LifeSpan School & Day Care
Food Program
Enrollment Forms

LifeSpan
Day Care You Can Trust For Children.

2460 John Fries Highway  1651 N. Cedar Crest Blvd.  399 Washington St.
Quakertown, PA 18951    Allentown, PA 18104    East Greenville, PA 18041
Tohickon Valley School  Pfaff Elementary School  Richland Elementary School
Neidig Elementary School  Trumbauersville Elem. School   Quakertown Elementary School
ENROLLMENT FORM FOR CHILDREN IN CHILD CARE (SAMPLE)

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

PARENTS: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas to include signing and dating same.

<table>
<thead>
<tr>
<th>FULL NAME OF ENROLLED CHILD</th>
<th>DAYS OF WEEK IN ATTENDANCE</th>
<th>TIMES CHILD NORMALLY ATTENDS DURING WEEK</th>
<th>MEALS RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST CHILD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAME</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIRTH DATE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enrollment Date: Withdrawal Date:

<table>
<thead>
<tr>
<th>FULL NAME OF ENROLLED CHILD</th>
<th>DAYS OF WEEK IN ATTENDANCE</th>
<th>TIMES CHILD NORMALLY ATTENDS DURING WEEK</th>
<th>MEALS RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>SECOND CHILD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAME</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIRTH DATE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enrollment Date: Withdrawal Date:

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<th>TIMES CHILD NORMALLY ATTENDS DURING WEEK</th>
<th>MEALS RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>THIRD CHILD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAME</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>BIRTH DATE</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>AGE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enrollment Date: Withdrawal Date:

<table>
<thead>
<tr>
<th>FULL NAME OF ENROLLED CHILD</th>
<th>DAYS OF WEEK IN ATTENDANCE</th>
<th>TIMES CHILD NORMALLY ATTENDS DURING WEEK</th>
<th>MEALS RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOURTH CHILD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAME</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>BIRTH DATE</td>
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</tr>
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<td></td>
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<th>TIMES CHILD NORMALLY ATTENDS DURING WEEK</th>
<th>MEALS RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIFTH CHILD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAME</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIRTH DATE</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>AGE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enrollment Date: Withdrawal Date:

Signature ____________________________ Date ________________ Telephone Number of Parent or Guardian ____________________________

CHILD CARE REPRESENTATIVE USE ONLY: ____________________________ Date ________________

The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.
This portion of the form can be used to capture multi-year annual updates.

Annual Time Period Covered by Signature: _____________ to _____________
Signature Parent/Guardian _______________________________ Date _____________
Signature Center Administrator/Home Provider _______________________________ Date _____________

Annual Time Period Covered by Signature: _____________ to _____________
Signature Parent/Guardian _______________________________ Date _____________
Signature Center Administrator/Home Provider _______________________________ Date _____________

Annual Time Period Covered by Signature: _____________ to _____________
Signature Parent/Guardian _______________________________ Date _____________
Signature Center Administrator/Home Provider _______________________________ Date _____________

Annual Time Period Covered by Signature: _____________ to _____________
Signature Parent/Guardian _______________________________ Date _____________
Signature Center Administrator/Home Provider _______________________________ Date _____________

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.

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(1) mail: U.S. Department of Agriculture
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1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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CACFP Meal Benefit Income Eligibility Form Instructions

The Child and Adult Care Food Program (CACFP) makes good food a regular part of your child’s day care! Please fill out the CACFP Meal Benefit Income Eligibility form. 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 day care home or center.

Instructions

Here are instructions to help you fill out the form. 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 in all of the requested information. Use a pen to mark your answers on one form. When you are finished, please return the form to us at:

LIFESPAN- MAIN OFFICE.

Step 1:

List all the children from your household in the day care. Use one line for each child’s name. Write one letter in each box. Stop if you run out of space. If there are more children, add their names on a second piece of paper.

Do you have any foster children? If you answer Yes, mark the Foster Child box next to the child’s name. If you are only applying for foster children, finish Step 1 and go to Step 4. If you are applying for both foster and non-foster children, go to Step 2.

Are any children migrant, runaway, homeless, or enrolled in Head Start? If Yes, mark the correct boxes next to the child’s name and go to Step 4.

Step 2:

You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR).

Do any household members, including you, currently receive SNAP, TANF, or FDPIR? If Yes, write the case number in the box and go to Step 4. You only need to provide one case number. If No, go to Step 3.

Step 3:

Report current income for all household members. Skip this step if you answered Yes in Step 2.

How do you report child income? Turn the form over and use the Source of Income for Children chart to see if your household has income to report. Write the amount in the boxes in part A of the form. Mark how often the amount is earned. Write 0 in the box if there is no income to report.

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How do you report income of adult household members? Turn the form over and use the Source of Income for Adults chart to see if your household has income to report.

In part B, list all the adults in your household, including you, even if each of you doesn’t receive income. Include all adults, such as grandparents, other relatives, and friends who live with you and share household income and expenses. Write the amount of income each of you receives, in the boxes next to your names. Mark how often the amount is received. Write 0 in the box if there is no income to report.

Make sure you report the current amount of money you get before taxes. Don’t include SNAP, FDPIR, WIC, student financial aid, or money you receive for a foster child as income.

Count the number of all children and adults in your household. Include all infants, children, students, and adults. Write the total number in the box under the list of adult household members.

Do you or another adult household member have a Social Security number? Write the last four digits in the boxes. If there is no Social Security number, mark the Check if no SSN box.

Points to Remember:

<table>
<thead>
<tr>
<th>If:</th>
<th>Then:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your income isn’t always the same</td>
<td>List the amount of money that you normally get. For example, don’t include overtime pay, if you don’t normally get it. If your income is normally higher or lower, you can report annual income instead.</td>
</tr>
<tr>
<td>Your household includes members who aren’t citizens</td>
<td>You or your children don’t have to be U.S. citizens to qualify for meal benefits.</td>
</tr>
<tr>
<td>You are in the military</td>
<td>Don’t include your Family Subsistence Supplemental Allowance (FSSA), combat pay, or the money you receive for privatized housing. If deployed, count the amount of pay that is made available to your household as income.</td>
</tr>
</tbody>
</table>

Step 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.

Optional

We ask about your children’s ethnicity and race to make sure we do our best to serve our community. Providing this information is not required. You won’t be denied benefits based on your race, color, national origin, sex, age, or disability.
Children who get Child and Adult Care Food Program (CACFP) free or reduced-price meals may also qualify for low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP).

We may share your child's CACFP eligibility information with Medicaid or SCHIP, unless you tell us not to. Medicaid and SCHIP only use the information to find out if children are eligible for their programs. Their staff may contact you to offer to enroll your children in these health insurance programs.

If you do not want us to share your information with Medicaid or SCHIP, fill out this page. You should send this page with your CACFP Meal Benefit Income Eligibility form when you apply. Sending in this page will not change your child's eligibility for free or reduced-price meals.

☐ No! I do not want my child's CACFP eligibility information shared with Medicaid or SCHIP.

If you checked no, fill this out:

Child's Name: ________________________________

Child's Name: ________________________________

Child's Name: ________________________________

Child's Name: ________________________________

Child's Name: ________________________________

Today's Date: ________________________________

Print Your Name: ________________________________

Address: ________________________________

Signature of Parent or Guardian: ________________________________

If you have questions or need help, please contact Nicole Fetherman at 215-536-4417
nfetherman@lq.orgClick or tap here to enter text..

This institution is an equal opportunity provider.
June 24, 2019

Dear Parent or Guardian:

LifeSpan offers healthy meals and snacks to children as part of the Child and Adult Care Food Program (CACFP). LifeSpan receives support from CACFP to serve those meals. CACFP gives more support if your household income is less than or equal to the limits on this chart:

<table>
<thead>
<tr>
<th>Household size</th>
<th>Yearly Income</th>
<th>Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,107</td>
<td>$1,926</td>
</tr>
<tr>
<td>2</td>
<td>$31,284</td>
<td>$2,607</td>
</tr>
<tr>
<td>3</td>
<td>$39,461</td>
<td>$3,289</td>
</tr>
<tr>
<td>4</td>
<td>$47,638</td>
<td>$3,970</td>
</tr>
<tr>
<td>5</td>
<td>$55,815</td>
<td>$4,652</td>
</tr>
</tbody>
</table>

Please fill out a CACFP Meal Benefit Income Eligibility form. It will help us find out how much support LifeSpan receives. Please be sure to read the instructions carefully. Fill in all the information we request. We can only accept complete forms. Please send the completed form to:

LifeSpan 2460 John Fries Hwy. Quakertown, PA 18951 or nfetherman@lq.org.

Thank you for taking the time to fill out the form. We hope your child enjoys CACFP meals!

In the operation of child nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability. If you have questions or need help, please contact Nicole Fetherman at 215-536-4417 or nfetherman@lq.org.

Sincerely,

Nicole Fetherman

Nicole Fetherman
Executive Director

This institution is an equal opportunity provider.
**CACFP Meal Benefit Income Eligibility (Child Care)**

Complete one application per household. Please use a pen (not a pencil).

**STEP 1** List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

<table>
<thead>
<tr>
<th>Child's First Name</th>
<th>MI</th>
<th>Child's Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster Child</td>
<td>Migrant</td>
<td>Runaway</td>
</tr>
</tbody>
</table>

**Definition of Household Member:** “Anyone who is living with you and shares income and expenses, even if not related.”

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

**STEP 2** Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

**IF NO > Go to STEP 3**  **IF YES >** Write case number here and proceed to STEP 4 (do not complete STEP 3)

**CASE NUMBER:**

Write only one case number in this space.

**STEP 3** Report Income for ALL Household Members (Skip this step if you answered ‘Yes’ to STEP 2)

A. Child Income
   Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

<table>
<thead>
<tr>
<th>Child Income</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

B. All Adult Household Members (Including yourself)
   List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write ‘0’. If you enter ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report.

**STEP 4** Contact information and adult signature. **MAIL COMPLETED FORM TO YOUR SCHOOL AT:**

“I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.”

**Print Name of Adult Signing the Form**

**Signature of Adult**

**Today's Date**

**Address**

**City**

**State**

**Zip**

**Phone/Email**
### Source of Income for Children

<table>
<thead>
<tr>
<th>Sources of Child Income</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings from work</td>
<td>- A child has a regular full or part-time job where they earn a salary or wages</td>
</tr>
<tr>
<td>Social Security</td>
<td>- A child is blind or disabled and receives Social Security benefits</td>
</tr>
<tr>
<td>- Disability Payments</td>
<td>- A parent is disabled, retired, or deceased, and their child receives Social Security benefits</td>
</tr>
<tr>
<td>- Survivors Benefits</td>
<td></td>
</tr>
<tr>
<td>Income from person outside of household</td>
<td>- A friend or extended family member regularly gives a child spending money</td>
</tr>
<tr>
<td>Income from any other source</td>
<td>- A child receives regular income from a private pension fund, annuity, or trust</td>
</tr>
</tbody>
</table>

### Source of Income for Adults

<table>
<thead>
<tr>
<th>Earnings from Work</th>
<th>Public Assistance/Alimony/Child Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary, wages, cash bonuses</td>
<td>- Unemployment benefits</td>
</tr>
<tr>
<td>Net income from self-employment (farm or business)</td>
<td>- Workers compensation</td>
</tr>
<tr>
<td>If you are in the U.S. Military:</td>
<td>- Supplemental Security Income (SSI)</td>
</tr>
<tr>
<td>- Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</td>
<td>- Cash assistance from State or local government</td>
</tr>
<tr>
<td>- Allowances for off-base housing, food and clothing</td>
<td>- Alimony payments</td>
</tr>
<tr>
<td></td>
<td>- Child support payments</td>
</tr>
<tr>
<td></td>
<td>- Veterans benefits</td>
</tr>
<tr>
<td></td>
<td>- Strike benefits</td>
</tr>
</tbody>
</table>

### Optional: Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

**Ethnicity (check one):**
- [ ] Hispanic or Latino
- [ ] Not Hispanic or Latino

**Race (check one or more):**
- [ ] American Indian or Alaskan Native
- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give information, but if you do not, the funds for your child care center/provider may be impacted. 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 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) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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 the meal reimbursement for your child care center/provider. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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**MAIL:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

**FAX:** (202) 690-7442; or
**EMAIL:** program.intake@usda.gov
This institution is an equal opportunity provider.

*Only use this address if you are filing a complaint of discrimination.*

### Annual Income Conversion:
Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

<table>
<thead>
<tr>
<th>Total Income</th>
<th>Weekly</th>
<th>Bi-Weekly</th>
<th>Monthly</th>
<th>Bi-Monthly</th>
<th>Monthly</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Household size</th>
<th>Categorical Eligibility</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Determining Official's Signature</th>
<th>Date</th>
<th>Confirming Official's Signature</th>
<th>Date</th>
<th>Follow-up Official's Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
CACFP
INFANT MEALS – PARENT PREFERENCE LETTER

TO: Parents and Guardians of Infants under one year of age

FROM: Name of Center or Provider

LifeSpan

TOPIC: Who will provide food for your infant’s meals?

Due to participation on the Child and Adult Care Food Program (CACFP), all children enrolled at this child care center or family child care (FCC) home receive meals free of charge. The CACFP is a child nutrition program of the United States Department of Agriculture. Child care centers and family child care homes are reimbursed a meal rate to help with the cost of serving nutritious meals to enrolled children. These centers and FCC homes can be reimbursed daily for up to two meals and one snack served to each enrolled child, including infants. Emergency Shelters can be reimbursed for up to three meals. The meals must meet CACFP meal pattern requirements for children and infants.

To meet CACFP requirements, the center or FCC home is required to offer formula and other required infant food to all enrolled infants. The iron fortified infant formula we will provide for infants until they turn one year of age is:

Similac Sensitive

Center or provider to insert the NAME OF FORMULA that they will provide

A parent or guardian may decline the formula offered by the center or home and supply the infant’s formula themselves. However, when an infant turns one year of age, the center or FCC home will begin to provide milk and the other required food items to meet the meal pattern requirements for toddler age children.

To assist us in your infant formula and food preferences, please complete preferences below by checking one item each in the formula and solid food section.

PARENT OR GUARDIAN: PLEASE CHECK YOUR PREFERENCES FOR FORMULA AND FOOD

Formula or Breast Milk: (check one)

☐ I want the center or FCC home provider to provide formula for my infant

☐ I will bring iron fortified infant formula for my infant

Parent/Guardian: List Name of Formula You Will Provide

☐ I will bring expressed breast milk for my infant

☐ I will come to the center or FCC home to breast feed my infant

Solid Food: (check one)

☐ I want the center or FCC home to provide solid food for my infant when he/she is developmentally ready for it

☐ I will bring solid food for my infant when he/she is developmentally ready for it

*Note: If your feeding preferences change, the center or provider will ask you to complete a new form.

INFANT’S NAME: [ ]

INFANT’S BIRTHDATE: [ ]

PARENT/GUARDIAN SIGNATURE: [ ]

DATE: [ ]

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Rev. 12/2015
Children and Adults with Disabilities and Special Dietary Needs

Operators of the Child and Adult Care Food Program (CACFP) and Summer Food Service Program (SFSP) are required to make reasonable modifications to the service of Program meals or the meal service to accommodate children or adults (Program participants) with disabilities that restrict the diet.

1. Licensed Medical Authority’s Statement for Participants with Disabilities
U.S. Department of Agriculture (USDA) regulations at 7 CFR Part 15b require substitutions or modifications in Program meals for participants whose disabilities restrict their diets. Sponsors, centers, and day care homes must provide modifications for participants on a case-by-case basis when requests are supported by a written statement from a state licensed medical authority.

The third page of this document ("Medical Plan of Care for Child Nutrition Programs") may be used to obtain the required information from the licensed medical authority. For this purpose, a state licensed medical authority in Pennsylvania includes a:

- Physician,
- Physician assistant,
- Certified registered nurse practitioner, or
- Dentist.

The written medical statement must include:
- An explanation of how the participant’s physical or mental impairment restricts the diet;
- An explanation of what must be done to accommodate the participant; and
- The food or foods to be omitted and recommended alternatives, if appropriate.

2. Other Special Dietary Needs
Program operators may make food substitutions for individual participants who do not have a medical statement on file. Such determinations are made on a case-by-case basis and all accommodations must be made according to USDA’s meal pattern requirements. Program operators are encouraged, but not required, to have documentation on file when making menu modifications within the meal pattern.

Special dietary needs and requests such as those related to general health concerns and personal preferences are not disabilities and are optional for Program operators to accommodate. Meal modifications for non-disability reasons are reimbursable provided that these meals adhere to Program regulations.

3. Rehabilitation Act of 1973 and the Americans with Disabilities Act
Under Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 and the ADA Amendments Act of 2008, a person with a disability means any person who has a physical or mental impairment that substantially limits one or more major life activities or major bodily functions, has a record of such an impairment, or is regarded as having such an impairment. A physical or mental impairment does not need to be life threatening in order to constitute a disability. If it limits a major life activity, it is considered a disability.

Major life activities include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to: functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.
Children and Adults with Disabilities and Special Dietary Needs

4. Individuals with Disabilities Education Act
Preschool children, infants, and toddlers with disabilities have additional rights under the Individuals with Disabilities Education Act (IDEA). Questions regarding the IDEA’s requirements should be directed to the U.S. Department of Education, which is the federal agency responsible for the administration and enforcement of the IDEA.

Child Nutrition Program (CACFP/SFSP) Contact
For more information about requesting accommodations to Program meals and the meal service for participants with disabilities at i.e., School or school district name, CACFP or SFSP center, home, or site name, please contact:

Name
Contact Information

USDA Nondiscrimination 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 USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

This institution is an equal opportunity provider.
# Medical Plan of Care for Child Nutrition Programs (CACFP and SFSP)

*Please read pages 1 and 2 before completing this form.*

<table>
<thead>
<tr>
<th>Participant's Name</th>
<th>Date of Birth</th>
<th>Age/Classroom</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Center/Program/Site</th>
<th>Phone Number of Parent/Guardian/Representative</th>
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<table>
<thead>
<tr>
<th>Name of Parent/Guardian or Participant’s Representative</th>
<th>Date</th>
</tr>
</thead>
</table>

1. Provide an explanation below of how the participant’s physical or mental impairment restricts the participant’s diet:

2. Describe the specific diet or necessary modifications prescribed by the state licensed medical authority to accommodate the participant’s needs:

3. List the food or foods to be omitted (please be specific) and recommended alternatives, if appropriate.

   **Foods to be omitted:**

   **Suggested substitutions:**

4. Indicate texture modifications, if applicable:
   - [ ] Chopped/Cut into bite-sized pieces
   - [ ] Diced/Finely Ground
   - [ ] Pureed
   - [ ] Other: ____________________

5. List any required special adaptive equipment:

<table>
<thead>
<tr>
<th>Name of Physician/Medical Authority &amp; Title (Please Print)</th>
<th>Provider Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature of Physician/Medical Authority</th>
<th>Date</th>
</tr>
</thead>
</table>

**Signing the following section is optional, but may prevent delays by allowing the Program to speak with the physician/medical authority.**

**Health Insurance Portability and Accountability Act Waiver**

In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and the Family Educational Rights and Privacy Act, I hereby authorize (medical authority) to release such protected health information of the participant as is necessary for the specific purpose of Special Diet information to (center/program/site) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning the participant with the childcare/adult care/summer food program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for the participant. I understand that permission to release this information may be rescinded at any time except when the information has already been released. My permission to release this information will expire on ________________ (date). This information is to be released for the specific purpose of Special Diet information.

The undersigned certifies that he/she is (circle one): Parent  Guardian  Adult participant  or Representative of participant listed on this document and has the legal authority to sign on behalf of that person.

| Signature: ____________________ | Date: ____________________ |

Revised August 2017
How does CACFP work?

Day care homes and centers receive money for serving nutritious meals. The Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture (USDA) oversees CACFP.

States approve sponsors and centers to operate the program. States also monitor and provide training and guidance to make sure CACFP runs right.

Sponsoring organizations support day care homes and centers with training and monitoring. All day care homes participate in CACFP through a sponsor.

Contacts
If you are interested in CACFP or have questions about CACFP, State agencies can help. Our website has State contact information.

http://www.fns.usda.gov/cacfp

USDA

October 2018
USDA is an equal opportunity provider, employer and lender.
Building for the Future in the CACFP

What is CACFP?
CACFP is the Child and Adult Care Food Program. It is a Federal program that pays for healthy meals and snacks for children and adults in day care.

CACFP improves the quality of day care. It makes the cost of day care cheaper for many low-income families.

Besides providing meals in day care, CACFP makes afterschool programs more appealing to at-risk children and youth. Serving afterschool meals and snacks attracts students to learning activities that are safe and fun.

Children and youth who are homeless can also receive meals at shelters that participate in CACFP.

Who is eligible for CACFP meals?
- Children under age 13,
- Migrant children under age 16,
- Children and youth under age 19 in afterschool programs in low-income areas,
- Children and youth under age 19 who live in homeless shelters, and
- Adults who are impaired or over age 60 and enrolled in adult day care

What kinds of meals are served?
CACFP meals follow USDA nutrition standards.
- Breakfast consists of milk, fruits or vegetables, and grains.
- Lunch and Supper require milk, grains, meat or other proteins, fruits, and vegetables.
- Snacks include two different servings from the five components: milk, fruits, vegetables, grains, or meat or other proteins.

Where are CACFP meals served?
Many types of facilities participate in CACFP.

Child Care Centers:
Licensed child care centers and Head Start programs provide day care with meals and snacks to large numbers of children.

Outside-School-Hours Care Centers:
Licensed centers offer before or afterschool care with meals and snacks to large numbers of school-aged children.

Family Day Care Homes:
Licensed providers offer family child care with free meals and snacks to small groups of children in private homes.

"At-Risk" Afterschool Care Programs:
Centers in low-income areas provide learning activities with free meals and snacks to school-age children and youth.

Emergency Shelters:
Homeless, domestic violence, and runaway youth shelters provide places to live with free meals for children and youth.

Adult Day Care Centers:
Licensed centers provide day care with meals and snacks to enrolled adults.
Choose Healthy. Choose WIC!

WIC provides free nutrition information, healthy foods, breastfeeding support and referrals to eligible pregnant and postpartum women, infants and children under age 5.

Get started online at PAWIC.COM or call:
1-800-WIC-WINS
(1-800-942-9467)

If you receive SNAP, MA or TANF, you may also apply for WIC.

Foster children under age 5 qualify for WIC.

Pregnant? No need to wait. Apply now!

WIC helps working families and the unemployed.

"WIC has helped me make healthier choices for my family, and I can save on my grocery bill." -- WIC Mom

WIC Income Guidelines

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>MONTHLY INCOME (Approx.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,859</td>
</tr>
<tr>
<td>2</td>
<td>$2,503</td>
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<tr>
<td>3</td>
<td>$3,148</td>
</tr>
<tr>
<td>4</td>
<td>$3,792</td>
</tr>
</tbody>
</table>

For each additional person, add $645.
*Income (before taxes) is effective July 1, 2017.
For each unborn infant, add one to household size.
WIC does not require proof of citizenship.

PA WIC is funded by the USDA.
This institution is an equal opportunity provider.