

Child and Adult Care Food Program (CACFP)

ENROLLMENT FORM FOR ADULT DAY CARE CENTERS

Adult day care participants must be enrolled in the Child and Adult Care Food Program (CACFP) on an annual basis. Enrollment is usually documented by a CACFP Income Eligibility Application that determines the reimbursement category of free, reduced or over income. Alternatively, participating institutions may elect to claim all meals and snacks at the over income reimbursement rate. Instead of traditional income eligibility applications, institutions may document CACFP enrollment by one of the options below. Institutions should select the one option that is appropriate for their center if they are electing to claim participants at the over income reimbursement rate.

OPTION 1

Distribute the *CACFP Adult Day Care Center Enrollment Form* on an annual basis to households of adult participants. A sample form is on page 2.

OPTION 2

Applicable only to sponsors requiring a contract, agreement or registration form from households for purposes other than CACFP, which is obtained annually and is signed by both parties.

The following CACFP enrollment statement may be added to the institution's contract, agreement or registration:

The _____ Adult Day Care Center participates in the Child and Adult Care Food Program (CACFP) and receives federal funds to provide nutritious meals and/or snacks at no separate charge to all participants.

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, audiotope, 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.

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SAMPLE ADULT DAY CARE CENTER ENROLLMENT FORM FOR OPTION 1

Participant's Name: _____ Birth Date: _____ Age: _____
(month, day, year)

is enrolled in the _____ Adult Day Care Center, which participates in the Child and Adult Care Food Program (CACFP) and receives federal funds to provide nutritious meals and/or snacks at no separate charge to all participants.

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Signature of Adult: _____ Date: _____

Signature of Center Representative: _____ Date: _____



For information on the CACFP, visit the CSDE's [CACFP](#) Web site or contact the [CACFP staff](#) in the Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457.

This document is available at
www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/forms/AdultEnroll.pdf.