Return this completed form to: (Little Treasures, 3525 Elizabeth Lake Road, Suite C, Waterford, MI 48328 & 248-270-5158)

Household Income Eligibility Statement - Child Care Institutions

					P, or FDPIR, provide																		
											Mulliber												
Part 2 - Household Information						How Often? (x)					How Often? (x)					How Often? (x)							
First and Last Names of All Household Members, Related and Unrelated	Enrolled for Child Care (x)	Age	Birth Date	Foster Child (x)	Amount of Earnings from Work (before deductions)	A n n u a l l v	M o n t h I	2 M o n t h	B W e k I V	e k	Amount of W Child Suppo Alimon	rt, or	A n n u a l l v	M o n t h I y	2 x M o n t	BW EW ek el ky	Amount of All Other Income (Indicate	A n n u a l l y	t h I y	2 M o n t h	B I W e k I	e e k l y	Mark if No Income (x)
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Part 3 – All Households: Si I certify that all information on give. I understand that CACFP and I may be prosecuted.	this form i officials m	is true a ay verif	ind that all y the info	income mation.	is reported. I unders I understand that if I	tand I pui	tha pos	at tl ely	ne c give	ent e fa	ter or day ca alse informat	re hom ion, the	ie w e pa	vill r	ecei ipan	e fe t rec	deral funds based or eiving meals may los						
Signature:					_ Print Name:												Date:						_
Last four dig	its of Socia	l Securi	ty Numbe	r: XX	X-XX	_					I do	not hav	/e a	So	cial s	Secu	rity Number						
For Institution Use Only:																							
•					For Inst	titut	ion (Use	On	ly													
Total Household Members: Total Income: \$			Mor	nnually Bi-Weekly onthly Weekly x Month				APPROVED CATEGORY Categorical Eligibility (A/Free): Foster FIP FAP FDPIR Other Household Children: A (Free) B (Reduced) C (Paid)							id)								
Institution Official Signature: Approval Dat										u)													

This form is valid for 12 months from the date of institution signature. Approval date and institution signature are required.

Return this completed form to: (Little Treasures, 3525 Elizabeth, Lake Road, Suite C, Waterford, MI 48327, 248-270-5158)

Participant Enrollment Form

Instructions:

- 1. List full name of participant enrolled in care
- 2. Circle the typical days each participant is in care
- 3. List times each participant is in care
- 4. Circle the meals and snacks each participant typically receives while in care
- 5. Select the ethnicity of each participant using the following codes: H = Hispanic or Latino, N = Not Hispanic or Latino*
- 6. Select one or more racial designations of each participant using the following codes: A/I = American Indian or Alaskan Native, A = Asian, B = Black or African American, H/PI = Native Hawaiian or Pacific Islander, W = White*
- 7. Sign and date the form and return to your care center

Participant's First and Last Name	Typical Days in Care (circle all that apply)	List Times in Care	Meals/Snacks Received (circle all that apply)	Ethnicity	Race
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		

This information is voluntary. This will assist us in assuring the Child and Addit C	are rood rrogram is administered in a nondiscriminatory manner.
Adult/Parent/Guardian's Address	Adult/Parent/Guardian's Phone Number
Signature of Adult/Parent/Guardian	Date Signed

* This information is voluntary. This will assist us in assuring the Child and Adult Care Food Program is administered in a pendiscriminatory manner

Non-Discrimination Statement

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. 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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may 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 complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) (http://www.ascr.usda.gov/complaint_filing_cust.html) online, 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: <u>program.intake@usda.gov</u>. This institution is an equal opportunity provider.