

**HOUSEHOLD SIZE—INCOME STATEMENT**

Child and Adult Care Food Program

An adult household member must complete this form and return it to the center.

First and Last Name(s) of Enrolled Child(ren)	Center <b>Spirit Life Creative Christ. CC</b>
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**PART 1: BENEFITS**

If any member of your household currently receives FoodShare Wisconsin, Wisconsin Works Cash Benefits, and/or FDPIR (Food Distribution Program on Indian Reservations), check the box for the benefit currently received and provide the case number. Complete PART 3 and return it to the center's office. Do not complete PART 2. If no one receives these benefits, go to PART 2.

- FoodShare Wisconsin (10 or 16 digit #)     Wisconsin Works Cash Benefits (10 digit #)     FDPIR (9 digit #)

Case Number/Quest Card Number: \_\_\_\_\_

**PART 2: TOTAL HOUSEHOLD SIZE AND INCOME**

- 1) List full names and ages of all household members, including yourself and all children.
- 2) List all gross income (before deductions or taxes, social security, etc) on the same line as the person who receives it. Self-employed household members should report net income. Check the box for how often it is received. Record each income only once.  
If you provided a case number in Part 1, you do not need to complete this part (Part 2).

1) List full names of all household members below		DOB	Check if Foster Child	2) List gross income and how often it is received												Check if no income		
				Gross income from work	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Welfare Payments, Child Support, and/or Alimony	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually		Pensions, Retirement, Social Security, SSI, VA benefits	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /	<input type="checkbox"/>		
			<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /	<input type="checkbox"/>		
			<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /	<input type="checkbox"/>		
			<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /	<input type="checkbox"/>		
			<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /	<input type="checkbox"/>		
			<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /	<input type="checkbox"/>		

**PART 3: ALL HOUSEHOLDS**

**ETHNICITY AND RACE DATA COLLECTION – Completion is optional**

This center is required by Federal law to ask the following two questions concerning ethnicity and race. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. Please answer both questions.

IS YOUR CHILD(REN) HISPANIC OR LATINO?  Yes, Hispanic or Latino     No, neither Hispanic nor Latino

SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO YOUR CHILD(REN):

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

**ADULT HOUSEHOLD MEMBER SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SS#)**

If Part 2 is completed, the adult signing the form must list the last four digits of his/her SS# or check "None" if you do not have a SS#.

I CERTIFY that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on this form; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Adult Household Member	Signature Date Mo./Day/Yr.	Last 4 digits of SS# (or check "None" if you do not have a SS#) ***-**-____ <input type="checkbox"/> None
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**FOR CENTER USE ONLY – All 3 sections and the Effective Month of Determination must be completed**

Section 1: Basis of Determining Eligibility (A or B)	Section 2: Eligibility Determination	Section 3: Determining Official's Initials & Approval Date
<p><b>A. Household Size &amp; Income</b></p> <p>Total Household Size _____</p> <p>* Total Income \$ _____ / _____ <small>(\$ Amount) (Time Period)</small></p>	<p><input type="checkbox"/> Free</p> <p><input type="checkbox"/> Reduced</p> <p><input type="checkbox"/> Non-Needy</p>	<p>_____</p> <p><b>**Effective Month of Determination</b></p> <p>_____</p> <p style="text-align: center;"><small>Month/Year</small></p>
<p><b>B. Benefits/Foster</b></p> <p><input type="checkbox"/> FoodShare WI</p> <p><input type="checkbox"/> W-2 Cash Benefits</p> <p><input type="checkbox"/> FDPIR</p> <p><input type="checkbox"/> Foster Child(ren)</p>		

\*Use the following conversion factors to determine yearly income only when multiple pay frequencies are reported:

Weekly income x 52 = Yearly income; Every 2 weeks income x 26 = Yearly income; Twice a month income x 24 = Yearly income; Monthly income x 12 = Yearly income.

\*\*This form expires one year from the **Effective Month of Determination**.



Wisconsin Department of Public Instruction  
**CACFP CHILD PARTICIPATION FORM**  
 PI-6077-A (Rev. 02-14)

**Parent/Guardian Instructions:**

Complete a separate form for each enrolled child. In the spaces below, fill in all information requested. For the days and hours normally in care, if the child is school age, report the hours in care both before and after school. If your schedule fluctuates, please explain in the "Additional Information" section. If you are uncertain what meals your child will participate in, consult with your child care center. CACFP regulations require that each child's enrollment information be updated annually.

Child Care Center Name <b>Spirit Life Creative Christian Center</b>	Child's Name	Child's Date of Birth <i>Mo./Day/Yr.</i>
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**HOURS AND MEALS WHILE IN CARE**

Days Normally in Care <i>Check all that apply</i>	Hours Normally in Care				Meals Normally Received While in Care <i>Check all that apply.</i>					
	From	To	From	To	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
<input type="checkbox"/> Sunday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Monday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tuesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wednesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thursday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Friday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Saturday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information if Your Child's Schedule Varies

**INFANT MEAL NOTIFICATION**

*To be completed for children under 12 months*  
 Refer to back of form for CACFP Meal Pattern Information

Use of Formula

I accept     I decline

The child care center offers GOOD START GENTLE iron fortified infant formula.  
*(Center must write in the name of formula offered)*

I understand the child care center will supply infant cereal and other foods for infants 4 months and older as they are developmentally ready according to the CACFP requirements. Infant foods include fruits/vegetables, meat/meat alternates, enriched bread or snack crackers, and 100 percent full strength juice that are creditable to the USDA Infant Meal Pattern. Parents may prefer to supply their own formula, cereal, and/or developmentally appropriate foods compliant with CACFP requirements.

Infant Food/Cereal Options

- I prefer to have the center supply infant cereal and infant foods for my child when developmentally appropriate.
- I will supply infant cereal and infant foods for my child when appropriate.

Breastfeeding Options *Check one if appropriate*

- I will supply breast milk and have the center supplement formula if necessary.
- I will supply breast milk and/or formula.

**SPECIAL DIETARY NEEDS**

Does Your Child Have a Special Dietary Need(s) That Differs From the Meal Pattern Requirements?     No     Yes

If yes, you must provide documentation to the center that has been completed by your child's health care provider detailing what food(s) to omit and food(s) to serve as a substitute; the exception to this rule is for nondairy milk substitutes (i.e., soy milk) that are nutritionally equivalent to milk, which only require a written statement from you. Consult with your child care center for approved milk substitutes. The center is not required to supply the substitution(s).

If your child's special dietary need(s) is the result of a disability, you must provide documentation to the center that has been completed by your child's licensed physician detailing your child's disability, an explanation of why the disability restricts your child's diet, the major life activity affected by the disability, and the food(s) to omit and food(s) to serve as a substitute. The center must offer to supply the substitution(s) if your child's special dietary need is the result of a disability.

**ETHNIC AND RACIAL DATA INFORMATION—OPTIONAL**

Ethnicity <i>Check one</i>		Race <i>Check all that apply</i>				
Hispanic/Latino	Not Hispanic/Latino	American Indian/ Alaska Native	Asian	Black/African American	Native Hawaiian/Other Pacific Islander	White
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian	Original Completion Date <i>Mo./Day/Yr.</i>	2 <sup>nd</sup> Year Update Initials <i>Mo./Day/Yr.</i>	3 <sup>rd</sup> Year Update Initials <i>Mo./Day/Yr.</i>
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# ***Building For the Future***

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

**Meals** CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups: )
Milk Fruit or Vegetable Grains or Bread	Milk Meat or meat alternate Grains or bread Two different servings of fruits or vegetables	Milk Meat or meat alternate Grains or bread Fruit or vegetable

## **Participating Facilities**

Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

## **Eligibility**

- State agencies reimburse facilities that offer non-residential day care to the following children:
- children age 12 and under,
  - migrant children age 15 and younger, and
  - youths through age 18 in afterschool care programs in needy areas.

## **Contact Information**

If you have questions about CACFP, please contact one of the following:

Earl Guyton, Food Service Manager  
Social Development Commission  
Food Service Program  
6850 North Teutonia Ave.  
Milwaukee, WI 53209  
414-963-2684

Amanda Kane, RD,CD, Director  
Community Nutrition Programs  
Wisconsin Department of Public Instruction  
P.O. Box 7841  
Madison, WI. 53707-7841  
608-267-9129



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