



# FP Assistance

Feeding the Future

## Memorandum

TO: The parents of children enrolled at  
Education Station Academy

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FROM: FP Assistance, a Food Program Sponsor

RE: USDA Food Program

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USDA and the state of Texas have developed a program to help childcare centers create a healthier approach to mealtimes and snacks. Your child's center is so excited to have been chosen to participate in this opportunity!!

Through this program, the center staff will receive additional nutritional training and guidance, as well as a subsidy to implement the service. Although the center has always followed the State licensing guidelines for nutritional meals and snacks, this new program holds them to a different standard to promote a balanced diet while at the same time offering a variety of healthier food options.

Please complete the attached forms for each one of your children who attend the center. FP Assistance must have one Enrollment Form per child and one MBIE Form per household, even the part-time school agers. The information on the form will be kept confidential and is mandatory in order for the center to participate in this program. Please return the forms to the center's office, as they are keeping a log in each child's folder which must be completed by the \_\_\_\_\_ deadline.

FP Assistance and your center really appreciate your help!! All children at the center will benefit from this service; therefore, the forms must be filled out for every child. Your prompt response will be greatly appreciated so that the center may get started on their target implementation date of \_\_\_\_\_.



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Feeding the Future

## Enrollment Form

Center Name: Education Station Academy Site Code: E160

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Admission date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Withdrawal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Classroom: \_\_\_\_\_

1. Circle the days that your child will normally attend the center:

Mon    Tue    Wed    Thu    Fri    Sat    Sun

2. Circle the meals normally served to your child in the center:

Breakfast    AM Snack    Lunch    PM Snack    Supper    Evening Snack

3. What hours will your child normally be in the center:

\_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_

4. Participant's ethnic and racial identities

Ethnicity (choose one ethnic identity):

Hispanic or Latino     Not Hispanic or Latino

Race: (choose one or more racial identities):

Asian     American Indian or Alaska Native  
 White     Native Hawaiian or Other Pacific Islander  
 Black or African American

Parent Signature

Date of Signature

Day Time Phone Number

1) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

2) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

3) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

4) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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# CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

## Part 1. All Household Members

### Name of Enrolled Child(ren):

**Names of all household members**  
(First, Middle Initial, Last)

CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT)  
\* IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.

**CHECK IF NO INCOME**

## Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. If no one receives these benefits, skip to part 3.

NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_

## Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed List of Eligible Federal/State Funded Programs (H1660), provide the name of the program and eligibility number: NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_

Check here if no eligibility number

## Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List <b>only</b> household members with income)	B. Gross income and how often it was received			
	Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Example) Jane Smith	\$200/weekly	\$150/twice a month	\$100/monthly	\$200/bi-monthly
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___

## Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the next page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of Social Security Number: \* \* \* \* - \* \* \* - \_\_\_\_\_  I do not have a Social Security Number