

REMOVE THIS SENTENCE AND PLACE ON YOUR LETTERHEAD.

Dear Participant or Guardian:

The Child and Adult Care Food Program (CACFP) makes good food a regular part of your adult care experience! Please fill out the *Enrollment Form/Income Eligibility Statement*. It helps us find out if your household qualifies for free or reduced-price meals. This lets us know how much money CACFP will give to support your adult day care center.

Instructions

Here are instructions to help you complete the *Enrollment Form/Income Eligibility Statement*. Before you begin, turn the form over to learn why we ask for this information. It tells you how we use the information and what rights you have. It also tells you how to contact USDA if you believe you are treated unfairly.

Please make sure to fill out all of the requested information. When you are finished, please return the form to your adult day care provider.

Part 1: If more than one person in your household is enrolled at this center, you only need to complete **one (1)** form. Please provide all of the information requested in Part 1, including the full name (as it appears on other records) of each person in your household who is enrolled at this center and each enrolled person's date of birth. In addition, even if you do not complete Part 2 or 3, you must still print and sign your name in Part 4 and provide your home address and telephone number.

Part 2: If someone in your household receives benefits from Medicaid, Supplement Security Income (SSI), or the Supplemental Nutrition Assistance Program (SNAP - formerly known as Food Stamps), complete Part 2. Write the name of the benefit recipient's name, circle the type of benefit received, and **provide the case number or identification number**. Additionally, you must complete Part 4 on the front of the form. You do **not** need to provide the last four digits of your social security number.

Part 3: Report current income for all household members. Skip this step if you completed Part 2.

If the information above is not reported, the *Enrollment Form/Income Eligibility Statement* must contain the following information in Part 3: the names of **all** household members (including the enrolled participant), the total gross income currently received by each household member; the signature of the adult participant or guardian who is completing the form, and the date the form was completed. In addition, the primary wage earner or person who signs this form must provide **the last four (4) digits of their social security number**.

USDA defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e., sharing living expenses). This would include the adult participant, his or her spouse, and/or any other individuals living with the participant who share income and expenses or depend on the participant for financial support. A functionally impaired adult living with his or her parent(s) is considered a separate household from the parent(s). Part 3 of this application must include all members of your household.

You must report the total gross income (before taxes or deductions), listed by source, that each member of your household received during the **last month**. If you usually receive overtime pay, include it. If your hours or wages were recently reduced, report your current income. For each income amount reported, specify how often that income was received weekly, every two weeks (biweekly), twice a month (semimonthly), or once a month (monthly). If last month's income does not accurately reflect your circumstances, you may provide your usual income (with frequency) or a projection of your current annual income (specify "annual" for the frequency). You may use last year's income as a basis for making the projection if no significant changes have occurred. If so, please specify "annual" for the frequency.

If a member of your household serves in the military, you do **not** need to report money received as part of the Military Housing Privatization Initiative, Family Subsistence Supplemental Allowance, Combat Pay, or Deployment Extension Incentive Pay (DEIP). If a household member is currently deployed, report only the portion of the deployed service member's income made available to them or the household. You must include all other income and allowances when reporting gross income.

If your household's total gross income is equal to or less than the amount indicated for your household's size on the chart below, the center receives a higher level of federal reimbursement. Once this form is completed, the eligibility determination will be valid for 12 months. However, you should notify us if you or any other household member becomes unemployed and experiences loss of income. This period of unemployment may result in your household's income qualifying for a different eligibility category.

Part 4: An adult household member must sign this form. The signer promises that all information is true and complete. Print the name, address, and telephone or email of the adult signer. Sign and write today's date in the marked boxes.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

In conjunction, the District of Columbia Human Rights Act, approved December 13, 1977 (DC Law 2-38; DC Official Code §2-1402.11(2006), as amended) prohibits discrimination on the basis of marital status, personal appearance, sexual orientation, gender identity or expression, family responsibilities, familial status, source of income, place of residence or business, genetic information, matriculation, or political affiliation of any individual. Additional protected traits can be found at <https://ohr.dc.gov/protectedtraits>. To file a complaint alleging discrimination on one of these bases, please contact the District of Columbia's Office of Human Rights at (202) 727-4559 or <https://ohr.dc.gov/service/file-complaint>. If you require information about this program, activity, or facility in a language other than English, contact the District of Columbia Office of Human Right's Language Access Program at (202) 727-4559.

Thank you for your cooperation.

Signature of Authorized Institution Representative