

**FISCAL YEAR 2003
CHILD AND ADULT CARE FOOD PROGRAM
OPERATIONAL MEMO #16**

TO: Child and Adult Care Food Program Sponsors

FROM: Julie Stark, Interim Director
Office of School Support Services

DATE: April 23, 2003

SUBJECT: Household Income Eligibility Statement, Letter to Parent/Guardian, Income Eligibility Guidelines and Instructions.

The purpose of this memorandum is to provide you with Household Income Eligibility Statements, Letter to Parent/Guardian, Income Eligibility Guidelines, and Instructions to assist you in determining children's eligibility for Category A (free) or Category B (reduced price) meal reimbursement, for the period beginning July 1, 2003 through and including June 30, 2004.

Read all information and instructions related to the Household Income Eligibility Statement forms. **Implement** according to the instructions. The instructions are "Operating Policy and Procedure" required of participants in the Child and Adult Care Food Program. Failure to do so may result in the loss of reimbursement.

Provide a copy of this memorandum in its entirety to all staff who will be determining eligibility.

The attached *Household Income Eligibility Statement* and *Letter to Parent/Guardian* (dated 4/03 in the upper left hand corner) **must** be used for children who will be claimed during Fiscal Year 2004.

Before you print...

Read this information carefully and review the changes made to the Statement.

- ✓ Insert the name, address and telephone number of the sponsoring organization at the top of the Letter to Parent/Guardian **and** Household Income Eligibility Statement.
- ✓ Do not make any changes to the letter or Statement. Federal regulations and policies require the items and language that are used.
- ✓ We recommend printing Household Income Eligibility Statement forms on different colored paper each fiscal year. If possible, print Fiscal Year 2004 forms on **green** paper.

Miscellaneous notes...

Federal law prohibits the Category A Income Eligibility Guidelines from being printed on the Parent/Guardian Letter and Household Income Eligibility Statement.

Throw away all blank Household Income Eligibility Statements dated before 4/03.

Be sure to use the Foster Child Income Eligibility Statement for foster children. Refer to enclosed instructions.

Categorizing forms...

The Child and Adult Care Food Program sponsor is responsible for determining the category (A, B or C) of each form. The person who determines the category of each form must:

- ✓ Starting July 1, 2003 through June 30, 2004, use the attached Income Eligibility Guidelines.
- ✓ **Identify** the category by circling the applicable letter.
- ✓ **Date** and **sign** it to certify that it is complete and correctly categorized.

Claiming reminders...

Prior to October 1, 2003, collect a complete and correctly categorized Income Eligibility Statement on all children who will be claimed in Category A or B during Fiscal Year 2004.

Children who are ineligible, or who have an incomplete or missing Income Eligibility Statement, are to be claimed in Category C.

Record retention...

All Household Income Eligibility Statements collected and categorized by the sponsor must be retained for three years after the end of the fiscal year to which they pertain, or if an audit is outstanding, until the audit is closed.

Head Start and Even Start Sponsors...

The Healthy Meals for Healthy Americans Act of 1994 amended sections of the National School Lunch Act to make some children automatically eligible for free meals (Category A). Eligibility criteria and documentation requirements are enclosed.

If you have any questions regarding this memo, please contact: Child and Adult Care Food Program, Office of School Support Services at (517) 373-7391.

Please keep this memo on file or in a notebook for quick and easy reference.

Enclosures

Income Eligibility Guidelines July 1, 2003 - June 30, 2004

Family Size	Category A		Category B		Category C	
	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly
1	0-\$11,674	0-\$973	\$11,675-\$16,613	\$974-\$1,385	\$16,614	\$1,386
2	0-\$15,756	0-\$1,313	\$15,757-\$22,422	\$1,314-\$1,869	\$22,423	\$1,870
3	0-\$19,838	0-\$1,654	\$19,839-\$28,231	\$1,655-\$2,353	\$28,232	\$2,354
4	0-\$23,920	0-\$1,994	\$23,921-\$34,040	\$1,995-\$2,837	\$34,041	\$2,838
5	0-\$28,002	0-\$2,334	\$28,003-\$39,849	\$2,335-\$3,321	\$39,850	\$3,322
6	0-\$32,084	0-\$2,674	\$32,085-\$45,658	\$2,675-\$3,805	\$45,659	\$3,806
7	0-\$36,166	0-\$3,014	\$36,167-\$51,467	\$3,015-\$4,289	\$51,468	\$4,290
8	0-\$40,248	0-\$3,354	\$40,249-\$57,276	\$3,355-\$4,773	\$57,277	\$4,774

For each additional family member add:

\$4,082	\$341	\$5,809	\$485	\$5,810	\$486
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How to Determine Eligibility For FOOD STAMP or FIP HOUSEHOLDS

A child who is a member of a household receiving food stamp or Family Independence Program (FIP) benefits is automatically eligible for free (Category A) meals.

1. Review the Household Income Eligibility Statement for completeness.* A **complete** form for these households must include:

Part 1: The **name(s)** of enrolled child(ren) **and** the **food stamp or FIP case number** for **each** enrolled child.

In most cases, children in the same household will have the same food stamp or FIP case number. **The number must be listed for each child.**

The configuration of a food stamp or FIP case number consists of two letters and seven numerals.

Example: V1234567C

The number on a household's Electronic Benefit Transfer card for the food assistance program can not be accepted as a food stamp case number.

Part 2: This part does not need to be completed for children who have a food stamp or FIP case number.

Part 3: The **signature** of the adult household member.

2. The person determining the eligibility of the complete Household Income Eligibility Statement should **sign, date and circle "A"** in the "FOR SPONSOR USE ONLY" section, located at the bottom of the form.

* If a statement is not complete, return it to the family to complete. Otherwise, you cannot determine eligibility and the child would be classified as "Category C".

**How to Determine Eligibility
for
ALL OTHER HOUSEHOLDS
(Non-Food Stamp or Non-FIP Households)**

A household not receiving food stamp or Family Independence Program (FIP) benefits must report the monthly income (gross) received by each household member, identified by source (such as earnings, wages, welfare, pensions, support payments, unemployment compensation, social security, and other cash income received or withdrawn from any other source, including savings, investments, trust accounts, and other resources).

1. Review the Household Income Eligibility Statement for completeness.*

A **complete** form for these households **must** include:

Part 1: This part **does not** need to be completed for households who are reporting income.

Part 2: The **names of all household members**. Place an "X" in the next column for children enrolled in the center for child care.

The **monthly income** received for each household member identified by source.

Part 3: The **signature** of an adult household member and their **social security number** or the word "**NONE**" if he/she does not possess a social security number.

2. The person determining the eligibility of the complete Household Income Eligibility Statement must:

✓ Determine the **total number of household members and total monthly income**. Enter this number in the "FOR SPONSOR USE ONLY" section at the bottom of the Household Income Eligibility Statement.

✓ **Apply** the total number of household members and the total income from the Household Income Eligibility Statement to the Income Eligibility Guidelines on page 4. This will determine the category of the child(ren).

✓ Identify the category of the child(ren) by **circling** "A", "B" or "C" in the "FOR SPONSOR USE ONLY" section, located at the bottom of the form. Be sure to **sign** and **date** the form.

- * If a statement is not complete, return it to the family to complete. Otherwise, you cannot determine eligibility and the child would be classified as "Category C".

INSTRUCTIONS FOR DETERMINING ELIGIBILITY OF FOSTER CHILDREN

The Foster Child Income Eligibility Statement should be used to determine eligibility of foster children. The foster parent should complete the form. The sponsor should correctly categorize the form.

*A foster child is a ward of a court or welfare agency, placed in residence in a private household. Since the court or agency retains legal responsibility for such a child, the foster home is, in fact, an extension of that agency and **the foster child is considered a family of one.***

Apply the household number of one and the total income reported for a child in Category #1 or #2 of the Foster Child Income Eligibility Statement to the Income Eligibility Guidelines. This will determine the category of the child.

If the Category #3 box is checked on the foster child form, **do not categorize it**. Send the parent/guardian a regular Household Income Eligibility Statement.

For purposes of determining eligibility, the following guidelines are to be used:

1. The foster child is considered a household of one; thus, the foster parents' household size or income is not used to determine eligibility.
2. Funds provided by the welfare agency which are specifically identified by category for personal use of the child for items such as clothing, school fees, and allowances are counted as income. Funds identified for shelter and care, and medical and therapeutic needs are not considered as income for the child. Where welfare funds cannot be identified by category, no portion of the provided funds are considered as income.
3. Funds personally received by the child such as funds received from trust accounts, monies provided by the child's family for personal use, and earnings from full-time and regular part-time employment are to be considered as income for the child. Occasional earnings should not be considered as income.
4. The statement must be signed by an adult member of the foster home; however, a social security number is not needed on the foster child's statement.
5. Eligibility officials may verify the foster child's status as a family of one and his or her income. However, such verification may not delay the approval of a complete statement.

(Insert Sponsor's Name, Address, and Telephone Number)

**RE: Michigan Child and Adult Care Food Program
For the Period of July 1, 2003 through June 30, 2004**

Dear Parent and Guardian:

Our center participates in the Child and Adult Care Food Program (CACFP). The main purpose of the CACFP is to help children receive nutritious food and well balanced meals. Meals and snacks must meet meal pattern requirements. You are not charged a separate fee for the meals and snacks served. We receive reimbursement for meals and snacks served to enrolled children while in care. Additional reimbursement is available for each child whose household is income eligible.

If you believe your income meets the guidelines, or if you receive Food Stamps or Family Independence Program (FIP) benefits, complete the attached Household Income Eligibility Statement and return it to the center. The information will be kept confidential. We will use federal guidelines to determine if your children's meals are eligible for additional reimbursement.

Instructions for Completing the Household Income Eligibility Statement

Return the completed Household Income Eligibility Statement to the center.

Households Receiving Food Stamps or FIP Benefits

In PART 1, list the first and last name of your children who are enrolled for care in the day care center **and** list their Food Stamp or FIP case number. Go to PART 3. An adult household member must sign the form.

Households *Not* Receiving Food Stamps or FIP Benefits

In PART 2, list the first and last names of **all** household members, both adults and children and monthly household income received by each family member, by source. Place an "X" in the next column for children enrolled in the center for child care. If you need more space, use a separate sheet of paper. Go to PART 3.

It must include the signature of an adult household member **and** the adult's social security number or the word "NONE" if the adult does not have a social security number.

If, during the year, there are increases in household income which exceed \$50/month or \$600/year, **or** if your household size decreases, **or** if Food Stamp/FIP assistance is terminated, you must report such changes to our office to ensure that appropriate eligibility adjustments are made.

Children having parents or guardians who become unemployed are eligible for “A” (free) or “B” (reduced price) meals during the period of unemployment, provided that the loss of income causes the family income during the period of unemployment to be within eligibility standards for those meals.

In certain cases, foster children are eligible for additional reimbursement regardless of your household income. If such children are living with you and you wish to apply for such meals, please contact our office.

Households with incomes greater than the levels shown on the Child and Adult Care Food Program income eligibility guidelines below do **not** need to complete the attached Household Income Eligibility Statement.

The Child and Adult Care Food Program Income guideline is as follows:

FAMILY SIZE	INCOME	
	YEARLY	MONTHLY
1	\$16,613	\$1,385
2	22,422	1,869
3	28,231	2,353
4	34,040	2,837
For each additional family member, add:	5,809	485

In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Please contact our office if you have any questions.

Sincerely,

Attachment: Household Income Eligibility Statement

(Insert Sponsor's Name, Address, and Telephone Number)

**RE: Michigan Child and Adult Care Food Program
For the Period of July 1, 2003 through June 30, 2004**

Dear Parent and Guardian:

Our center participates in the Child and Adult Care Food Program (CACFP). The main purpose of the CACFP is to help children receive nutritious food and well balanced meals. Meals and snacks must meet meal pattern requirements. We receive reimbursement for meals and snacks served to enrolled children while in care. Additional reimbursement is available for each child whose household is income eligible.

The price for breakfast is \$ _____, the price for lunch is \$ _____, the price for snack is \$ _____, and the price for supper is \$ _____. Households with income less than or equal to the level shown on the Child and Adult Care Food Program Income scale included in this letter, are eligible for "A" (free) or "B" (reduced price) meals. We offer reduced price breakfast for \$ _____, lunches for \$ _____, snack for \$ _____, and supper for \$ _____. Each child for whom you receive Food Stamps or Family Independence Program (FIP) assistance is automatically eligible for free meals.

If you believe your income meets the guidelines, or if you receive Food Stamps or FIP benefits, complete the attached Household Income Eligibility Statement and return it to the center. The information will be kept confidential. We will use federal guidelines to determine if your children's meals are eligible for free or reduced price meals.

<p>Instructions for Completing the Household Income Eligibility Statement</p>
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Return the completed Household Income Eligibility Statement to the center.

Households Receiving Food Stamps or FIP Benefits

In PART 1, list the first and last name of your children who are enrolled for care in the day care center **and** list their Food Stamp or FIP case number. Go to PART 3. An adult household member must sign the form.

Households *Not* Receiving Food Stamps or FIP Benefits

In PART 2, list the first and last names of **all** household members, both adults and children and monthly household income received by each family member, by source. Place an "X" in the next column for children enrolled in the center for child care. If you need more space, use a separate sheet of paper. Go to PART 3. It must include the signature of an adult household member **and** the adult's social security number or the word "NONE" if the adult does not have a social security number.

If, during the year, there are increases in household income which exceed \$50/month or \$600/year, **or** if your household size decreases, **or** if Food Stamp/FIP assistance is terminated, you must report such changes to our office to ensure that appropriate eligibility adjustments are made.

Children having parents or guardians who become unemployed are eligible for “A” (free) or “B” (reduced price) meals during the period of unemployment, provided that the loss of income causes the family income during the period of unemployment to be within eligibility standards for those meals.

In certain cases, foster children are eligible for additional reimbursement regardless of your household income. If such children are living with you and you wish to apply for such meals, please contact our office.

Households with incomes greater than the levels shown on the Child and Adult Care Food Program income eligibility guidelines below do **not** need to complete the attached Household Income Eligibility Statement.

VERIFICATION: The information on the application may be verified at any time during the year.

FAIR HEARING: If you do not agree with the center’s decision on your application, you may wish to discuss it with the enter. If you wish to review the decision further, you have a right to a fair hearing. This can be done by writing or calling: (Complete with appropriate information).

Name _____ Address _____

Telephone _____

The Child and Adult Care Food Program Income guideline is as follows:

FAMILY SIZE	INCOME	
	YEARLY	MONTHLY
1	\$16,613	\$1,385
2	22,422	1,869
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For each additional family member, add:	5,809	485

In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Please contact our office if you have any questions.

Sincerely,

Attachment: Household Income Eligibility Statement

FISCAL YEAR 2004 MICHIGAN CACFP HOUSEHOLD INCOME ELIGIBILITY STATEMENT

RETURN THIS COMPLETED FORM TO:

(Insert Sponsor's Name, Address, and Telephone Number) ↗

PART 1 - Households Receiving Food Stamps or FIP Benefits

- List the first and last names of your children enrolled in the center.
- Indicate if your child(ren) receives food stamps or FIP benefits, and list the case number(s).
- Go to PART 3. You must sign the form. (You do not need to complete PART 2, if you complete Part 1).

Names of Children (first and last)	Does this Child Receive
	Food Stamps _____ *FIP Benefits _____ Case # _____
	Food Stamps _____ *FIP Benefits _____ Case # _____
	Food Stamps _____ *FIP Benefits _____ Case # _____
	Food Stamps _____ *FIP Benefits _____ Case # _____

*NOTE: This refers to benefits received under the FIP (Family Independence Program). It does NOT mean benefits received under Medicaid, WIC, or FIA's Child Care Assistance Program (where FIA pays a portion of your child care expenses).

PART 2 - Households NOT Receiving Food Stamps or FIP Benefits

- If you did not list a Food Stamp or FIP number in PART 1, you must complete PART 2 and PART 3 of this form.
- List the names and ages of **everyone** (related or not related) living in your household, including yourself, other adults and children. Place an "X" in the next column for children enrolled. If you need more space, use a separate sheet of paper. By person, list the amount and source of income received **last month**. You must list **gross income** before deductions for taxes, social security, etc.
- Go to PART 3. You must sign the form and print your social security number or the word "NONE" if you do not have a social security number in PART 3.

Names (first and last)	Enrolled For Child Care	Age	Monthly Earnings from Work (before deductions)	Monthly Welfare, Child Support, or Alimony	All Other Income (indicate source and amount)

PART 3 - All Households

I certify that all of the above information is true and correct and that the Food Stamp case number or FIP case number is correct or that all income is reported. I understand that this information is given for the receipt of federal funds; that program officials will verify the information on the Statement; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Adult Household Member	Social Security Number
Printed Name of Adult	Home Telephone Number
Street Address	Work Telephone Number
City/State/Zip	Date

FOR SPONSOR USE ONLY		
Total Household Members:	Total Monthly Income: \$	Approved Category:
Sponsor Signature:	Approval Date:	A B C

THIS FORM IS VALID FROM THE DATE OF SPONSOR SIGNATURE. DATE MUST BE ON FORM.

<p style="text-align: center;">HELP WITH INCOME</p> <p>To Determine Monthly Income:</p> <ul style="list-style-type: none"> ➤ If paid every week, multiply the total gross income by 52 and divide by 12. ➤ If paid every two weeks, multiply the total gross income by 26 and divide by 12. ➤ If paid once a month, use the total gross income. ➤ If paid twice a month, multiply the total gross income by 2. ➤ If paid once a year, divide the total gross income by 12. <p>Farmer or Self-employed:</p> <p>Monthly income is gross farm or business income received in the month prior to Statement minus farm or business expenses. Gross wages from other jobs or income from other sources must also be listed as income. A loss from self-employment must be listed as zero income and cannot reduce other income.</p> <p>Farmer, Self-employed or Seasonal Worker:</p> <p>If you or a member of your household received higher or lower than usual income last month, please list the expected average monthly income on the front of this Statement.</p>	<p style="text-align: center;">CIVIL RIGHTS INFORMATION:</p> <p>Provision of this information is voluntary, is not part of the Statement, and has no effect on the determination of eligibility to receive benefits. This information will be used to determine whether or not the institution is complying with applicable provisions of civil rights laws. If you do not provide this information, a representative of the institution which provides you with child care is required to identify the racial/ethnic category of your enrolled child.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> Identified by Adult Household Member </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> Identified by Institution Representative </td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> White, not American Indian or Hispanic Origin </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> Alaskan Native </td> </tr> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> Black, not of Asian or Pacific Hispanic Origin </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> Islander </td> </tr> <tr> <td colspan="2" style="text-align: center;"> <input type="checkbox"/> Hispanic </td> </tr> </table>	<input type="checkbox"/> Identified by Adult Household Member	<input type="checkbox"/> Identified by Institution Representative	<input type="checkbox"/> White, not American Indian or Hispanic Origin	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Black, not of Asian or Pacific Hispanic Origin	<input type="checkbox"/> Islander	<input type="checkbox"/> Hispanic	
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<input type="checkbox"/> Black, not of Asian or Pacific Hispanic Origin	<input type="checkbox"/> Islander								
<input type="checkbox"/> Hispanic									

****PRIVACY ACT INFORMATION - SOCIAL SECURITY NUMBERS**

Section 9 of the National School Lunch Act requires that, unless your child's food stamp or FIP (formerly AFDC) case number is provided, you must include the social security number of the adult household member signing the Statement or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the Statement cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the Statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or FIP benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

<p style="text-align: center;">FOSTER CHILD</p> <p>DEFINITION - A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court. A foster child is considered a household of one.</p> <p style="text-align: center;">*****</p> <p>In certain cases, foster children are eligible for "A" (free) or "B" (reduced price) meals regardless of household income. If such children are living with you and you wish to apply for this reimbursement, please contact us.</p>	<p style="text-align: center;">FOOD STAMP/FIP RECIPIENTS</p> <p>If your household receives food stamps OR FIP benefits for your child(ren) enrolled at the child care site, your child(ren) is/are automatically eligible for free meals. You must complete Part 1 and Part 3 of the Household Income Eligibility Statement.</p>
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In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

FY 2004 CACFP FOSTER CHILD INCOME ELIGIBILITY STATEMENT

(Insert Sponsor's Name, Address, and Telephone Number) ➤

Dear Foster Parent:

To determine if your foster child's meals and snacks are eligible for additional Child and Adult Care Food Program reimbursement, please complete this statement and return it to the center.

Instructions for Completing the Foster Child Income Eligibility Statement
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- Record the name and age of your foster child in the space provided below.
- Carefully read the descriptions of the categories of foster children.
- Place a check mark in the proper box which describes your foster child.
- Report the required income information.
- Sign and date the form. Insert your address, phone number and foster home license number.

The Child And Adult Care Food Program Income Scale for a family of one is:	Yearly	Monthly
	\$16,613	\$1,385

Name of Foster Child:	Age:
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1. If the court or welfare agency is legally responsible for the child and the foster home is in fact an extension of that agency, the foster child is considered a family of one.

Report the total money available for personal use. This includes, but is not limited to, funds provided by the court or welfare agency which are specifically identified by category for personal use; funds personally received by the child from trust accounts, money provided by the child's family for personal use and earnings from full-time and regular part-time employment. \$_____ per month

2. If the child is a resident of a licensed *Group Foster Home*, he or she is considered a family of one.

Report the amount of money the child personally receives or earns from any full-time or regular part-time source. \$_____ per month

3. If the child has been permanently placed in your home or the welfare agency subsidizes the adoption of your foster child, the total family income must be used including any subsidy paid for the foster child's care by the welfare agency.

You will need to use the Household Income Eligibility Statement. Report the total payments received for support of the child per month under "All Other Income", along with all other requested information.

I certify that all of the above information is true and correct. I understand that this information is given for the receipt of federal funds; that program officials may verify the information on the Statement; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Foster Parent	Street Address
Foster Home License Number	City, State, Zip
Date	

FOR SPONSOR USE ONLY	Approved Category
Sponsor Signature:	Approval Date: A B C

THIS FORM IS VALID FROM THE DATE OF SPONSOR SIGNATURE. DATE MUST BE ON FORM.

CIVIL RIGHTS INFORMATION

Provision of this information is voluntary, is not part of the Statement, and has no effect on the determination of eligibility to receive benefits. This information will be used to determine whether or not the institution is complying with statement provisions of civil rights laws. If you do not provide this information, a representative of the institution which provides you with child care is required to identify the racial/ethnic category of your enrolled child.

<input type="checkbox"/> Identified by Adult Household Member	<input type="checkbox"/> Identified by Institution Representative
<input type="checkbox"/> White, not of Hispanic Origin	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Black, not of Hispanic Origin	<input type="checkbox"/> Asian of Pacific Islander
<input type="checkbox"/> Hispanic	

In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.