



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES (MDHSS)  
 COMMUNITY FOOD AND NUTRITION ASSISTANCE – CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
**CACFP ENROLLMENT FORM FOR CHILD CARE CENTERS**

**NOTE: DEPARTMENT OF HEALTH AND SENIOR SERVICES OFFICIALS OR A SPONSORING ORGANIZATION REPRESENTATIVE MAY CONTACT YOU TO VERIFY INFORMATION.**

CHILD'S FULL NAME		DATE OF BIRTH	
PARENT OR GUARDIAN NAME		STREET ADDRESS	
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER ( )
NAME OF CHILD CARE CENTER			PHONE NUMBER ( )
CENTER CONTACT PERSON'S NAME		CHILD'S DATE OF ENROLLMENT (FIRST DATE ATTENDING THIS CENTER)	

IN THIS COLUMN, CHECK THE DAYS YOUR CHILD USUALLY ATTENDS DAY CARE	WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY?		WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY?		WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION.
	CIRCLE AM OR PM	CIRCLE AM OR PM	CIRCLE AM OR PM	CIRCLE AM OR PM	
MON	AM PM	AM PM	AM PM	AM PM	
TUES	AM PM	AM PM	AM PM	AM PM	
WED	AM PM	AM PM	AM PM	AM PM	
THURS	AM PM	AM PM	AM PM	AM PM	
FRI	AM PM	AM PM	AM PM	AM PM	
SAT	AM PM	AM PM	AM PM	AM PM	
SUN	AM PM	AM PM	AM PM	AM PM	

**CHECK WHEN YOUR CHILD IS IN CARE AT THIS CENTER**

<input type="checkbox"/> FULL DAY CARE	<input type="checkbox"/> BEFORE SCHOOL CARE	<input type="checkbox"/> EVENING CARE
<input type="checkbox"/> HALF DAY – MORNING	<input type="checkbox"/> AFTER SCHOOL CARE	<input type="checkbox"/> OVERNIGHT CARE
<input type="checkbox"/> HALF DAY – AFTERNOON	<input type="checkbox"/> BEFORE AND AFTER SCHOOL CARE	

**CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS CENTER**

<input type="checkbox"/> BREAKFAST	<input type="checkbox"/> LUNCH	<input type="checkbox"/> SUPPER
<input type="checkbox"/> MORNING SNACK	<input type="checkbox"/> AFTERNOON SNACK	<input type="checkbox"/> EVENING SNACK

**CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS CENTER**

<input type="checkbox"/> NEW YEARS DAY (JANUARY 1)	<input type="checkbox"/> INDEPENDENCE DAY (JULY 4)
<input type="checkbox"/> MARTIN LUTHER KING'S BIRTHDAY (JANUARY)	<input type="checkbox"/> LABOR DAY (SEPTEMBER)
<input type="checkbox"/> PRESIDENT'S DAY (FEBRUARY)	<input type="checkbox"/> THANKSGIVING DAY (NOVEMBER)
<input type="checkbox"/> MEMORIAL DAY (MAY)	<input type="checkbox"/> CHRISTMAS DAY (DECEMBER 25)

SIGNATURE OF PARENT OR GUARDIAN	DATE
---------------------------------	------

ANNUAL UPDATES: THE PARENT OR GUARDIAN SIGNING THIS FORM CERTIFIES THAT THE ENROLLMENT INFORMATION IS CORRECT. IF INFORMATION HAS CHANGED, THE PARENT OR GUARDIAN HAS WRITTEN THE APPROPRIATE CHANGES ON THE FORM AND INITIALED THE CHANGE. IF THERE ARE MANY CHANGES, PLEASE COMPLETE A NEW FORM.

FIRST ANNUAL UPDATE	PARENT SIGNATURE	DATE
SECOND ANNUAL UPDATE	PARENT SIGNATURE	DATE
THIRD ANNUAL UPDATE	PARENT SIGNATURE	DATE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS**

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

**PART 1 CHILDREN ENROLLED AT THE CHILD CARE CENTER**

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number for all of the children listed in Part 1.

NAME (first and last)	FOSTER CHILD	BIRTH DATE	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

**PART 2 HOUSEHOLD AND INCOME INFORMATION**

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE)	YEARLY	MONTHLY	2 X A MONTH	EVERY 2 WEEKS	WEEKLY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

**PART 3 RACIAL ETHNIC INFORMATION (You are not required to answer this section)**

Are you of Hispanic or Latino origin?  YES  NO

What is your race? (Select one or more)

AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART 4 SIGNATURE**

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY)	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

**FOR CENTER USE ONLY**

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):	SNAP (Food Stamp)	TEMPORARY ASSISTANCE
		YEAR MONTH 2 X A MONTH EVERY 2 WEEKS WEEKLY	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Eligibility Determination:  Free  Reduced  Paid

SIGNATURE OF CENTER REPRESENTATIVE	DATE
------------------------------------	------