

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES (CACFP) -- CHILD ELIGIBILITY/ENROLLMENT FORM

1. FACILITY/INSTITUTION NAME: THE LEARNING TREE ENRICHMENT ACADEMY AGREEMENT NUMBER: 9461

2. Dear Parent/Guardian: This center received funding from the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP need proof of enrollment for all children. Please complete the information below for each child in your family that is enrolled at this center. **Be sure to sign and date in the appropriate space below.** Thank you!

Child's First Name	Child's Last Name	DOB	Typical Hours Hours of Care	Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)
			___ to ___	M T W Th F Sat Sun	B AM L PM S LPM
			___ to ___	M T W Th F Sat Sun	B AM L PM S LPM
			___ to ___	M T W Th F Sat Sun	B AM L PM S LPM

3. If a child is a member of a SNAP, FDPIR household or TANF recipient, please give the case number. **SNAP#** _____
TANF# _____; **FDPIR#** _____. **If you have provided a case number, please go to Step 5.**

Is this a **Head Start Participant**? Is this a **Foster Child**?

Is this a **Homeless child or a child evacuated** from Japan or Bahrain? ____ Yes ____ No Certification from the agency that assisted with the evacuation or is providing shelter is required.

4. **HOUSEHOLD MONTHLY INCOME:** List ALL others living in your household. DO NOT include participant(s) listed above. List all gross income (before taxes/deductions) received last month.

Names of ALL other Household Members	Monthly Wages	Monthly Social Security Earnings	Monthly Public Assistance Child Support Earnings	Monthly Retirement Pension Earnings	Monthly Other Earnings
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

5. **ETHNIC IDENTITY: CHECK ONE** Hispanic or Latino Not Hispanic or Latino **RACIAL IDENTITY:** (Check one or more)
 American Indian or Alaskan Native Asian Black or African-American White Native Hawaiian or other Pacific Islander

6. **SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:** I certify that all of the above information is true and correct; that the application is being made in connection with the receipt of federal funds, that Program officials may verify the information on the application; and that deliberate misrepresentation of any of the information on the application may subject me to prosecution under applicable State and Federal criminal statutes.

Signature of Adult Household Member (Required) **Date** **Last Four Digits of Social Security Number** Check if no SSN

Printed Name **Home Telephone** **Work Telephone**

Address **City** **Zip Code**
The Richard B. Russell National School 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 last four digits of 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) or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other FDFIR identifier 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 and for administration and enforcement of the Program.

For Institution to be classified and completed by institution/sponsor
TOTAL HOUSEHOLD SIZE _____ **TOTAL HOUSEHOLD MONTHLY INCOME \$** _____

Approved: Free Reduced Denied
Reason for denial: Income too high Incomplete application Other: _____
Withdrew on (Date): _____

Signature of Eligibility Official (Individual at the Institution Level) – REQUIRED **Date-Required**

For State use only:
Verified by: _____ **Date:** ____/____/____
Verified classification:
 Free Reduced Denied
Reason for classification change: _____