

## FORT HOOD CHILD AND ADULT CARE FOOD PROGRAM FCC - CHILD ENROLLMENT FORM

Your Family Child Care (FCC) provider, \_\_\_\_\_, participates in the USDA Child and Adult Care Food Program (CACFP) sponsored by Child and Youth Services (CYS). This program extends the benefits of the National School Lunch program to children enrolled in FCC homes. Your provider will give you a copy of the minimum meal components and portion requirements children will be served according to their age.

Under the regulations of the CACFP, your provider may not charge you separate fees for meals nor may s/he ask you to provide food for your child for those meals claimed under the program. Child care fees charged by your provider cover care of your child and the food cost not reimbursed by the CACFP.

A **statement** from your doctor is necessary if your child cannot eat foods required by the CACFP. Please secure a statement from your doctor within two weeks and give it to your provider. Your child may then participate in the CACFP and still follow the diet your doctor has prescribed. Because your provider cares about good nutrition s/he has chosen the benefits of the CACFP for his/her FCC home.

| CHILD'S NAME (First & Last) | BIRTH DATE (MM/DD/YY) | FEMALE                   | MALE                     |
|-----------------------------|-----------------------|--------------------------|--------------------------|
| _____                       | _____                 | <input type="checkbox"/> | <input type="checkbox"/> |
| _____                       | _____                 | <input type="checkbox"/> | <input type="checkbox"/> |
| _____                       | _____                 | <input type="checkbox"/> | <input type="checkbox"/> |
| _____                       | _____                 | <input type="checkbox"/> | <input type="checkbox"/> |

**PRINT THE FOLLOWING:**

|  |                  |  |               |
|--|------------------|--|---------------|
| PARENTS NAME _____                                 | WORK PHONE _____ | HOME PHONE _____   |               |
| ADDRESS _____                                      | CITY _____       | STATE _____  | ZIP _____     |
| DATE ENROLLED IN CACFP WITH CURRENT PROVIDER _____ |                  |  |               |
| PLANNED HOURS OF PARTICIPATION                     | TIME IN _____    | TIME OUT _____   | PROGRAM _____ |
| MON thru FRI _____                                 | WEEKEND _____    | (HC <input type="checkbox"/> , FD <input type="checkbox"/> , PD <input type="checkbox"/> ) |               |

RACIAL/ETHNIC HERITAGE OF YOUR CHILD(REN): Although you are not required to provide this information, your cooperation will help determine compliance with federal civil rights laws. If you decline to provide this information, it will in no way affect consideration of your application or your child's participation in the CACFP. Collection of this information is in accordance with Title IV of the Civil Rights Act of 1964 and is strictly for STATISTICAL reporting requirements.

| CHECK THE CORRECT CATEGORY BELOW                                 |   |
|--|---|
| <input type="checkbox"/> American Indian/Alaskan Native          | <input type="checkbox"/> Hispanic                     |
| <input type="checkbox"/> African American Not of Hispanic Origin | <input type="checkbox"/> White Not of Hispanic Origin |
| <input type="checkbox"/> Asian or Pacific Islander               | <input type="checkbox"/> Multi-Racial                 |

### PRIVACY ACT STATEMENT

**AUTHORITY:** TITLE 10, UNITED STATES CODE, SECTION 3012.

**PURPOSES:** TO PROVIDE CHILD AND FAMILY INFORMATION AND PROGRAM ENROLLMENT VERIFICATION.

**ROUTINE USES:** INFORMATION IS USED BY CYS/CACFP AS VERIFICATION OF CHILD ENROLLMENT. INFORMATION MAY BE DISCLOSED TO USDA, TDHS, OR CYS PERSONNEL.

**DISCLOSURE:** DISCLOSURE OF REQUESTED INFORMATION IS VOLUNTARY AND THE INDIVIDUAL WILL NOT BE AFFECTED ADVERSELY; HOWEVER, THE PROGRAM MAY NOT BE ABLE TO CLAIM THE CHILD FOR THE CACFP.

|                              |      |
|------------------------------|------|
| PARENTS SIGNATURE            | DATE |
| REVIEWED BY                  | DATE |
| DATE CHILD(REN) LEFT PROGRAM |      |