

## ILLINOIS STATE BOARD OF EDUCATION

## Annual Enrollment Form

## Child and Adult Care Food Program

This form is required for Child Care Centers, Pre-K, Head Start, Even Start, and Licensed Outside School Hours Programs.

This form is NOT required for At-Risk After-School, License-exempt Outside School Hours, or Emergency Shelters.

**Parents/Centers:** This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents or guardians to complete or review a CACFP Annual Enrollment Form when enrolling their child(ren) and every year thereafter. This information will help ensure all children receive appropriate meals during their care. The parent or center may complete Sections 1 through 4. The parent must review to ensure accuracy; then complete Section 5, sign and date Section 6. Section 5: this section is optional. CACFP sponsors must ensure households are made aware that failure to provide racial or ethnic identity information will not impact their eligibility. However USDA strongly encourages CACFP sponsors to explain the importance of this data to parents/guardians to complete this section. The center will review completed enrollment form.

1	FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	2	DAYS OF WEEK IN ATTENDANCE	3	TIMES CHILD NORMALLY ATTENDS DURING WEEK	4	MEALS RECEIVED																					
<b>First Child</b>	Name  Birth Date  Age	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<table border="1"> <thead> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <th>AM</th> <th>PM</th> <th>TIME</th> <th>AM</th> <th>PM</th> <th>TIME</th> <th>Leaves Center</th> <th>Returns To Center</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours	TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL		AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center									<input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack
TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL																						
AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center																					
<b>Second Child</b>	Name  Birth Date  Age	<input type="checkbox"/> Same Days as Above <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Same Times as Child Above <table border="1"> <thead> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <th>AM</th> <th>PM</th> <th>TIME</th> <th>AM</th> <th>PM</th> <th>TIME</th> <th>Leaves Center</th> <th>Returns To Center</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours	TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL		AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center									<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack
TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL																						
AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center																					
<b>Third Child</b>	Name  Birth Date  Age	<input type="checkbox"/> Same Days as Above <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Same Times as Child Above <table border="1"> <thead> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <th>AM</th> <th>PM</th> <th>TIME</th> <th>AM</th> <th>PM</th> <th>TIME</th> <th>Leaves Center</th> <th>Returns To Center</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours	TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL		AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center									<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack
TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL																						
AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center																					

Please answer both questions. This information is voluntary.

<b>5</b> ETHNIC/RACIAL CATEGORIES—	A. Ethnic data of child(ren) — Mark only one.	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
	B. Racial data of child(ren) — Mark one or more that apply.	<input type="checkbox"/> Asian <input type="checkbox"/> White	<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

<b>6</b> SIGNATURE	I certify the information above is correct.	Signature of Parent or Guardian	Date	Telephone Number of Parent or Guardian
--------------------	---	---------------------------------	------	--

## CHILD CARE REPRESENTATIVE USE ONLY

Effective Date of this enrollment form: \_\_\_\_\_

The effective date may be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month in which this form is received.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

**HOUSEHOLD ELIGIBILITY APPLICATION FOR CHILD CARE CENTERS  
CHILD AND ADULT CARE FOOD PROGRAM**

1. All Household Members		2.		3.	
<b>NAMES OF ALL HOUSEHOLD MEMBERS</b> <small>First, Middle Initial, Last</small>	<small>Ages of Children at Center</small>	<b>FOSTER CHILD</b> <small>Foster children are a legal responsibility of DCFS or court. If all are foster children, skip to Section 6</small>		<b>SNAP OR TANF CASE NUMBER</b> <small>Skip to Part 6 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below.</small>	
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

**4. Homeless, Migrant, or Runaway**

☐ Homeless   ☐ Migrant   ☐ Runaway   ☐ Head Start

\_\_\_\_\_  
Signature of Homeless Liason, Migrant Coordinator, or Head Start Director      \_\_\_\_\_  
Date

**5. Total Household Gross Income (before deductions) You must tell us how much and how often.**

NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	Earnings From Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

**6. Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Section 5 is completed or if zero income is listed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.

X X X - X X - \_\_\_\_\_  
Social Security Number

☐ I do not have a Social Security Number.

I certify all information on this application is true and all income is reported. I understand the center will get federal funds based on the information I give. I understand the institution, Illinois State Board of Education, or Office of Inspector General, may verify this information on the application. Deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

\_\_\_\_\_  
Date      \_\_\_\_\_  
Printed Name of Adult Household Member      \_\_\_\_\_  
Signature of Adult Household Member

**7. Contact Information (Optional)**

\_\_\_\_\_  
Work Telephone Number (Include Area Code)      \_\_\_\_\_  
Home Telephone Number (Include Area Code)      \_\_\_\_\_  
Home Address (Number, Street, City, State, ZIP Code)

**8. Children's Racial and Ethnic Identities (Optional)**

<small>Mark one ethnic identity:</small> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<small>Mark one or more racial identities:</small> <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
--	---

**9. Optional – Sharing Information With All Kids Insurance Program**

May we share your information on this application with the *All Kids Insurance Program*, the complete health insurance program for every child in Illinois? If **yes**, do not sign below.

☐ No, I do not want my information from this application shared with the *All Kids Insurance Program*.

Date: \_\_\_\_\_ Sign here: \_\_\_\_\_

<b>CHILD CARE REPRESENTATIVE USE ONLY</b> <i>Eligibility Determination - Complete Sections A and B Below</i>							
<b>SECTION A</b>	<b>Annual Income Conversion</b> <b>Weekly X 52</b> <b>Every 2 Weeks X 26</b> <b>Twice a Month X 24</b> <b>Once a Month X 12</b> <small>Convert income only if different frequencies of pay are reported.</small>						
<b>TOTAL INCOME \$</b> _____ <b>Per:</b> <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Month <input type="checkbox"/> Year <b>NUMBER IN HOUSEHOLD:</b> _____							
<table style="width: 100%;"><tr><td style="width: 33%; vertical-align: top;"><input type="checkbox"/> <b>Free based on:</b> <input type="checkbox"/> foster child <input type="checkbox"/> SNAP or TANF <input type="checkbox"/> homeless</td><td style="width: 33%; vertical-align: top;"><input type="checkbox"/> <b>Reduced based on:</b> <input type="checkbox"/> household's income</td><td style="width: 33%; vertical-align: top;"><input type="checkbox"/> <b>Denied — Reason:</b> <input type="checkbox"/> income too high <input type="checkbox"/> incomplete application <input type="checkbox"/> Non-qualifying SNAP/TANF</td></tr><tr><td style="vertical-align: top;"><input type="checkbox"/> migrant <input type="checkbox"/> runaway <input type="checkbox"/> household's income <input type="checkbox"/> Head Start</td><td></td><td></td></tr></table>		<input type="checkbox"/> <b>Free based on:</b> <input type="checkbox"/> foster child <input type="checkbox"/> SNAP or TANF <input type="checkbox"/> homeless	<input type="checkbox"/> <b>Reduced based on:</b> <input type="checkbox"/> household's income	<input type="checkbox"/> <b>Denied — Reason:</b> <input type="checkbox"/> income too high <input type="checkbox"/> incomplete application <input type="checkbox"/> Non-qualifying SNAP/TANF	<input type="checkbox"/> migrant <input type="checkbox"/> runaway <input type="checkbox"/> household's income <input type="checkbox"/> Head Start		
<input type="checkbox"/> <b>Free based on:</b> <input type="checkbox"/> foster child <input type="checkbox"/> SNAP or TANF <input type="checkbox"/> homeless	<input type="checkbox"/> <b>Reduced based on:</b> <input type="checkbox"/> household's income	<input type="checkbox"/> <b>Denied — Reason:</b> <input type="checkbox"/> income too high <input type="checkbox"/> incomplete application <input type="checkbox"/> Non-qualifying SNAP/TANF					
<input type="checkbox"/> migrant <input type="checkbox"/> runaway <input type="checkbox"/> household's income <input type="checkbox"/> Head Start							
<b>SECTION B</b>	<b>Signature of Determining Official:</b> _____ <b>Date:</b> _____						

## INSTRUCTIONS FOR APPLYING - COMPLETE ONE APPLICATION PER HOUSEHOLD

Follow These Instructions and Return the Completed form to your Center. Once approved for meal benefits, a child's Household Eligibility Application is effective for 12 months.

---

### FOSTER CHILD(REN)

---

A foster child remains the legal responsibility of the state through a foster care agency or the court. If you submit documentation from the state or local agency that the child is in foster care, that documentation replaces completing a Household Eligibility Application.

- 1) If all children in your household (who attend this center) are foster children that are the legal responsibility of a foster care agency or court, provide the following:
  - Part 1 — List the name(s) and age(s) of your foster child(ren) attending this center.
  - Part 2 — Check the box(es) indicating a foster child(ren).
  - Part 3 — 5 Skip
  - Part 6 — Provide a signature of an adult household member and date the application.
  - Parts 7-9 — (OPTIONAL)
- 2) If you have some foster children that are the legal responsibility of a foster care agency or court along with other children attending this center, please provide the following:
  - Part 1 — List ALL household members, including the foster child(ren), and the age(s) of the child(ren) attending the center.
  - Part 2 — Check the box(es) identifying the foster child(ren).
  - Part 3 — Record a valid SNAP/TANF case number if applicable
  - Part 4 — Skip
  - Complete Parts 5 and 6 if applicable. See the instructions for **INCOME-HOUSEHOLDS REPORTING** section.
  - Parts 7-9 — (OPTIONAL)

---

### SNAP OR TANF BENEFITS - HOUSEHOLDS RECEIVING

---

If any member (child or adult) of your household receives SNAP or TANF benefits, provide the following:

- Part 1 — List ALL people in your household (including grandparents, other relatives, or friends who live with you) and the age(s) of the child(ren) attending the center.
- Part 2 — Skip
- Part 3 — Record a valid SNAP or TANF case number for any member (child or adult) of this household. You will find your SNAP or TANF case number on your letter of eligibility for benefits.
- Part 4 — 5 Skip
- Part 6 — Provide a signature of an adult household member and date the application.
- Parts 7-9 — (OPTIONAL)

---

### HOMELESS, MIGRANT, RUNAWAY, OR HEAD START

---

If no one in your household receives SNAP or TANF benefits and if any child is homeless, a migrant, a runaway, or head start, follow these instructions.

- Part 1 — List ALL household members, and the age(s) of the child(ren) attending the center.
- Part 2 — 3 Skip
- Part 4 — If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your local school.
- Part 5 — Complete only if a child in your household isn't eligible under Part 4. See instructions for **INCOME - HOUSEHOLDS REPORTING** section below and complete Parts 5 and 6.
- Part 6 — Provide a signature of an adult household member and date the application.
- Parts 7-9 — (OPTIONAL)

---

### INCOME - HOUSEHOLDS REPORTING

---

If no one in your household receives SNAP or TANF benefits, please report all household income. The Household Eligibility Application must include the following information:

- Part 1 — List the names of ALL household members and the age(s) of the child(ren) attending the child care center.
- Part 2 — 4 Skip
- Part 5 — List total gross income (before deductions), not take-home pay; and the frequency, how often the money is received, for each household member for last month. If the income last month was not the usual amount you normally receive, you may provide a projected amount that better represents your gross income.
  - o For ONLY the self-employed, list income after expenses. This is for your business, farm, or rental property.
  - o If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
  - o If you have no income, list zero in the earnings from work column.
- Part 6 — Provide a signature of an adult household member and date the application. Also, provide the last four digits of the Social Security Number for the adult signing the application. If you refuse to provide the last four digits of the social security number, the application cannot be approved. If the adult does not have a Social Security Number, mark the box, I do not have a Social Security Number.
- Parts 7-9 — (OPTIONAL)

---

### PRIVACY AND DISCRIMINATION STATEMENT

---

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the Child and Adult Care Food Program. 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 look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint%20Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or 2. fax: (833) 256-1665 or (202) 690-7442; or, 3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)