Release

News Release (Pricing)

Free and Reduced-Price Meal Application (English, Spanish, and Haitian-Creole)

- Combination version (includes Child Participation Information)

Parent Letter (Non-Pricing) – (English, Spanish, and Haitian-Creole)

Parent Letter (Pricing)

Child Care Application for Enrollment (English, Spanish, and Haitian-Creole)

Child Participation Form (English, Spanish, and Haitian-Creole)

Enrollment Roster (August - July cycle and October - September cycle)

Enrollment Roster Consolidation Form

Collection Procedures for Pricing Programs

## INTRODUCTION

The Child Care Food Program (CCFP) is a federally funded program that reimburses child care providers for nutritious meals and snacks served to eligible children. In Florida, the Department of Health (DOH), Bureau of Child Care Food Programs, administers the CCFP.

The purpose of this Eligibility Guide is to provide information on determining the eligibility of each child for free or reduced-price meals. It is to be used by independent child care centers (including outside-school-hours-care centers) and sponsoring organizations of child care centers providing services under the CCFP.

Sample forms and the current Income Eligibility Guidelines are included in this booklet; make copies of the forms as needed. These forms can also be accessed from the following locations listed below.

- Management Information and Payment System (MIPS)
  - Blank Forms/Documents on left menu
- CCFP website at: [www.floridahealth.gov/programs-and-services/childrens-health/child-care-food-program/Guidance/index.html](http://www.floridahealth.gov/programs-and-services/childrens-health/child-care-food-program/Guidance/index.html)

In the CCFP, there are non-pricing programs and pricing programs. The most common is a **non-pricing** program in which the center does not charge separately for meals served. The other is a **pricing** program, which does charge separately for meals served.

The CCFP State Office is located in Tallahassee; the phone number is 850.245.4323. Program Specialists are located in offices throughout the state; please refer to our website for contact information. Program Specialists or someone from the State Office is available to answer your questions.

## I. DEFINITIONS

The following definitions may be helpful when reading this guidance.

**Enrolled child** is a child whose parent or guardian has submitted a signed document to a child care center or sponsoring organization indicating that the child is enrolled for child care.

**Child** means (a) a person 12 years of age and under; (b) a child of migrant workers 15 years of age and under; and (c) a person with an appropriately documented mental or physical disability who is enrolled in a child care center that serves a majority of persons 18 years of age and under.

**Free meal** is a meal served under the CCFP to a child who meets one of the following criteria and has appropriate verifying documentation:

- Member of a household that meets the income standards for free meals
- Member of a household receiving Temporary Assistance to Needy Families (TANF) or Food Assistance Program (also known as SNAP or Food Stamp Program) benefits
- Enrolled in Head Start or Early Head Start
- Enrolled in the Even Start Literacy Program and has not yet started kindergarten
- Foster children or children under temporary emergency placement by a court
- Homeless or institutionalized children

**Reduced-Price meal** is a meal served under the CCFP to a child from a household that meets the income standards for reduced-price meals.

**Non-needy meal** is a meal served under the CCFP to a child from a family who does not meet the standards for either free or reduced-price meals.

**Non-pricing program** means the child care center has no separate identifiable charge for meals served.

**Pricing program** means the child care center has a separate identifiable charge for meals served. Pricing programs are required to provide the same meals to children eligible for free or reduced-price meals as they provide to children who pay full price for meals.

## II. DETERMINING ELIGIBILITY

Independent child care centers (centers) and sponsoring organizations of child care centers (sponsors) that participate in the CCFP must annually determine the eligibility of each enrolled child in order to claim free, reduced-price, or non-needy meals for reimbursement. The eligibility category determines the amount of reimbursement.

In most cases, a Free and Reduced-Price Meal Application (application) is used to collect household information and determine a child's eligibility category. There are certain situations when another official document may be used in lieu of an application to determine eligibility; those exceptions are explained in Section III.B of this guide.

The child care center must distribute the application and the instructions to the parents of newly enrolled children and children whose eligibility determination is expiring soon. The center must also distribute the accompanying parent letter (both pages) or post a copy of the full letter in an area where parents can read it prior to completing the application. The parent letter provides important information and explains the reason for completing the application to the children's parents.

Any adult household member may complete and submit the application. The sponsor or center then reviews the application, compares the information to the income eligibility guidelines, and determines the child's eligibility category. A sponsor may allow its sponsored centers to determine the eligibility of the children; however, the sponsor is responsible for ensuring that each child's eligibility is determined correctly.

A child's eligibility status, based on his/her approved application, lasts for one year from the month in which the eligibility determination was effective. Until a completed application (or other eligibility documentation) has been approved by the center or sponsor, the child must be classified as eligible for non-needy meals. Centers or sponsors may choose to collect new applications on all currently enrolled children once a year, for example in August or September.

The information provided on the application is the household's **private information** and the sponsor or center must ensure that the information is kept **confidential**.

The sponsor or center should delegate a staff member(s) to review and approve the applications and complete the Enrollment Roster. The delegated staff member(s) should review each application to determine and document eligibility by following these steps:

1. Obtain from parent/guardian or other adult household member any missing information required to determine eligibility. If obtaining missing information or clarifying information, note on the application the name of the household member you spoke to, the missing or clarified information, the date of contact, and your initials.
2. Review the application (or other eligibility documentation) to determine if the child is categorically eligible for free meals based on a Food Assistance Program or TANF case number, or documentation from Head Start/Early Head Start, Even Start, Foster Care Agency, or Court. Refer to Section B on pages 6-7 for information on documents that can be accepted in lieu of Free and Reduced-Price Meal Applications in certain instances. If the child is not categorically eligible, then use the current Income Eligibility Guidelines to determine the eligibility category of the child's household.

**Note:** If all income is reported in the same payment frequency (i.e., how often the income is received), do not convert to an annual amount because rounding of figures in the Income Eligibility Guidelines causes the converted annual amount to be higher than the total of adding all the income together. Therefore, unnecessary income conversions may lead to incorrect classifications. **When income payment frequencies are different, this is the only time you would convert all income to annual income, as noted in the "For Contractor Use Only" section of the application.**

3. Complete the "For Contractor Use Only" section at the bottom of the application to indicate the eligibility determination, then sign and date the form. Second party checks are optional, unless required as part of a Corrective Action Plan.
4. Determine the effective date of eligibility using one of the options described in the CCFP policy memo from April 24, 2014, entitled "Effective Date of Income Eligibility Determinations." This memo can be found in the CCFP's Management Information and Payment System (MIPS) under the Policy Memos link, Fiscal Year 2014.
5. File all applications (including those for children no longer enrolled) in alphabetical order or preferably in an order to match the Enrollment Roster. For a child no longer enrolled, note the child's withdrawal date on the Enrollment Roster.
6. For children whose eligibility was determined based on documentation from Head Start/Early Head Start, Even Start, Foster Care Agency, or a Court, keep those documents on file with the Free and Reduced-Price Meal Applications for the other children.
7. Complete the Enrollment Roster and update it throughout the year as changes occur.

Eligibility information does not have to be verified. However, verification of information is allowed when based upon some reasonable cause for suspicion. This verification must be performed in a non-discriminatory manner. **Refer to Chapter 2 of your procedure manual for more detailed eligibility information.**

### III. REQUIRED INFORMATION FROM APPLICANTS

#### A. Information Required on the Free and Reduced-Price Meal Application

Type of Household	Required Information (Additional information may be provided but is not required to determine eligibility category.)
Food Assistance Program (also known as SNAP or Food Stamp Program) or TANF (Temporary Assistance to Needy Families)	<ol style="list-style-type: none"> <li>1. Name of child.</li> <li>2. Food Assistance Program or 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>
Foster Child (if document from foster care agency or court is <u>not</u> submitted)	<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>
All Other Households	<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:</b> 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.)</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>

## **B. Documents Accepted in Lieu of a Free and Reduced-Price Meal Application**

**Foster Children or Children Placed Temporarily by a Court** are automatically eligible for the free meal eligibility category with official documentation from the foster care agency or court that placed the child. With such documentation, a Free and Reduced-Price Meal Application is not required.

**Head Start and Early Head Start participants** are automatically eligible for the free meal eligibility category. Proof of Head Start enrollment must be established by obtaining, and maintaining on file, one of the following documents:

- A child's approved Head Start/Early Head Start application for enrollment
- A signed and dated document from the Head Start/Early Head Start Program Office that includes a child's name, or a list of children's names, and the date of enrollment in Head Start for the child(ren)

Once on file, the above documents remain valid for as long as the child remains enrolled in the applicable program.

If Head Start/Early Head Start documentation is not available, then the household must submit a Free and Reduced-Price Meal Application, and eligibility would be determined in the traditional manner.

**Even Start Family Literacy Program participants** are automatically eligible for free meals if they are enrolled in the Even Start Program and are not yet in kindergarten. Proof of Even Start enrollment must be established by obtaining, and maintaining on file, one of the following documents:

- An approved Even Start Program Application with confirmation that the child has not yet entered kindergarten
- Statement of enrollment for the Even Start Program with confirmation that the child has not yet entered kindergarten
- A list of children's names confirming that the children are currently enrolled as participants in the Even Start Program and that the children have not yet entered kindergarten

Note: To be valid, each of the eligibility documents listed above must include a signature and date of signature of the local project director or an individual authorized to provide certification on behalf of the Even Start Program.

At the beginning of each school year, the eligibility determination official must re-establish the categorical eligibility for each Even Start child.

If none of the Even Start documents are available, then the household must submit a Free and Reduced-Price Meal Application, and eligibility would be determined in the traditional manner.

## **C. Applications for Homeless Children or Children in a Residential Child Care Institution (RCCI)**

**For homeless children** whose parents or guardians fail to complete and return a Free and Reduced-Price Meal Application, the following procedures are acceptable:

- The director of the homeless shelter where the child lives may complete and return an application for the child.
- Local officials, such as social service agency employees, public school principals, etc., may complete and return an application for a homeless child based solely on their knowledge that the child's address is a homeless shelter or that the child has no known address and is indeed homeless.

**For children in a RCCI**, the parent, guardian, director or an authorized employee of the residential facility in which the child resides must sign the application and include the child's name and the facility name.



## IV. DETERMINING HOUSEHOLD INCOME

**Current Household Income:** This term refers to the current 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. If self-employed, the net income should be listed. Net income is defined as gross receipts less operating expenses. If income frequency is not listed, the center or sponsor must contact the household to find out how often the income is received and document this information. **The center or sponsor must not assume that the income is received monthly.**

**Income:** The total monetary compensation of a household before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions and savings bonds.

### **Income includes:**

- Monetary compensation for services, including wages, salary, commissions or fees
- Net income from self-employment
- Social security payments
- Dividends or interest on savings, bonds, stocks or income from estates or trusts
- Net rental income
- Public assistance payments (see below for certain exclusions)
- Unemployment compensation
- Retirement benefits, pensions, annuities or veteran's payments
- Alimony or child support payments
- Regular contributions from persons not living in the household
- Net royalties
- Other cash income. This includes cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources, which would be available to pay the price of meals.
- Military benefits received in cash, such as off-base commercial/private housing allowances for military households living off base, food, and/or clothing allowances, must be considered as income. The exceptions to this are the Military Housing Privatization Initiative, Family Subsistence Supplemental Allowance and, in certain circumstances, combat pay. See below.

### **Some income exclusions are:**

- Benefits received through the Food Assistance Program (also known as SNAP or Food Stamp Program), TANF, Child Care Development Block Grant, or National School Lunch/Breakfast Programs
- Military Housing Privatization Initiative: This housing benefit, in the form of cash, is not considered income. A housing allowance will appear on the leave and earnings statement of service members living in privatized *military* housing, but this must not be counted as income. Additional information about the Department of Defense's Military Housing Privatization Initiative, including a list of affected installations, may be accessed at [www.acq.osd.mil/eie/FIM/Housing/Housing\\_index.html](http://www.acq.osd.mil/eie/FIM/Housing/Housing_index.html). (It is not an allowable exclusion for households living off base in the general commercial/private real estate market.)
- Family Subsistence Supplemental Allowance (FSAA) payments made to members of the Armed Forces and their families by the Department of Defense.

- Combat pay that is received by a service member, in addition to his/her basic pay, during his/her deployment to or service in an area designated as a combat zone.
- \$600 Medicare Prescription Drug Discount Subsidy
- Occasional earnings received on an irregular basis (i.e., not recurring), such as payment for occasional baby-sitting or mowing lawns.
- Student Financial Aid used to pay for educational expenses

**Refer to the “Determining Household Income” section of your procedure manual for additional income exclusions and special situations regarding income.**

## V. DETERMINING HOUSEHOLD SIZE

The following definitions will be helpful when determining household size.

<b>Topic</b>	<b>Definition</b>
Household	A group of related or unrelated people who are not residents of an institution or boarding house, but who are living as one economic unit.
Economic Unit	A group of related or unrelated individuals who share housing and/or all significant income and expenses of its members. Generally, individuals residing in the same house are an economic unit. However, more than one economic unit may reside together in the same house. Separate economic units in the same house are characterized by prorating expenses and economic independence from one another.
Food Assistance Program Household	Any individual or group of individuals that is currently certified to receive benefits under the Food Assistance Program (also known as SNAP or Food Stamp Program).
TANF Assistance Unit	Any individual or group of individuals, which is currently certified to receive assistance under the Temporary Assistance to Needy Families Program.
Child Away at School	Students who are temporarily away at school (i.e., students attending boarding schools or colleges) should be counted as members of the household.
Foster Child	A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court.
Child Living with One Parent, Relatives or Friends	In cases where no specific welfare agency or court is legally responsible for the child, or where the child is living with one parent, other relatives or friends of the family, the child is considered to be a member of the household with whom he/she resides. In this case, the size and total income of that household is used to determine the child's eligibility.
Adopted Child	An adopted child for whom a household has accepted legal responsibility is considered to be a member of that household.
Institutionalized Child	An institutionalized child is a child who resides in a residential-type facility that the state has determined is not a boarding school. Such a child is considered a household of one.
Student Attending an Institution	A student who attends but does not reside in an institution is considered a member of the household in which he/she resides.
Military Families	Military personnel, either living with the household or deployed, are considered household members. If living with the household, the service member's income is included as income to the household. If deployed, only the portion of the deployed service member's income that is made available to the household is included as income to the household.

## VI. DESCRIPTION OF FORMS INCLUDED IN THIS GUIDE

**Income Eligibility Guidelines** – The current Income Eligibility Guidelines are included for your use when approving new applications for free and reduced-price meals. The income guidelines are effective July 1, 2023 through June 30, 2024.

**News Release** (Non-Pricing and Pricing versions) – New independent centers and sponsors that are adding new centers are required to send a news release to a local media service. The news release must include the Income Eligibility Guidelines for Free and Reduced-Price Meals. Use the News Release appropriate to your type of program (most centers are non-pricing).

**Free and Reduced-Price Meal Application** (English, Spanish, and Haitian-Creole) – The application is used to establish a child's eligibility category (free, reduced or non-needy), and is valid for one year from the month in which the eligibility determination was effective.

- **Combo Form** – this form includes child participation information data. When using this form, the parent must complete child participation data as well as STEP 5 (signed and dated), otherwise this form will not serve as a valid Child Participation Form and a separate Child Participation Form must be completed.

**Parent Letter** (Non-Pricing version: English, Spanish, and Haitian-Creole; Pricing version: English only) – All independent centers and sponsors of centers are required to distribute a letter to the parents (households) with the Free and Reduced-Price Meal Application. If the center has an area where parents complete the meal applications, the Parent Letter may be posted in that area for parents to read. Parents should read the parent letter and the meal application instructions (on reverse side of application form) so they will understand the purpose of the application and what income should be reported. Use the Parent Letter appropriate to your type of program (most centers are non-pricing).

**Child Care Application for Enrollment** (English, Spanish, and Haitian-Creole) – This form can be used to enroll children for child care if the center does not already have an enrollment form it uses. Each child attending the center must have an enrollment form completed and signed by his/her parent/guardian upon enrollment in the center. The enrollment form must be reviewed annually by the parent/guardian, updated (if needed), and signed again by the parent/guardian; or the center may have parent(s) complete new enrollment forms once a year. Please note, there is no requirement for a separate form to enroll children in the Child Care Food Program.

**Child Participation Form** (English, Spanish, and Haitian-Creole) – This form is to be used when the center is using an enrollment form or the standard Free and Reduced-Price Meal Application that does not include the child participation information.

**Enrollment Roster** (August-July cycle and October-September cycle) – The Enrollment Roster is used for tracking the meal eligibility categories (free, reduced-price, and non-needy) of enrolled children for a one-year period. The children are listed in alphabetical order on the roster. Centers or sponsors have the option of using the federal fiscal year, October 1 through September 30, or a year of August 1 through July 31. Forms for both annual cycles are included in this guide and in MIPS. The instructions for maintaining the roster are on the back of the form.

**Enrollment Roster Consolidation Form** – This form may be used to consolidate numbers from multiple alphabetical roster pages.

**Collection Procedures for Pricing Programs** – This is used only in pricing programs to document the center's method of collecting meal payments.

**Note:** A copy of all records regarding the CCFP must be kept on file at the institution's office for monitoring and auditing purposes for three prior fiscal years plus the current fiscal year or if an audit is outstanding, until the audit is closed.

# Florida Department of Health

## Child Care Food Program

### INCOME ELIGIBILITY GUIDELINES

FOR FREE AND REDUCED-PRICE MEALS

Effective July 1, 2023 – June 30, 2024

#### FREE MEAL SCALE

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	18,954	1,580	790	729	365
2	25,636	2,137	1,069	986	493
3	32,318	2,694	1,347	1,243	622
4	39,000	3,250	1,625	1,500	750
5	45,682	3,807	1,904	1,757	879
6	52,364	4,364	2,182	2,014	1,007
7	59,046	4,921	2,461	2,271	1,136
8	65,728	5,478	2,739	2,528	1,264
For each additional family member, add	+6,682	+557	+279	+257	+129

#### REDUCED-PRICE MEAL SCALE

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
For each additional family member, add	+9,509	+793	+397	+366	+183

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

# Florida Department of Health

## Child Care Food Program

### NEWS RELEASE

(for non-pricing programs)

\_\_\_\_\_ announces its intent to participate in the  
Organization Name  
U.S. Department of Agriculture's Child Care Food Program, which is a federally funded program that reimburses child care providers for serving nutritious meals and snacks to enrolled, eligible children. Meals will be available at no separate charge to all participants enrolled at the center(s) listed below, regardless of race, color, national origin, sex, age, or disability.

#### Name of Center(s)

#### Full Address of Center(s) (Street Address, City, State, Zip)

_____	_____
_____	_____
_____	_____
_____	_____

Parents/guardians of children eligible for free and reduced-price meals must complete an application. Eligibility information includes the names of all household members; income of each household member or household member's Food Assistance Program (formerly known as the Food Stamp Program) case number or Temporary Assistance for Needy Families (TANF) case number; signature of an adult household member; and, if the application includes income information, the last four digits of the social security number (SSN) of the adult household member signing the application or an indication that this adult does not have a SSN.

Children who are members of households receiving Food Assistance Program or TANF benefits, children enrolled in Head Start or Early Head Start, and foster children are automatically eligible to receive free meal benefits with appropriate documentation.

Children from families whose income is at or below the levels shown on the chart below are eligible for free or reduced-price meals. The policy statement for free and reduced-price meals is on file at the child care center(s) and may be reviewed by any interested party.

#### Income Eligibility Guidelines (Effective July 1, 2023 – June 30, 2024)

Household Size	Free Meals			Reduced-Price Meals		
	Annual	Monthly	Weekly	Annual	Monthly	Weekly
1	18,954	1,580	365	26,973	2,248	519
2	25,636	2,137	493	36,482	3,041	702
3	32,318	2,694	622	45,991	3,833	885
4	39,000	3,250	750	55,500	4,625	1,068
5	45,682	3,807	879	65,009	5,418	1,251
6	52,364	4,364	1,007	74,518	6,210	1,434
7	59,046	4,921	1,136	84,027	7,003	1,616
8	65,728	5,478	1,264	93,536	7,795	1,799
For each add'l member, add:	+6,682	+557	+129	+9,509	+793	+183

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.

(continued on next page)

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.

---

---

**FOR ORGANIZATION USE ONLY**

Submit a copy of both pages of this News Release form as a free public service announcement to **at least one local media source (newspaper; television or radio station)**. Indicate below name(s) of local media outlet(s) to which the news release was sent:

1. \_\_\_\_\_ Date sent: \_\_\_\_\_
2. \_\_\_\_\_ Date sent: \_\_\_\_\_
3. \_\_\_\_\_ Date sent: \_\_\_\_\_

# Florida Department of Health

## Child Care Food Program

### NEWS RELEASE

(for pricing programs)

\_\_\_\_\_, located at \_\_\_\_\_,  
Center Name Full Center Address

announces its intent to participate in the U.S. Department of Agriculture's Child Care Food Program, which is a federally funded program that reimburses child care providers for serving nutritious meals and snacks to enrolled, eligible children. Meals will be available at a separate charge to all participants, regardless of race, color, national origin, sex, age, or disability.

Children may buy lunch/supper for \_\_\_\_\_; breakfast for \_\_\_\_\_; and snacks for \_\_\_\_\_. Children from families whose income is at or below the levels shown on the chart below are eligible for free or reduced-price meals. Reduced-price meals cost 40 cents for lunch/supper, 30 cents for breakfast, and 15 cents for snacks.

Parents/guardians of children eligible for free or reduced-price meals must complete an application. Eligibility information includes the names of all household members; income of each household member or household member's Food Assistance Program (formerly known as the Food Stamp Program) case number or Temporary Assistance for Needy Families (TANF) case number; signature of an adult household member; and, if the application includes income information, the last four digits of the social security number (SSN) of the adult household member signing the application or an indication that this adult does not have a SSN.

Children who are members of households receiving Food Assistance Program or TANF benefits, children enrolled in Head Start or Early Head Start, and foster children are automatically eligible to receive free meal benefits with appropriate documentation.

Children from families whose income is at or below the levels shown on the chart below are eligible for free or reduced-price meals. The policy statement for free and reduced-price meals is on file at the child care center(s) and may be reviewed by any interested party.

### Income Eligibility Guidelines (Effective July 1, 2023 – June 30, 2024)

Household Size	Free Meals			Reduced-Price Meals		
	Annual	Monthly	Weekly	Annual	Monthly	Weekly
1	18,954	1,580	365	26,973	2,248	519
2	25,636	2,137	493	36,482	3,041	702
3	32,318	2,694	622	45,991	3,833	885
4	39,000	3,250	750	55,500	4,625	1,068
5	45,682	3,807	879	65,009	5,418	1,251
6	52,364	4,364	1,007	74,518	6,210	1,434
7	59,046	4,921	1,136	84,027	7,003	1,616
8	65,728	5,478	1,264	93,536	7,795	1,799
For each additional member, add:	+6,682	+557	+129	+9,509	+793	+183

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.

(continued on next page)

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.

---

---

**FOR ORGANIZATION USE ONLY**

Submit a copy of both pages of this News Release form as a free public service announcement to **at least one local media source (newspaper; television or radio station)**. Indicate below name(s) of local media outlet(s) to which the public news release was sent:

- |          |                  |
|----------|------------------|
| 1. _____ | Date sent: _____ |
| 2. _____ | Date sent: _____ |
| 3. _____ | Date sent: _____ |



## Free and Reduced-Price Meal Application – Combo Form

The Combo Form on the following pages, includes child participation data as well as eligibility determination data.

NOTE: If the parent does not complete the child participation information on this form, the child participation data must be collected on the Enrollment Form or the Child Participation Form. In this case, the Free and Reduced-Price Meal Application can still be used if the required information on Page 6 (Table A. Information Required on the Free and Reduced-Price Meal Application) of the Eligibility Guide is completed by the parent.

<b>Form</b>	<b>Instructions</b>
Free and Reduced-Price Meal Application – Combo Form	Parents should do the following: <ol style="list-style-type: none"><li data-bbox="597 810 1409 873">1. Print the primary hours of care for the child at the top of the form.</li><li data-bbox="597 911 1386 974">2. Circle the days of the week the child primarily attends the child care center.</li><li data-bbox="597 1012 1396 1075">3. Circle the meals that they expect the child to receive while in care.</li><li data-bbox="597 1113 1417 1209">4. Complete the remainder of the Free and Reduced-Price Meal Application – Combo Form as you would the Free and Reduced-Price Meal Application – Standard Form.</li></ol>

# 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 TH 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): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> 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  White

**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 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

Reason for Non-needy 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)**

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 the child attends, if not already pre-printed. Print the primary hours of care for your child. Circle the days of the week your 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 (LU), 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	<b>Earnings from Work</b>	<b>Public Assistance/ Alimony/Child Support</b>	<b>Pensions/Retirement/All Other Income</b>
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)	• 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	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		
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**

# SOLICITUD DE COMIDA GRATUITA O A UN PRECIO REDUCIDO DEL PROGRAMA DE ALIMENTOS PARA EL CUIDADO INFANTIL (CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION – COMBO)

Nombre del menor: \_\_\_\_\_ Nombre y dirección del centro: \_\_\_\_\_

Principales horas de cuidado: De: \_\_\_\_ A: \_\_\_\_ Días de la semana en el centro de cuidado: L M M J V S D Comidas que se sirven mientras está en el centro de cuidado: D MM A MT C MN Ninguna

Lea las instrucciones y la carta para padres adjunta antes de completar este formulario. Si necesita ayuda para completar este formulario, llame al: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PASO 1: Complete la siguiente tabla para todos los NIÑOS y menores de 19 años que residen en el hogar, incluso si no son sus familiares. (incluya al niño que figura en la parte superior del formulario)**

Nombre del menor (apellido, nombre)	Fecha de nacimiento	¿Asiste a este centro? (Encierre con un círculo)	¿Menor en cuidado temporal? (Encierre con un círculo)	¿Inmigrante? (Encierre con un círculo)	¿Está sin hogar o huyó de él? (Encierre con un círculo)
		Sí No	Sí No	Sí No	Sí No
		Sí No	Sí No	Sí No	Sí No
		Sí No	Sí No	Sí No	Sí No
		Sí No	Sí No	Sí No	Sí No

**PASO 2: ¿Algún miembro de la familia (niño o adulto) recibe los beneficios del Programa de Asistencia Alimentaria (FAP / SNAP) o Asistencia Temporal para Familias Necesitadas (TANF)**

Si la respuesta es NO, vaya al PASO 3. Si es SI, ingrese uno de los siguientes números de caso, luego vaya al PASO 5.

Número de caso de FAP/SNAP: | | | | | o número de caso de TANF: | | | | |

**PASO 3: Información sobre los ingresos de los niños (vea el reverso para saber qué tipos de ingresos debe reportar) (omite este paso si anotó un número de caso en el PASO 2)**

**Ingresos de menores:** A veces los menores reciben ingresos. Escriba el total de los ingresos que reciben todos los menores mencionados en el PASO 1 y marque con qué frecuencia los reciben.

<b>Ingreso de los menores - Total:\$</b>	<b>¿Con qué frecuencia los reciben? (marque solo uno):</b> <input type="checkbox"/> Semanal; <input type="checkbox"/> Quincenal; <input type="checkbox"/> Dos veces al mes; <input type="checkbox"/> Mensual; <input type="checkbox"/> Anualmente
--	---

**PASO 4: Ingresos del hogar e información de miembros adultos del hogar (vea el reverso para saber qué tipos de ingresos debe reportar) (omite este paso si anotó un número de caso en el PASO 2)**

**Adultos del hogar e ingresos:** Mencione a todos los adultos del hogar (19 años y mas) aunque no reciban ingresos. Por cada adulto, mencione los ingresos brutos totales (antes de impuestos y deducciones) de cada fuente en dólares con **números enteros solamente (sin centavos)** y la frecuencia con que se reciben (ej. semanalmente, cada dos semanas, dos veces al mes, mensualmente o anualmente). Si un adulto no recibe ingresos de ninguna fuente, escriba "ninguno" o "0". Si escribe "ninguno" o "0" o deja algún campo en blanco, usted certifica que no hay ingresos que informar.

Nombre del adulto del hogar (Apellido, nombre)	Ganancias del trabajo (Monto en \$/¿Con qué frecuencia?)	Asistencia pública/manutención infantil/pensión alimenticia (Monto en \$/¿Con qué frecuencia?)	Pensiones/jubilación/todos los demás ingresos (Monto en \$/¿Con qué frecuencia?)
	\$ / Semanalmente Cada dos semanas Mensualmente Dos veces al mes Anualmente	\$ / Semanalmente Cada dos semanas Mensualmente Dos veces al mes Anualmente	\$ / Semanalmente Cada dos semanas Mensualmente Dos veces al mes Anualmente
	\$ / Semanalmente Cada dos semanas Mensualmente Dos veces al mes Anualmente	\$ / Semanalmente Cada dos semanas Mensualmente Dos veces al mes Anualmente	\$ / Semanalmente Cada dos semanas Mensualmente Dos veces al mes Anualmente

**Número total de miembros del hogar (sume pasos 1 y 4):** \_\_\_\_\_ **Últimos cuatro dígitos del Número del Seguro Social (SSN) del representante:** | | | | Si no tiene SSN, escriba "ninguno."

**PASO 5: Información de contacto y firma del adulto.**

Al firmar abajo, certifico (juro) que toda la información en esta solicitud es verdadera y que se reportaron todos los ingresos. Entiendo que esta información se brinda en relación con la recepción de fondos federales y que los funcionarios de las instituciones podrían verificar (revisar) la información. Entiendo que, si brindo información falsa deliberadamente, me pueden procesar según las leyes estatales y federales.

**Domicilio particular (si corresponde):** \_\_\_\_\_ **Teléfono de contacto durante el día: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**  
Número y Nombre de la Calle, Ciudad, Estado, Código Postal

**Firma del Representante:** \_\_\_\_\_ **Nombre en en letra de imprenta:** \_\_\_\_\_ **Fecha de firma:** \_\_\_\_\_

**OPCIONAL: Identidades étnicas y raciales del niño.** Estamos obligados a pedirle información sobre la raza y etnicidad de su hijo. Esta información es importante y nos ayuda a garantizar que estemos sirviendo plenamente a la comunidad. Completar esta sección es opcional y no afectará la elegibilidad de su hijo para las comidas gratuitas o a un precio reducido

**Etnicidad (marque una):**  Hispano o Latino  No Hispano o Latino;  
**Raza (marque una o mas):**  Indígena americano o nativo de Alaska  Asiático  Negro o afroamericano  Nativo de Hawái u otra isla del Pacífico  Blanco

**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 **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**

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

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

**INSTRUCCIONES para completar la Solicitud de comida gratis o a precio reducido (use un bolígrafo y escriba toda la información que no sea la firma)**

Escriba el nombre del niño por el que está haciendo la solicitud en la parte superior del formulario. Escriba el nombre y la dirección del centro de cuidado infantil al que asiste el niño. Escriba las principales horas de cuidado del niño en el centro. Marque con un círculo los días de la semana en que el niño normalmente asiste al centro de cuidado infantil y las comidas que espera que reciba el niño (D) desayuno, (MM) merienda de la mañana, (A) almuerzo, (MT) merienda de la tarde, (C) cena, (MN) merienda en la noche y/o ninguna.

**SI CUALQUIER MIEMBRO DE SU HOGAR RECIBE ASISTENCIA DEL PROGRAMA DE ALIMENTACION (FAP / SNAP) O BENEFICIOS DE ASISTENCIA TEMPORAL PARA FAMILIAS NECESITADAS (TANF), SIGA ESTAS INSTRUCCIONES: PASO 1:** Enumere todos los menores de 19 años que reciben apoyo con los ingresos del hogar, incluso si no son sus familiares. Asegúrese de incluir al niño que figura en la parte superior del formulario. Si no hay suficiente espacio para enumerar a todos los niños, use un segundo formulario y engrápelo al primero. Anote la fecha de nacimiento de cada niño. En las siguientes tres columnas, encierre con un círculo Sí o No para responder a cada pregunta para cada niño en la lista. **PASO 2:** Ingrese el número de caso FAP / SNAP o TANF en el espacio designado. El número de caso estará en su carta de elegibilidad; no es el número en su tarjeta EBT. **PASO 3:** Salte este paso. **PASO 4:** Salte este paso. **PASO 5:** Escriba su dirección y número de teléfono (si está disponible). Un miembro adulto de la familia debe firmar el formulario. Escriba el nombre de la persona que firmó el formulario, luego ingrese la fecha de la firma.

**SI USTED ESTÁ HACIENDO LA SOLICITUD POR UN MENOR EN CUIDADO TEMPORAL, SIGA ESTAS INSTRUCCIONES:** Con la documentación apropiada, los niños en cuidado temporal son automáticamente elegibles para recibir comidas gratis, sin importar los ingresos del hogar donde residen. En lugar de completar esta solicitud, usted tiene la opción de proporcionar al centro de cuidado infantil la documentación oficial de la agencia de menores en cuidado temporal o del tribunal que colocó al niño en el hogar. Si elige completar esta solicitud, y está solicitando sólo para uno o más niños en cuidado temporal, complete solo los PASOS 1 y 5. Si la solicitud también incluye a niños de su familia, complete los PASOS 1, 3, 4 y 5 Si completa el PASO 3, no incluya pagos al hogar recibidos por el cuidado de los niños en cuidado temporal. Vea las instrucciones enumeradas a continuación para los pasos correspondientes.

**PARA TODOS LOS DEMÁS HOGARES, SIGA ESTAS INSTRUCCIONES: PASO 1:** Escriba los nombres de todos los menores de 19 años que reciben apoyo con los ingresos del hogar, incluso si no son sus familiares. Asegúrese de incluir al niño que figura en la parte superior del formulario. Si no hay suficiente espacio para enumerar a todos los niños, use un segundo formulario y engrápelo al primero. Anote la fecha de nacimiento de cada niño. En las siguientes tres columnas, encierre en un círculo Sí o No para responder a cada pregunta para cada niño en la lista. **PASO 2:** Salte este paso. **PASO 3:** Escriba el ingreso total recibido por todos los niños enumerados en el PASO 1, luego indique con qué frecuencia se recibe el ingreso. **PASO 4:** Enumere a todos los adultos (19 años y mas) que reciben apoyo con los ingresos del hogar, incluso si no son sus familiares e incluso si no reciben ingresos. Si no hay suficiente espacio para enumerar a todos los adultos, use un segundo formulario y engrápelo al primero. Para cada adulto, indique la cantidad de ingresos que recibe regularmente antes de que se retiren los impuestos o cualquier otra cosa y marque con un círculo la frecuencia con la que se reciben los ingresos en las columnas correspondientes. Si trabaja por cuenta propia, indique el ingreso neto. Vea el recuadro a continuación para conocer las fuentes de ingresos a reportar. Para cualquier adulto sin ingresos, escriba "ninguno" o "0". Cualquier campo de ingreso que esté en blanco también se contará como cero (0). Ingrese el número total de miembros del hogar (todos los niños y adultos), luego anote los últimos cuatro dígitos del número de seguro social (SSN) del adulto que completa / firma la solicitud (o escriba NINGUNO si él / ella no tiene SSN). **PASO 5:** Escriba su dirección y número de teléfono (si está disponible). Un miembro adulto de la familia debe firmar el formulario. Escriba el nombre de la persona que firmó el formulario, luego ingrese la fecha de la firma.

Fuentes de ingresos para menores		Fuentes de ingresos para adultos		
Ganancias del trabajo	Menor con un trabajo de tiempo completo o medio tiempo por el que gana un sueldo o salario	<b>Ganancias del trabajo</b>	<b>Asistencia pública/pensión alimenticia/manutención infantil</b>	<b>Pensiones/jubilación/todos los demás ingresos</b>
Seguro Social	<ul style="list-style-type: none"> <li>Menor ciego o discapacitado que recibe beneficios del Seguro Social</li> <li>Padre discapacitado, jubilado o fallecido cuyo hijo recibe beneficios del Seguro Social</li> </ul>	<ul style="list-style-type: none"> <li>Sueldo, salario o valores en efectivo</li> <li>Ingresos netos de trabajo autónomo (granja o empresa)</li> </ul>	<ul style="list-style-type: none"> <li>Beneficios por desempleo</li> <li>Compensación laboral</li> <li>Seguridad de ingresos suplementario (SSI)</li> <li>Ayuda en efectivo del gobierno local o estatal</li> <li>Pagos de pensión alimenticia</li> <li>Pagos de manutención infantil</li> <li>Beneficios para veteranos</li> <li>Beneficios por huelga</li> </ul>	<ul style="list-style-type: none"> <li>Seguro Social (que incluye jubilación de empleados ferroviarios y cobertura por enfermedad del pulmón negro)</li> <li>Beneficios por discapacidad o pensiones privadas</li> <li>Ingresos periódicos de fideicomisos o propiedades</li> <li>Anualidades</li> <li>Ingresos de inversiones</li> <li>Intereses devengados</li> <li>Ingresos recibidos por alquileres</li> <li>Pagos periódicos en efectivo de fuentes fuera del hogar</li> </ul>
Ingresos de una persona que no vive en el hogar	Amigo o miembro de su familia extendida que le da dinero regularmente a un menor para gastos incidentales	Si está en el Ejército de los Estados Unidos: <ul style="list-style-type: none"> <li>Sueldo básico y valores en efectivo (NO incluya paga por combate, FSSA ni mensualidades para costear viviendas privadas)</li> <li>Mensualidades para costear viviendas fuera de la base, alimentos y ropa</li> </ul>		
Ingresos de cualquier otra fuente	Menor que recibe ingresos periódicamente de un fondo privado de jubilaciones y pensiones, una anualidad o un fideicomiso			

La Ley de Almuerzo Escolar Nacional Richard B. Russell exige que, a menos que mencione un número de caso actual del Programa de Ayuda para Alimentos (FAP/SNAP) o de Asistencia Temporal a las Familias Necesitadas (TANF), o que complete una solicitud para un menor en cuidado temporal, debe incluir los últimos cuatro dígitos del Número de Seguro Social (SSN) del adulto del hogar que firma la solicitud, o indicar que el firmante no tiene un SSN. Si bien brindar los últimos cuatro dígitos del SSN no es obligatorio, si no se proporciona esta información ni se indica que el firmante no tiene un SSN, no se podrá aprobar la solicitud. Es posible que se verifique la información que figura en este formulario en revisiones de programas, auditorías e investigaciones, y esto podría incluir la comunicación con empleadores para determinar los ingresos, con una oficina de prevención social para verificar la recepción de beneficios del FAP/SNAP o TANF, con la oficina estatal de seguridad de empleo para determinar la cantidad de beneficios recibidos, y la comprobación de los documentos presentados para demostrar la cantidad de ingresos que recibe. Estas medidas de verificación pueden conllevar pérdida o reducción de beneficios, reclamos administrativos o acciones legales si se brinda información incorrecta. Puede que compartamos su información de elegibilidad con programas de educación, salud y nutrición para ayudarlos a evaluar, financiar o determinar los beneficios de cada programa; con auditores para la revisión de programas, y con funcionarios policiales para ayudarlos a investigar las violaciones a las normas de los programas.

**Esta es una institución de igualdad de oportunidades. Consulte la carta para padres adjunta para leer la declaración de no discriminación completa.**

**APLIKASYON POU REPA GRATIS AK REPA POU PRI REDUI NAN PWOGRAM MANJE NAN GADRI  
(CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION – COMBO)**

Non Timoun lan: \_\_\_\_\_ Non ak Adrès Sant lan: \_\_\_\_\_  
 Orè Prensipal Gadri a: Ant: \_\_\_\_\_ Ak: \_\_\_\_\_ Jou Lasemèn nan Gadri a: L M M J E V S D Anjeneral Nou Bay Repa yo pandan Timoun yo nan Gadri a: BR MS LU AS SU ES Okenn  
 Tanpri li enstwisyon yo ak Lèt akonpayman Paran an anvan ou ranpli fòm sa a. Si ou bezwen èd pou ranpli fòm sa a, rele nimewo: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**ETAP 1: Ranpli tablo ki anba la a pou tout TIBEBE ak TIMOUN ki gen jiska laj 18 tan epi k ap viv nan kay la, si youn pa anyen pou lòt. (mete timoun ki endike an lèt fòm nan)**

Non Timoun nan (Non Fanmi, Prenon)	Dat Li Fèt	Enskri nan sant sa a? (fè wonn nan youn)	Timoun yo Mete nan Fanmi Akèy? (fè wonn nan youn)	Migran? (fè wonn nan youn)	Sanzabri/Timoun ki Sove? (fè wonn nan youn)
		Wi Non	Wi Non	Wi Non	Wi Non
		Wi Non	Wi Non	Wi Non	Wi Non
		Wi Non	Wi Non	Wi Non	Wi Non
		Wi Non	Wi Non	Wi Non	Wi Non

**ETAP 2: Èske nenpòt moun k ap viv nan kay la (timoun oswa granmoun) resevwa avantaj nan Pwogram Èd Manje (FAP/SNAP) oswa Èd pou yon Ti Tan pou Fanmi ki nan Nesesite (TANF)**

Si ou reponn NON, ale nan ETAP 3. Si ou reponn WI, antre youn nan nimewo kaz sa yo, answit ale nan ETAP 5.  
 Nimewo Dosye FAP/SNAP: \_\_\_\_\_ oswa Nimewo Dosye TANF: \_\_\_\_\_

**ETAP 3: Enfòmasyon sou Revni Timoun nan (gade bò paj sa a pou ki kalite revni pou rapòte) (sote etap sa a si ou te endike yon nimewo dosye nan ETAP 2)**

Revni Timoun yo – pafwa timoun yo touche oswa resevwa revni. Antre revni total tout timoun ki endike nan ETAP 1 yo resevwa, answit tcheke konbyen fwa yo resevwa revni an.  
 Revni total timoun yo: \$ \_\_\_\_\_ Konbyen fwa yo resevwa revni an? (chwazi yon sèl):  Pa Semèn  Chak De Semèn  De Fwa Pa Mwa  Pa Mwa  Pa Ane

**ETAP 4: Revni kay la ak enfòmasyon sou manm adilt nan kay la (gade bò paj sa a pou ki kalite revni ou dwe rapòte)(sote etap sa a si out e endike yon nimewo dosye non ETAP 2)**

Granmoun ki nan Kay la ak Revni yo – endike tout granmoun ki nan kay la (laj 19 ane ak plis) menmsi yo pa resevwa revni. Pou chak granmoun, endike revni total brit a (anvan taks ak dediksyon) nan chak sous an dola antye sèlman (pa mete santim) ak kantite fwa yo resevwa revni an (pa egzanp, pa semèn, chak de semèn, de fwa pa mwa, pa mwa, oswa pa ane). Pou yon granmoun ki pa resevwa revni nan okenn sous, ekri "okenn" oswa "0." Si ou antre "okenn" oswa "0" oswa si ou kite nenpòt espas pou mete revni vid, ou konfime pa gen revni pou rapòte.

Non Granmoun ki nan Kay la (Non Fanmi, Prenon)	Salè nan Travay (Kantite Lajan an \$ / Konbyen fwa?)	Èd Piblik/Sipò Timoun/Pansyon Alimantè (Kantite Lajan an \$ / Konbyen fwa?)	Pansyon/Retrèt/Tout Lòt Revni (Kantite Lajan an \$ / Konbyen fwa?)
	\$ _____ / Pa Semèn Chak De Semèn Pa Mwa De Fwa pa Mwa Pa Ane	\$ _____ / Pa Semèn Chak De Semèn Pa Mwa De Fwa pa Mwa Pa Ane	\$ _____ / Pa Semèn Chak De Semèn Pa Mwa De Fwa pa Mwa Pa Ane
	\$ _____ / Pa Semèn Chak De Semèn Pa Mwa De Fwa pa Mwa Pa Ane	\$ _____ / Pa Semèn Chak De Semèn Pa Mwa De Fwa pa Mwa Pa Ane	\$ _____ / Pa Semèn Chak De Semèn Pa Mwa De Fwa pa Mwa Pa Ane

Kantite Total Moun ki nan Kay la (timoun ak granmoun): \_\_\_\_\_ Kat dènye chif Nimewo Sekirite Sosyal (SSN) granmoun ki nan kay la: \_\_\_\_\_ Si ou pa gen SSN, ekri "okenn."

**ETAP 5: Enfòmasyon pou pran kontak ak siyati granmoun**

Depi mwen siyen anba la a, mwen konfime (pwomèt) tout enfòmasyon ki sou aplikasyon sa a se enfòmasyon ki vrè, epitou mwen rapòte tout revni yo. Mwen rekonèt mwen bay enfòmasyon sa yo anrapò avèk resepsyon lajan federal epitou ofisyèl enstitisyon an ka verifiye (tcheke) enfòmasyon yo. Mwen konnen si mwen fè espere pou bay fo enfòmasyon, yo ka pouswiv mwen nan lajistis anba lwa leta ak lwa federal ki anvige.

Adrès kay (si ou genyen): \_\_\_\_\_ Nimewo telefòn pou kontak lajounen: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Nimewo Kay, Vil, Eta, Kòd Postal \_\_\_\_\_

Siyati granmoun ki nan kay la: \_\_\_\_\_ Non an lèt detache: \_\_\_\_\_ Dat siati a: \_\_\_\_\_

**PA OBLIGATWA: Idantite etnik ak ras timoun nan** Nou gen obligasyon pou mande enfòmasyon sou etnisite ak ras pitit ou. Enfòmasyon sa yo enpòtan epi ap ede asire nou bay sèvis okonplè pou kominote a. Ou pa gen obligasyon pou reponn seksyon sa a epi si ou pa reponn li sa p ap afekte kalifikasyon pitit pou repa gratis oswa pou pri redui.

Ethnicity (check one):  Ispanik oswa Latino-Ameriken  Pa ni Ispanik ni Latino-Ameriken  
 Race (check one or more):  Amerendyen oswa Natifnatal Alaska  Azyatik  Ameriken Nwa oswa Afriken-Ameriken  Natifnatal Hawaii oswa Lot Natifnatal Zile Pasifik  Blan

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

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Second Party Check Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Revised 6/2019 Page 1 of 2 U-009-02hc

**ENSTWIKSYON pou ranpli Fòm Aplikasyon pou Repa pou Gratis ak Pri Redui (sèvi ak yon plim epi ekri tout enfòmasyon ki pa siyati ou an lèt detache)**

Ekri non timoun ou aplike pou li a an lèt detache anlè pj fòm nan. Ekri non ak adrès sant gadri kote timoun nan ye a an lèt detache, si ou potko ekri yo an lèt detache anvan. Ekri orè prensipal gadri a pou pitit ou. Fè wonn nan jou semèn pitit ou ale nan sant gadri a sitou, epi repa ou mande pou pitit ou resevwa pandan li nan gadri a: dejene (BR), kolasyon maten (MS), repa (LU), kolasyon apremidi (AS), soupe (SU), ak/oswa kolasyon aswè (ES), oswa okenn.

**SI NENPT NENPT MANM KAY OU RESEVWA PWOGRAM ASISTANS MANJE (FAP / SNAP) OSWA ASISTANS TANPORÈ POU FANMI NAN BEZWEN FANMI YO (TANF), SWIV ENSTRIKSYON SA YO: ETAP 1:** Endike tout timoun ki gen 18 lane ki anba revni kay la, menm si yo pa gen rapò ak ou. Asire ou ke ou enkli timoun ki nan lis nan tèt fòm lan. Si pa gen ase espas pou mete lis tout timoun, itilize yon dezyèm fòm epi tache fòm yo ansanm. Ekri dat nesans chak timoun. Nan twa kolòn kap vini yo, fè wonn Wi oswa Non pou reponn chak kesyon pou chak timoun ki nan lis la. **ETAP 2:** Antre swa nimewo FAP / SNAP oswa TANF nan espas ki deziyen an. Nimewo ka a pral sou lèt kalifikasyon ou; se pa nimewo ki sou kat EBT ou. **ETAP 3:** Sote etap sa a. **ETAP 4:** Sote etap sa a. **ETAP 5:** Mete adrès ou ak nimewo telefòn ou (si ou disponib). Yon adilt nan kay la dwe siyen fòm lan. Ekri non moun ki siyen fòm nan, epi ekri dat ki siyen an.

**SI W AP APLIKE POU YON PITIT OU KONNEN, SWIV ENSTRIKSYON SA YO:** Avèk dokiman apwopriye, timoun adoptif yo kalifye otomatikman pou manje gratis kèlkeswa revni kay la kote yo abite. Ou gen opsyon pou bay sant gadri a dokiman ofisyèl ki soti nan ajans swen adoptif oswa tribinal la ki mete timoun nan kay la, olye pou ranpli aplikasyon sa a. Ou ta dwe chwazi ranpli aplikasyon sa a, epi ou ap aplike sèlman pou yon timoun adoptif (ren), Lè sa a, sèlman ranpli ETAP 1 ak 5. Si w ap aplike pou timoun adoptif ak moun ki pa adoptif, ranpli etap 1, 3, 4 ak 5. Si w ranpli etap 3, pa enkli peman nan kay la pou swen pou timoun adoptif la. Gade enstriksyon ki endike anba a pou etap aplikab yo.

**TOUT LT KAY YO, SWIV ENSTRIKSYON SA YO: ETAP 1:** Endike tout timoun ki gen 18 lane oswa mwens ki sipòte revni kay la, menm si yo pa gen rapò avèk ou. Asire ou ke ou enkli timoun ki nan lis nan tèt fòm lan. Si pa gen ase espas pou mete lis tout timoun, itilize yon dezyèm fòm epi tache fòm yo ansanm. Ekri dat nesans chak timoun. Nan twa kolòn kap vini yo, fè wonn Wi oswa Non pou reponn chak kesyon pou chak timoun ki nan lis la. **ETAP 2:** Sote etap sa a. **ETAP 3:** Mete revni total ou resevwa nan men tout timoun yo ki nan lis nan ETAP 1, Lè sa a, tcheke konbyen fwa revni a te resevwa. **ETAP 4:** Endike tout granmoun ki gen laj 19 ak plis ki sipòte ak revni kay la, menm si yo pa gen rapò ak ou e menm si yo pa resevwa okenn revni. Si pa gen ase espas pou mete lis tout granmoun, itilize yon dezyèm fòm epi tache fòm yo ansanm. Pou chak granmoun, endike kantite lajan revni li / li resevwa regilyèman anvan taks oswa nenpòt lòt bagay yo pran soti ak sèk konbyen fwa yo resevwa revni an (frekans) nan kolòn yo apwopriye. Si yon travayè endepandan, lis revni nèt. Gade egzanp ki anba a pou sous revni pou rapòte. Pou nenpòt granmoun ki pa gen okenn revni, ekri "okenn" oswa "0." Nenpòt jaden revni ki vid yo ap tou ap konte kòm yon zewo (0). Antre kantite total manm nan kay la (tout timoun ak granmoun), Lè sa a, bay lis kat dènye chif yo nan nimewo sekirite sosyal la (SSN) nan granmoun ki ranpli / siyen aplikasyon an (oswa ekri OKENN si li / li pa gen okenn SSN). **ETAP 5:** Mete adrès ou ak nimewo telefòn ou (si ou disponib). Yon adilt nan kay la dwe siyen fòm lan. Ekri non moun ki siyen fòm nan, epi ekri dat ki siyen an.

Sous Revni pou Timoun yo		Sous Revni pou Granmoun yo		
Salè nan travay	Yon timoun gen yon djòb atan-pasyèl oswa atanplen kote li touche yon salè oswa salè pa èdtan	Salè nan Travay	Èd Piblik/ Pansyon Alimantè/Sipò Timoun	Pansyon Alimantè/Retrèt/Tout Lòt Revni
Sekirite Sosyal • Peman pou Andikap • Avantaj Sivivan	• Yon timoun avèg oswa andikape epi l ap resevwa avantaj Sekirite Sosyal • Yon paran andikape, retirete, oswa mouri, epi pitit li yo ap resevwa avantaj Sekirite Sosyal	• Salè, salè pa èdtan, bonis an lajan kach • Revni apre dediksyon nan travay endepandan (bitasyon agrikòl oswa biznis)	• Avantaj pou chomaj • Konpansasyon Travayè • Revni Sekirite Sipleman (SSI) • Èd lajan kach nan gouvènman Leta oswa nan gouvènman lokal.	• Sekirite Sosyal (ansanm ak avantaj retrèt nan chemennfè ak avantaj pou maladi nemokonyoz) • Avantaj pansyon prive oswa avantaj pou andikap • Revni regilye nan fideyikomi oswa byen imobilye • Anwite • Peman nan investisman • Enterè ou touche • Revni nan lwaye • Peman regilye an lajan kach ou touche nan men moun ki pa nan kay la
Revni ou touche nan men moun ki pa nan kay la	Yon zanmi oswa yon manm fanmi pwolonje bay yon timoun lajan depans souvan	Si ou nan Fòs Lame Etazini: • Salè debaz ak bonis an lajan kach (PA mete peman pou konba, FSSA, oswa alokasyon pou lojman privatize) • Alokasyon pou lojman lwen baz, manje ak rad	• Peman pansyon alimantè • Peman sipò timoun • Avantaj veteran • Avantaj pou grèv	
Revni nan nenpòt lòt sous	Yon timoun resevwa revni regilye nan yon fon pansyon prive, anwite, oswa fideyikomi			

Lwa Nasyonal Richard B. Russell sou Repa Eskolè egzije pou ke, sof si ou mete yon lis Pwogram Asistans Manje aktyèl (FAP / SNAP) oswa Asistans Tanporè pou Fanmi ki nan Nesesite (TANF) oswa si ou aplike pou yon timoun adoptif, ou dwe mete kat dènye yo chif Nimewo Sekirite Sosyal (SSN) manm adilt nan kay la ki siyen aplikasyon an oswa endike siyatèr la pa gen yon SSN. Bay kat dènye chif yo nan yon SSN se pa obligatwa, men si enfòmasyon sa a pa bay oswa yon endikasyon ki pa te fèt ke siyatèr la pa gen yon SSN, aplikasyon an pa kapab apwouve. Enfòmasyon yo bay sou fòm sa a ka verifye atravè revizyon pwogram yo, verifikasyon, ak envestigasyon e ka gen ladan kontakte patwon yo pou detèmine revni, kontakte yon biwo asistans sosyal pou verifye resevwa benefis FAP / SNAP oswa TANF, pou kontakte biwo sekirite travay eta a pou detèmine montan benefis ou resevwa yo, epi tyeke nenpòt dokimantasyon kay la pwodui pou pwouve kantite lajan ou resevwa. Efò verifikasyon sa yo ka lakòz yon pèt oswa rediksyon nan benefis, reklamasyon administratif, oswa aksyon legal si yo rapòte enfòmasyon kòrèk. Nou ka pataje enfòmasyon kalifikasyon ou avèk pwogram edikasyon, sante ak nitrisyon pou ede yo evalye, finans, oswa detèmine benefis pou pwogram yo; oditè pou revizyon pwogram; ak ofisyèl lapolis pou ede yo mennen ankèt sou vyolasyon règ pwogram lan. **Enstitisyon sa a se yon founisè opòtinite egal. Tanpri gade nan Lèt Paran ki mache avèk li a pou li Deklarasyon sou diskriminasyon konplè a.**

## 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, 2023 - June 30, 2024)

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	<b>26,973</b>	<b>2,248</b>	<b>1,124</b>	<b>1,038</b>	<b>519</b>
2	<b>36,482</b>	<b>3,041</b>	<b>1,521</b>	<b>1,404</b>	<b>702</b>
3	<b>45,991</b>	<b>3,833</b>	<b>1,917</b>	<b>1,769</b>	<b>885</b>
4	<b>55,500</b>	<b>4,625</b>	<b>2,313</b>	<b>2,135</b>	<b>1,068</b>
5	<b>65,009</b>	<b>5,418</b>	<b>2,709</b>	<b>2,501</b>	<b>1,251</b>
6	<b>74,518</b>	<b>6,210</b>	<b>3,105</b>	<b>2,867</b>	<b>1,434</b>
7	<b>84,027</b>	<b>7,003</b>	<b>3,502</b>	<b>3,232</b>	<b>1,616</b>
8	<b>93,536</b>	<b>7,795</b>	<b>3,898</b>	<b>3,598</b>	<b>1,799</b>
For each additional family member, add	<b>+9,509</b>	<b>+793</b>	<b>+397</b>	<b>+366</b>	<b>+183</b>

#### 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, 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, audiotope, 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.

## CARTA A LOS PADRES EN PROGRAMAS SIN FIJACION DE PRECIOS (Parent Letter for Non-Pricing Programs)

Estimados Padre/Representante:

Fecha: \_\_\_\_\_

Nosotros participamos en el Programa de Alimentos para Cuidado de Niños (CCFP), el cual provee reembolso por comidas nutritivas servidas a niños inscritos. Todas las comidas que se sirven deben estar en conformidad con el criterio nutritivo fijado por el Departamento de Agricultura de los EE.UU (USDA). En las operaciones de los programas de alimentos del USDA, nadie será discriminado por raza, color, nacionalidad de origen, sexo, edad o discapacidad.

La información requerida en la Aplicación para Alimentos de Precio Reducido o Gratis adjunta es necesaria para poder recibir reembolso por los alimentos servidos a su niño(s) mientras este bajo cuidado. El monto del reembolso recibido por el proveedor depende del nivel de ingresos de los niños bajo cuidado. Por favor complete la aplicación adjunta, firme la aplicación, coloque la fecha, y devuélvala a la dirección postal que se muestra abajo. **Por favor revise la parte de atrás de la aplicación con todas las instrucciones para completar la aplicación.** Su aplicación será colocada en nuestros archivos y se mantendrá confidencial.

Niños provenientes de hogares que reciben beneficios del Programa de Asistencia Nutricional (anteriormente conocido como Programa de Cupones de Alimentos) o TANF (Asistencia Temporal Para Familias Necesitadas) son elegibles para comidas gratis. Niños inscritos en Head Start o Early Head Start (HS/EHS) califican para comidas gratis, sujetos a la entrega de los documentos oficiales y aceptables de inscripción en HS/EHS. Con la documentación apropiada, niños bajo HS/EHS no necesitaran llenar la Aplicación para Alimentos de Precio Reducido o Gratis. Niños bajo Cuidado Adoptivo Temporal califican para comidas gratis independientemente del ingreso del hogar en el que residen, esto es sujeto a la entrega de documentos oficiales y aceptables de la agencia de Adopción Temporal/documentación de la corte o de una Aplicación para Alimentos de Precio Reducido o Gratis. Niños en hogares donde el ingreso total es menor o igual a los niveles listados abajo califican para alimentos de precio reducido o gratis.

### GUIA DE ELIGIBILIDAD EN BASE A INGRESOS (Efectivo Julio 1, 2023 - Junio 30, 2024)

TAMANO DEL HOGAR	ANUAL	MENSUAL	DOS VECES AL MES	QUINCENAL	SEMANAL
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Por cada miembro adicional, sume	<b>+9,509</b>	<b>+793</b>	<b>+397</b>	<b>+366</b>	<b>+183</b>

#### COMO COMPLETAR:

Si algún miembro del hogar actualmente recibe ayuda del Programa de Asistencia Nutricional (FAP) o beneficios TANF, entonces cualquier niño(a) es elegible para comidas gratis. La aplicación debe incluir el nombre del niño(a), el número de caso FAP o TANF, y la firma de un adulto miembro del hogar.

Si está completando la Aplicación para Alimentos de Precio Reducido o Gratis para un niño(a) bajo cuidado adoptivo temporal, su aplicación debe identificar al niño(a) bajo cuidado adoptivo temporal, incluir el nombre del niño(a), cualquier ingreso para "uso personal", y la firma de un adulto. Hogares que deseen aplicar para el beneficio alimentario para niños bajo cuidado adoptivo temporal pueden contactarnos si tienen alguna pregunta.

Si usted no lista un número de caso FAP o TANF, o si el niño(a) no está bajo cuidado adoptivo temporal, la aplicación debe incluir:

- el nombre del niño(a);

- el nombre de los miembros del hogar, incluyendo esposa(o), niños, padres o cualquier otra persona que viva en el mismo hogar;
- la cantidad de ingreso usualmente recibido por cada persona (antes de impuestos, seguro social, etc.), la frecuencia en la que es recibido, y su proveniencia, tal como, salario, jubilación, o asistencia pública. Si usted es su mismo empleador, liste su ingreso neto. Ingreso neto está definido como ingreso bruto recibido (incluyendo todo el dinero recibido de parte de los padres de los niños bajo cuidado y el reembolso del CCFP) menos gastos operacionales. Para las personas que no reciben ningún ingreso, escriba "0" o "Ninguno";
- la firma de un adulto miembro del hogar; y
- los cuatro últimos números de su seguro social o la palabra "ninguno" si no tiene número de seguro social.

**VERIFICACION:** Su aplicación puede ser revisada por el centro de cuidado infantil u otros oficiales durante el año para determinar si ha sido correctamente aprobada. **CONFIDENCIALIDAD:** La información que usted reporta será utilizada solo para determinar la elegibilidad para alimentos de precio reducido o gratis con el Programa de Alimentos para Cuidado de Niños **REAPLICACION:** Usted puede aplicar para alimentos de precio reducido o gratis en cualquier momento durante el año. Si usted no es elegible ahora, pero si en el futuro hay cambios en su hogar, tal como, disminución de ingresos, aumento del tamaño del hogar, desempleo o recibe beneficios del Programa de Asistencia Nutricional o TANF, entonces complete una aplicación nueva.

Sinceramente,

\_\_\_\_\_  
Nombre y Posición del Representante del Centro de Cuidado Infantil

\_\_\_\_\_  
Nombre del Centro de Cuidado Infantil

\_\_\_\_\_  
Dirección

\_\_\_\_\_  
Número de Teléfono

De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles.

La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en:

<https://www.usda.gov/sites/default/files/documents/ad-3027s.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

- (1) **correo:**  
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 o (202) 690-7442; o
- (3) **correo electrónico:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

Esta entidad es un proveedor que brinda igualdad de oportunidades.

**Powgram Manje nan Gadri**  
**LÈT POU VOYE BA PARAN POU PWOGRAM SAN TARIF**  
**(Parent Letter for Non-Pricing Programs)**

Chè Paran/Responsab Legal:

Dat la: \_\_\_\_\_

Nou patisipe nan Pwogram Manje nan Gadri [Child Care Food Program (CCFP)], ki bay ranbousman pou sèvi manje pou timoun ki nan gadri a. Tout manje nou sèvi yo dwe satisfè kondisyon modèl manje Depatman Agrikilti Etazini [U.S. Department of Agriculture (USDA)] mete anplas. Nan operasyon pwogram USDA pou bay timoun manje, okenn moun p ap viktim pratik diskriminasyon akòz ras li, koulè po li, peyi kote li fèt, si li se fanm oswa gason, laj li oswa andikap li.

Enfòmasyon nou mande ou nan fòm Aplikasyon pou Manje Gratis ak Mane pou Pri Redui ou jwenn nan nesesè pou nou ka resevwa ranbousman pou manje nou bay pitit ou pandan li nan gadri a. Kantite lajan ranbousman nou resevwa nan CCFP depannde sityasyon revni fanmi timoun ki nan gadri a. Tanpri ranpli fòm aplikasyon ou jwenn nan anvlòp la epi retounen li nan adrès ki endike anba la a. **Tanpri gade dèyè fòm aplikasyon an pou jwenn tout enstriksyon yo.** N ap mete aplikasyon ou nan dosye nou epi n ap kenbe li konfidansyèl.

Timoun nan fanmi k ap resevwa avantaj Pwogram Èd Manje [ki te rele Koupon pou Achte Manje (Food Stamp Program) anvan] kalifye pou manje gratis. Timoun ki antre nan pwogram Head Start oswa Early Head Start (HS/EHS) kalifye pou manje gratis, selon si paran yo bay dokiman enskripsyon HS/EHS ofisyèl ki akseptab. Avèk bon jan dokiman, timoun ki nan HS/EHS p ap bezwen Aplikasyon pou Manje Gratis ak Manje pou Pri Redui. Timoun ki nan fanmi akèy yo kalifye pou manje gratis kèlkeswa revni fanmi moun kay kote y ap viv la, selon si moun sa yo bay dokiman ajans plasman nan fanmi akèy/tribinal ki ofisyèl ak akseptab oswa yon fòm Aplikasyon pou Manje Gratis oswa pou Manje pou Pri Redui. Timoun ki nan kay ki gen revni total ki pi piti pase oswa ki egal a nivo ki endike anba la yo kalifye pou swa manje gratis oswa pou manje pou pri redui.

**GID KALIFIKASYON DAPRE REVNI (Apati 1ye jiyè 2023 - 30 jwen 2024)**

KANTITE MOUN KI NAN KAY LA	REVNI CHAK ANE	REVNI PA MWA	REVNI DE FWA PA MWA	REVNI CHAK DE SEMÈN	REVNI PA SEMÈN
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Chak manm fanmi anplis, ajoute	+9,509	+793	+397	+366	+183

**KI JAN POU KOMPLET:**

Si nenpòt moun lakay ou ap resevwa avantaj Pwogram Èd Manje [Food Assistance Program (FAP) oswa avantaj TANF nan moman an, lè sa a nenpòt timoun ki nan kay la kalifye pou manje gratis. Aplikasyon an dwe gen ladan non timoun nan, nimewo dosye FAP oswa nimewo dosye TANF, ak siyati yon adilt k ap viv nan kay la.

Si w ap ranpli yon Aplikasyon pou Manje Gratis ak Manje pou Pri Redui pou timoun ki nan fanmi akèy ou, aplikasyon an fèt pou idantifye timoun nan kòm yon timoun ki nan fanmi akèy, epitou li dwe gen ladan non timoun nan, nenpòt revni pou “itilizasyon pèsònèl” timoun nan, ak siyati yon adilt. Fanmi ki vle aplike pou avantaj manje pou timoun ki nan fanmi akèy ta dwe kontakte nou si yo gen nenpòt kesyon.

Si ou pa bay yon nimewo dosye FAP oswa yon nimewo dosye TANF, oswa si pitit ou pa nan yon fanmi akèy, men sa ki dwe nan aplikasyon an:

- non timoun nan;
- non tout moun ki lakay ou, ansanm ak madanm/mari ou, pitit ou yo, paran ou yo ak lòt moun k ap viv avèk ou nan menm kay la;

- kantite lajan revni chak moun resevwa anjeneral (anvan dediksyon pou taks, sekirite sosyal, elatriye), kantite fwa moun nan resevwa revni an, ak sous revni an, tankou salè pa èdtan, retrèt, oswa èd piblik. Pou moun ki se travayè endepandan, endike revni apre dediksyon. Revni apre dediksyon defini kòm revni anvan dediksyon mwens depans fonksyonman. Pou moun ki pa resevwa okenn revni, ekri "0" oswa "Okenn.";
- siyati yon adilt k ap viv nan kay la; ak
- kat (4) dènye chif nimewo sekirite sosyal adilt k ap viv nan kay la ki te siyen aplikasyon an oswa mo "okenn" si adilt sa a pa gen yon nimewo sekirite sosyal.

**VERIFIKASYON:** Ofisyèl sant gadri a oswa lòt ofisyèl ka verifye aplikasyon ou nenpòt kilè pandan ane pou detèmine si yo te apwouve aplikasyon an kòrèkteman. **KONFIDANSYALITE:** N ap itilize enfòmasyon ou rapòte yo sèlman pou detèmine si pitit ou kalifye pou manje gratis oswa pou manje pou pri redui nan CCFP. **RE-APLIKASYON:** Ou ka aplike pou manje gratis ak manje pou pri redui nenpòt kilè pandan ane a. Si ou pa kalifye kounye a men fanmi ou gen yon chanjman, tankou yon diminyasyon nan revni fanmi an, yon ogmantasyon nan kantite moun ki nan kay la, chomaj oswa si fanmi an ap resevwa avantaj Pwogram Èd Manje (Food Assistance Program) oswa avantaj TANF, lè sa a ou dwe ranpli yon nouvo fòm aplikasyon.

Ak tout kè nou,

Non ak Tit Reprezantan Sant Gadri a

Non Sant Gadri a

Adrès

Nimewo Telefòn

Dapre lwa sou dwa sivil federal ak règleman ak politik Depatman Agrikilti Ameriken (USDA), enstitisyon sa a entèdi pou fè diskriminasyon sou baz ras, koulè, orijin nasyonal, sèks (ki gen ladan idantite sèks ak oryantasyon seksyèl), andikap, laj, oswa reprezay oswa revanj pou aktivite anvan dwa sivil yo.

Yo kapab mete enfòmasyon sou pwogram yo disponib nan lòt lang ki pa Angle. Moun ki gen andikap ki bezwen lòt mwayen kominikasyon pou jwenn enfòmasyon sou pwogram yo (pa egzanp, Bray, gwo lèt, kasèt odyo, Lang siy Ameriken), ta dwe kontakte responsab Ajans Eta oswa lokal ki administre pwogram lan oswa USDA's TARGET Center nan (202) 720-2600 (vwa ak TTY) oswa kontakte USDA atravè Sèvis Relay Federal la nan (800) 877-8339.

Pou depoze yon plent pou diskriminasyon nan pwogram lan, yon moun k ap pote plent ta dwe ranpli yon Fòm AD-3027, Ou kapab jwen yon Fòmilè pou Plent sou Diskriminasyon nan Pwogram USDA a sou Entènèt nan: <https://www.fns.usda.gov/sites/default/files/resource-files/ad3027-haitian-creole.pdf>, nan nenpòt biwo USDA, lè w rele 866)-632-9992, oswa lè w ekri yon lèt ki adrese bay USDA. Lèt la dwe genyen non moun k ap pote plent lan, adrès, nimewo telefòn, ak yon deskripsyon alekri sou swadizan aksyon diskriminatwa a ak ase detay pou enfòmasyon Asistan Sekretè Dwa Sivil la (ASCR) sou nati ak dat yon swadizan vyolasyon dwa sivil la. Ou dwe soumèt fòm oswa lèt AD-3027 ki ranpli nan USDA pa:

- (1) **pa lapòs:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; oswa
- (2) **faks:**  
(833) 256-1665 oswa (202) 690-7442; oswa
- (3) **imèl:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

Enstitisyon sa a se yon founisè opòtinite egalego.

## PARENT LETTER FOR 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 to determine if your child qualifies for free or reduced-price meals. Also, the amount of reimbursement we receive from the CCFP depends on the household income status of the enrolled children. In order for us to determine if your child is eligible for free or reduced-price meals, please complete the attached application, sign, date, and return it to the address of the child care center 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, 2023 - June 30, 2024)

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
For each additional family member, add	<b>+9,509</b>	<b>+793</b>	<b>+397</b>	<b>+366</b>	<b>+183</b>

The reduced prices are 40 cents for lunch/supper, 30 cents for breakfast, and 15 cents for snacks. **Children who do not qualify for free or reduced-price meals may buy breakfast for \_\_\_\_\_, lunch/supper for \_\_\_\_\_, and snacks for \_\_\_\_\_.**

#### 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, then 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. **FAIR HEARING:** If you do not agree with the approved eligibility category for your child, you may ask for a fair hearing by calling or writing:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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, 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, audiotope, 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.

Florida Department of Health  
Child Care Food Program

**CHILD CARE APPLICATION FOR ENROLLMENT**

**Student Information:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_ Date of Enrollment \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle Nickname

Child's Physical Address: \_\_\_\_\_

Primary Hours of Care: From \_\_\_\_\_ To \_\_\_\_\_

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Supper Eve Snack

\*\*\*\*\*

**Family Information:**

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_/Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_/Cell: \_\_\_\_\_

Child Lives With: Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_ Both Parents \_\_\_\_\_ Other \_\_\_\_\_

\*\*\*\*\*

**Medical Information:**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern: \_\_\_\_\_

\_\_\_\_\_

Emergency Care Plan Instructions (if applicable): \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

**Emergency Contacts:**

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#



**Helpful Information About Child:**

---

---

---

---

---

- Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**  
Section 8.3 of the Family Day Care Home/Large Family Child Care Home Handbook requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, **or**  
Section 2.3 of the Family Day Care Home/Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

**1<sup>st</sup> year:**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Subsequent years:**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Updated Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Updated Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Updated Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Updated Date

Departamento de Salud de Florida  
Programa de Alimentos para Cuidado de Niños

**SOLICITUD DE INSCRIPCIÓN PARA EL CUIDADO INFANTIL**  
**(CHILD CARE APPLICATION FOR ENROLLMENT)**

**Información sobre el estudiante:** Fecha de nacimiento: \_\_\_\_\_ Sexo: \_\_\_\_\_  
Fecha de inscripción \_\_\_\_\_

Nombre completo: \_\_\_\_\_  
Apellido 1<sup>er</sup> nombre 2<sup>o</sup> nombre Apodo

Dirección del niño: \_\_\_\_\_

Horario principal en que recibe los cuidados: Desde \_\_\_\_\_ Hasta \_\_\_\_\_

Días de la semana en que recibe los cuidados: L M Mi J V S D

Comidas comúnmente servidas mientras recibe los cuidados:

Desayuno Merienda mañana Almuerzo Merienda tarde Cena Merienda noche  
\*\*\*\*\*

**Información sobre la familia:**

Nombre del Padre 1: \_\_\_\_\_ Nombre del Padre 2: \_\_\_\_\_

Dirección: \_\_\_\_\_ Dirección: \_\_\_\_\_

Teléfono de casa: \_\_\_\_\_ Teléfono de casa: \_\_\_\_\_

Empleador: \_\_\_\_\_ Empleador: \_\_\_\_\_

Dirección: \_\_\_\_\_ Dirección: \_\_\_\_\_

Teléfono del trabajo: \_\_\_\_\_ Teléfono del trabajo: \_\_\_\_\_

Teléfono celular: \_\_\_\_\_ Teléfono celular: \_\_\_\_\_

El niño vive con: Padre 1 \_\_\_\_\_ Padre 2 \_\_\_\_\_ Ambos Padres \_\_\_\_\_ Otro \_\_\_\_\_  
\*\*\*\*\*

**Información médica:**

Por la presente, autorizo al personal de este establecimiento a ponerse en contacto con el personal médico mencionado a continuación para obtener cuidados médicos de emergencia, si fuera necesario.

Médico: \_\_\_\_\_ Dirección: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Médico: \_\_\_\_\_ Dirección: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Dentista: \_\_\_\_\_ Dirección: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Hospital preferido \_\_\_\_\_

Enumere las alergias, las necesidades médicas o dietarias especiales, u otras áreas que deba destacar: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instrucciones del Plan de Atención de Emergencia (si corresponde): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contactos:**

El niño será entregado únicamente al padre custodio o al tutor legal, y a las personas enumeradas a continuación. También se contactará a las siguientes personas, y ellas están autorizadas para retirar al niño del establecimiento en caso de enfermedad, accidente o emergencia, si por algún motivo no podemos comunicarnos con el padre custodio o el tutor legal:

Nombre Dirección Teléf. del trabajo Teléf. de la casa

Nombre Dirección Teléf. del trabajo Teléf. de la casa

Nombre Dirección Teléf. del trabajo Teléf. de la casa

**Información útil sobre el niño:**

---

---

---

---

---

- Las secciones 7.1 y 7.2 del Manual del Centro de Cuidado Infantil requieren un examen físico vigente (Formulario 3040) y un registro de vacunas (Formulario 680 ó 681) a más tardar 30 días después de la inscripción.
- La sección 7.3 del Manual del Centro de Cuidado Infantil requiere que los padres reciban una copia del folleto del centro de cuidado infantil "Know Your Child Care Facility" (Conozca su centro de cuidado infantil) (CF/PI 175-24), **o**

La Sección 8.3 del Manual de Hogares de Cuidado Infantil Familiar/Hogares de Cuidado Infantil Familiar Grandes requiere que los padres reciban una copia del folleto de los hogares de cuidado infantil familiar, "Selecting A Family Day Care Home Provider" (Como seleccionar un hogar de cuidado infantil familiar) (CF/PI 175-28).

- La sección 2.8 del Manual del Centro de Cuidado Infantil requiere que se notifique por escrito a los padres sobre las políticas disciplinarias y de expulsión utilizadas por el centro de cuidado infantil, **o**

La sección 2.3 del Manual de Hogares de Cuidado Infantil Familiar/Hogares de Cuidado Infantil Familiar Grandes requiere que se notifique por escrito a los padres sobre las políticas disciplinarias y de expulsión utilizadas por el proveedor de la guardería familiar.

Al firmar a continuación, usted demuestra que ha recibido los documentos anteriores y que toda la información que aparece en este formulario de inscripción está completa y es exacta. Por medio de la presente, concedo permiso al personal de este centro para que acceda a los expedientes de mi hijo.

**1.º año:**

\_\_\_\_\_  
Firma del padre1 o 2/tutor

\_\_\_\_\_  
Fecha

**Años siguientes:**

\_\_\_\_\_  
Firma del padre1 o 2/tutor

\_\_\_\_\_  
Fecha actualizada

\_\_\_\_\_  
Firma del padre1 o 2/tutor

\_\_\_\_\_  
Fecha actualizada

\_\_\_\_\_  
Firma del padre1 o 2/tutor

\_\_\_\_\_  
Fecha actualizada

\_\_\_\_\_  
Firma del padre1 o 2/tutor

\_\_\_\_\_  
Fecha actualizada

**Depatman Sante Florida  
Pwogram Manje nan Gadri**

**APLIKASYON POU ENSKRIPSYON NAN GADRI**  
**(CHILD CARE APPLICATION FOR ENROLLMENT)**

**Enfòmasyon sou Elèv la:** Dat Li Fèt: \_\_\_\_\_ Sèks: \_\_\_\_\_ Dat Enskripsyon \_\_\_\_\_

Prenon ak Non Fanmi: \_\_\_\_\_  
Non fanmi Prenon Dezyèm Prenon Ti Non Jwèt

Adrès Fizik Timoun nan: \_\_\_\_\_

Orè Prensipal Gadri a: Ant \_\_\_\_\_ Ak \_\_\_\_\_

Jou Semèn nan Gadri a: Lendi Madi Mèkredi Jedi Vandredi Samdi Dimanch

Repa yo Sèvi Anjeneral nan Gadri a: Br Kolasyon Maten Repa Midi Kolasyon Apremidi Soupe Kolasyon Aswè  
\*\*\*\*\*

**Enfòmasyon sou Fanmi an:**

Paran 1 Non: \_\_\_\_\_ Paran 2 Non: \_\_\_\_\_

Adrès: \_\_\_\_\_ Adrès: \_\_\_\_\_

Telefòn Kay: \_\_\_\_\_ Telefòn Kay: \_\_\_\_\_

Non Patwon: \_\_\_\_\_ Non Patwon: \_\_\_\_\_

Adrès: \_\_\_\_\_ Adrès: \_\_\_\_\_

Telefòn Travay: \_\_\_\_\_/Selilè: \_\_\_\_\_ Telefòn Travay: \_\_\_\_\_/Selilè: \_\_\_\_\_

Timoun nan Ap Viv Avèk: Paran 1 \_\_\_\_\_ Paran 2 \_\_\_\_\_ Tou de paran yo \_\_\_\_\_ Lòt \_\_\_\_\_  
\*\*\*\*\*

**Enfòmasyon Medikal:**

Mwen bay pèmasyon pou ekip ki nan gadri sa a kontakte pèsònèl ki endike anba la a pou jwenn swen medikal annijans si li nesesè.

Doktè: \_\_\_\_\_ Adrès: \_\_\_\_\_ Telefòn: \_\_\_\_\_

Doktè: \_\_\_\_\_ Adrès: \_\_\_\_\_ Telefòn: \_\_\_\_\_

Dantis: \_\_\_\_\_ Adrès: \_\_\_\_\_ Telefòn: \_\_\_\_\_

Preferans pou Lopital: \_\_\_\_\_

Tanpri bay alèji, bezwen medikal oswa bezwen dyetetik espesyal, oswa lòt domèn ki bay enkyetid: \_\_\_\_\_  
\_\_\_\_\_

Enstriksyon pou Plan Swen ljan (si sa apwopriye): \_\_\_\_\_  
\_\_\_\_\_

**Kontak yo:**

N ap remèt timoun nan pa paran k ap viv avèk li oswa ba responsab legal ak moun ki endike anwo a sèlman. N ap kontakte moun ki endike anba yo epitou yo gen otorizasyon pou pran timoun sa a nan gadri a sizoka timoun nan malad, si li fè aksidan oswa si li gen yon ijans, si pou yon rezon nou pa kapab kontakte paran k ap viv avèk timoun oswa responsab legal la:

Non Adrès Nimewo Telefòn Travay Nimewo Telefòn Kay

Non Adrès Nimewo Telefòn Travay Nimewo Telefòn Kay

Non Adrès Nimewo Telefòn Travay Nimewo Telefòn Kay

Non Adrès Nimewo Telefòn Travay Nimewo Telefòn Kay

## Enfòmasyon Enpòtan Sou Timoun nan:

- Seksyon 7.1 ak 7.2 nan Manyèl pou Gadri a egzije yon aktyèl egzamen fizik (Fòm 3040) ak dosye vaksinasyon (Fòm 680 oswa 681) nan 30 jou apre enskripsyon an.
- Seksyon 7.3 nan Manyèl pou Gadri a egzije pou paran yo resevwa yon kopi Tiliv Enfòmasyon sou Sant Gadri ki rele, "Know Your Child Care Facility" (Konnen Sant Gadri ou) (CF/PI 175-24), **oswa**  
Seksyon 8.3 Manyèl pou Gadri fanmi nan Kay / Gran Gadri Fanmi nan kay la egzije pou paran an (yo) resevwa yon kopi tiliv kay gadri fanmi ki rele, "Selecting a Family Day Care Home Provider" (Fason pou Chwazi yon Founisè Sèvis Gadri nan Kay Fanmi) (CF/PI 175-28).
- Seksyon 2.8 nan Manyèl pou Gadri a egzije pou paran yo resevwa avi alekri konsènan pratik pou disipline ak mete timoun deyò nan sant gadri a itilize, **oswa**  
Seksyon 2.3 nan Manyèl pou Gadri fanmi nan Kay / Gran Gadri Fanmi nan kay la egzije pou paran yo resevwa avi alekri konsènan pratik pou disipline ak mete timoun deyò nan sant gadri a itilize.

Siyati ou anba la a endike ou te resevwa dokiman ki endike anwo a, epitou siyati ou endike tout enfòmasyon ou bay sou fòm enskripsyon sa a se enfòmasyon ki konplè ak egzat. Mwen bay pèmasyon pou ekip ki nan gadri sa a jwenn aksè nan dosye pitit mwen.

### 1ye ane:

\_\_\_\_\_  
Siyati Paran/Responsab Legal

\_\_\_\_\_  
Dat

### Apre ane:

\_\_\_\_\_  
Siyati Paran/Responsab Legal

\_\_\_\_\_  
Dènye Dat la

\_\_\_\_\_  
Siyati Paran/Responsab Legal

\_\_\_\_\_  
Dènye Dat la

\_\_\_\_\_  
Siyati Paran/Responsab Legal

\_\_\_\_\_  
Dènye Dat la

\_\_\_\_\_  
Siyati Paran/Responsab Legal

\_\_\_\_\_  
Dènye Dat la

# 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. to _____ 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. to _____ 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. to _____ 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. to _____ 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. to _____ 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. to _____ 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. to _____ 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. to _____ 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: \_\_\_\_\_

# Depatman Sante Florida Pwogram Manje nan Gadri Fòm Patipasyon Timoun nan (Child Participation Form)

Non Timoun nan: \_\_\_\_\_ Non Sant Gadri a: \_\_\_\_\_

Chè Paran:

Tanpri bay enfòmasyon nou mande ou anba la a pou pitit ou ka patisipe nan Pwogram Manje nan Gadri (Child Care Food Program), ki ranbouse founisè sèvis gadri yo poutèt yo bay manje ki fòtifyan ak byen balanse pou timoun ki nan gadri a.

Tcheke isit la epi siyen / dat anba a si pitit ou pa resevwa manje pandan li nan swen

Si orè gadri a se menm orè chak jou, tanpri ranpli tablo sa a.		
Jou	Orè Nòmal nan Gadri a	Manje Timoun yo Resevwa Nòmalman Pandan yo nan Gadri a
Lendi – vandredi	a.m. _____ a.m. _____ p.m. jiska p.m.	Dejene <input type="checkbox"/> Kolasyon Maten <input type="checkbox"/> Manje Midi <input type="checkbox"/> Kolasyon Apremidi <input type="checkbox"/> Soupe <input type="checkbox"/> Kolasyon Aswè <input type="checkbox"/>

## OSWA

Si orè gadri a <u>pa</u> menm orè chak jou, tanpri ranpli tablo sa a.		
Lendi	a.m. _____ a.m. _____ p.m. jiska p.m.	Dejene <input type="checkbox"/> Kolasyon Maten <input type="checkbox"/> Manje Midi <input type="checkbox"/> Kolasyon Apremidi <input type="checkbox"/> Soupe <input type="checkbox"/> Kolasyon Aswè <input type="checkbox"/>
Madi	a.m. _____ a.m. _____ p.m. jiska p.m.	Dejene <input type="checkbox"/> Kolasyon Maten <input type="checkbox"/> Manje Midi <input type="checkbox"/> Kolasyon Apremidi <input type="checkbox"/> Soupe <input type="checkbox"/> Kolasyon Aswè <input type="checkbox"/>
Mèkredi	a.m. _____ a.m. _____ p.m. jiska p.m.	Dejene <input type="checkbox"/> Kolasyon Maten <input type="checkbox"/> Manje Midi <input type="checkbox"/> Kolasyon Apremidi <input type="checkbox"/> Soupe <input type="checkbox"/> Kolasyon Aswè <input type="checkbox"/>
Jedi	a.m. _____ a.m. _____ p.m. jiska p.m.	Dejene <input type="checkbox"/> Kolasyon Maten <input type="checkbox"/> Manje Midi <input type="checkbox"/> Kolasyon Apremidi <input type="checkbox"/> Soupe <input type="checkbox"/> Kolasyon Aswè <input type="checkbox"/>
Vandredi	a.m. _____ a.m. _____ p.m. jiska p.m.	Dejene <input type="checkbox"/> Kolasyon Maten <input type="checkbox"/> Manje Midi <input type="checkbox"/> Kolasyon Apremidi <input type="checkbox"/> Soupe <input type="checkbox"/> Kolasyon Aswè <input type="checkbox"/>
Samdi	a.m. _____ a.m. _____ p.m. jiska p.m.	Dejene <input type="checkbox"/> Kolasyon Maten <input type="checkbox"/> Manje Midi <input type="checkbox"/> Kolasyon Apremidi <input type="checkbox"/> Soupe <input type="checkbox"/> Kolasyon Aswè <input type="checkbox"/>
Dimanch	a.m. _____ a.m. _____ p.m. jiska p.m.	Dejene <input type="checkbox"/> Kolasyon Maten <input type="checkbox"/> Manje Midi <input type="checkbox"/> Kolasyon Apremidi <input type="checkbox"/> Soupe <input type="checkbox"/> Kolasyon Aswè <input type="checkbox"/>

Koche kaz la a si pitit ou pa gen orè gadri ki pwograme regilyèman

Siyati Paran/Responsab Legal: \_\_\_\_\_ Dat: \_\_\_\_\_

Ekri Non ou an Lèt Detache: \_\_\_\_\_ Nimewo Telefòn: \_\_\_\_\_

# CCFP Formulario de Participación del Niño (Child Participation Form)

Nombre del establecimiento: \_\_\_\_\_

Estimados padres:

Completen la siguiente información para que su hijo pueda participar en el Programa de Alimentación para el Cuidado Infantil, que proporciona reembolsos a los proveedores de cuidado infantil por servir comidas nutritivas y bien equilibradas a los niños de los establecimientos de cuidado infantil.

Nombre del niño: \_\_\_\_\_

**Marque aquí y firme / feche a continuación si su hijo no recibe comidas mientras está bajo cuidado**

<b>Si el horario del establecimiento de cuidado infantil del niño es el mismo para todos los días, complete la siguiente tabla.</b>		
Día	Horario de guardería normal	Comidas que recibe normalmente mientras se encuentra en el establecimiento de cuidado infantil
Lunes a viernes	_____ a.m. a _____ a.m. p.m. a _____ p.m.	Desayuno <input type="checkbox"/> Refrigerio de la mañana <input type="checkbox"/> Almuerzo <input type="checkbox"/> Refrigerio de la tarde <input type="checkbox"/> Cena <input type="checkbox"/> Refrigerio de la noche <input type="checkbox"/>

O

<b>Si el horario del establecimiento de cuidado infantil del niño <u>no</u> es el mismo para todos los días, complete la siguiente tabla.</b>		
Lunes	_____ a.m. a _____ a.m. p.m. a _____ p.m.	Desayuno <input type="checkbox"/> Refrigerio de la mañana <input type="checkbox"/> Almuerzo <input type="checkbox"/> Refrigerio de la tarde <input type="checkbox"/> Cena <input type="checkbox"/> Refrigerio de la noche <input type="checkbox"/>
Martes	_____ a.m. a _____ a.m. p.m. a _____ p.m.	Desayuno <input type="checkbox"/> Refrigerio de la mañana <input type="checkbox"/> Almuerzo <input type="checkbox"/> Refrigerio de la tarde <input type="checkbox"/> Cena <input type="checkbox"/> Refrigerio de la noche <input type="checkbox"/>
Miércoles	_____ a.m. a _____ a.m. p.m. a _____ p.m.	Desayuno <input type="checkbox"/> Refrigerio de la mañana <input type="checkbox"/> Almuerzo <input type="checkbox"/> Refrigerio de la tarde <input type="checkbox"/> Cena <input type="checkbox"/> Refrigerio de la noche <input type="checkbox"/>
Jueves	_____ a.m. a _____ a.m. p.m. a _____ p.m.	Desayuno <input type="checkbox"/> Refrigerio de la mañana <input type="checkbox"/> Almuerzo <input type="checkbox"/> Refrigerio de la tarde <input type="checkbox"/> Cena <input type="checkbox"/> Refrigerio de la noche <input type="checkbox"/>
Viernes	_____ a.m. a _____ a.m. p.m. a _____ p.m.	Desayuno <input type="checkbox"/> Refrigerio de la mañana <input type="checkbox"/> Almuerzo <input type="checkbox"/> Refrigerio de la tarde <input type="checkbox"/> Cena <input type="checkbox"/> Refrigerio de la noche <input type="checkbox"/>
Sábado	_____ a.m. a _____ a.m. p.m. a _____ p.m.	Desayuno <input type="checkbox"/> Refrigerio de la mañana <input type="checkbox"/> Almuerzo <input type="checkbox"/> Refrigerio de la tarde <input type="checkbox"/> Cena <input type="checkbox"/> Refrigerio de la noche <input type="checkbox"/>
Domingo	_____ a.m. a _____ a.m. p.m. a _____ p.m.	Desayuno <input type="checkbox"/> Refrigerio de la mañana <input type="checkbox"/> Almuerzo <input type="checkbox"/> Refrigerio de la tarde <input type="checkbox"/> Cena <input type="checkbox"/> Refrigerio de la noche <input type="checkbox"/>

**Marque aquí si su niño no tiene un horario programado regularmente para servicios de cuidado**

Firma del padre/tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_

Nombre en letra de imprenta: \_\_\_\_\_ Número de teléfono: \_\_\_\_\_



Organization Name

**Child Care Food Program**  
**ENROLLMENT ROSTER – August – July**  
**(paper version)**

Authorization Number

Center Name

August 1, 2023 – July 31, 2024

(Instructions on Reverse)

(1)	(2)	(3)	(4)	(5) Category of Meal Eligibility		
Name of Child (Last Name, First Name)	Age of Child	08/01/23 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.

	AUG 23	SEPT 23	OCT 23	NOV 23	DEC 23	JAN 24	FEB 24	MAR 24	APRIL 24	MAY 24	JUN 24	JULY 24
F	F	F	F	F	F	F	F	F	F	F	F	F
R	R	R	R	R	R	R	R	R	R	R	R	R
N	N	N	N	N	N	N	N	N	N	N	N	N
Totals												

## ENROLLMENT ROSTER

August 1, 2023 - July 31, 2024

### 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 year (August 1, 2023 to July 31, 2024), 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 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 August 2023, enter 08/01/23. 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 the 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.

Organization Name

**Child Care Food Program  
ENROLLMENT ROSTER  
(paper version)**

Authorization Number

Center Name

October 1, 2023 – September 30, 2024

(Instructions on Reverse)

(1)	(2)	(3)	(4)	(5) Category of Meal Eligibility		
Name of Child (Last Name, First Name)	Age of Child	10/01/23 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 23	NOV 23	DEC 23	JAN 24	FEB 24	MAR 24	APRIL 24	MAY 24	JUNE 24	JULY 24	AUG 24	SEPT 24
F	F	F	F	F	F	F	F	F	F	F	F
R	R	R	R	R	R	R	R	R	R	R	R
N	N	N	N	N	N	N	N	N	N	N	N
Totals											

# ENROLLMENT ROSTER

October 1, 2023 - September 30, 2024

## 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, 2023 to September 30, 2024), 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 2023, then enter 10/1/23. 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.

# CCFP Enrollment Roster Consolidation

Month \_\_\_\_\_ Year \_\_\_\_\_

Page #	Free	Reduced	Non-needy	Total
1/A				
2/B				
3/C				
4/D				
5/E				
6/F				
7/G				
8/H				
9/I				
10/J				
11/K				
12/L				
13/M				
14/N				
15/O				
16/P				
17/Q				
18/R				
19/S				
20/T				
21/U				
22/V				
23/W				
24/X				
25/Y				
26/Z				
<b>TOTAL</b>				

**\*TOTAL ATTENDANCE FOR MONTH \***

These two totals must equal.

\* To determine the total attendance for the month, refer to your attendance records; count the total number of children who attended at least one day during the claim month and record that number above.

Florida Department of Health  
Child Care Food Program

**Collection Procedures for  
Pricing Programs**

**Check one of the four methods of collecting meal payments below:**

**Methods 1-3:**

Meal payments are collected in the child care facility office. Families can make payments on a daily, weekly or monthly basis. The child care facility director records payments and knows which participants qualify for free or reduced-price meals. The director or teacher-supervisor distributes identical tickets labeled only with participant's names in the classroom or learning areas. Since payments are made on an individual basis, the identification of those receiving free, reduced-price or full-price meals can be protected.

- 1. Daily collection at a designated time and place
- 2. Weekly collection at a designated time and place
- 3. Monthly collection at a designated time and place

**Method 4:**

Families pay in advance by the month. Payments are made to the child care facility office. Each teacher receives a list of those participants who have paid. Those children who receive free or reduced-price meals are marked paid, so no one but the day care facility director knows which children receive free or reduced-price meals. Teachers keep daily records of each child served. A billing statement is provided to families for any amount owed.

- 4. Billing Statement to families

**For all methods of collection:**

Meal payments are collected outside of the meal period, in a manner that will prevent overt identification of participants receiving free or reduced-price meals.