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, 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: How to File a Complaint, 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.

Child and Adult Care Food Program (CACFP)

Sample Adult Day Care Center Enrollment Form for Option 1

Participant's name:	Birth date:	Age:
<u></u>	Birth date: Age:	
	ild and Adult Care Food Program (CA	
regulations and policies, the USDA, participating in or administering USI	its law and U.S. Department of Agricuits Agencies, offices, and employees, DA programs are prohibited from dispility, age, or reprisal or retaliation for d or funded by USDA.	and institutions criminating based on
(e.g. Braille, large print, audiotape, A or local) where they applied for bene disabilities may contact USDA throu	e alternative means of communication merican Sign Language, etc.), should efits. Individuals who are deaf, hard of agh the Federal Relay Service at (800) available in languages other than Engl	contact the Agency (State of hearing or have speech 877-8339. Additionally,
Complaint Form, (AD-3027) found or write a letter addressed to USDA	online at: How to File a Complaint, a and provide in the letter all of the infolaint form, call (866) 632-9992. Subn	nd at any USDA office, ormation requested in the
 (1) mail: U.S. Department of Ag Office of the Assistant Secret 1400 Independence Avenue Washington, D.C. 20250-94 (2) fax: (202) 690-7442; or (3) email: program.intake@usda 	etary for Civil Rights , SW 10;	
This institution is an equal opportun	ity provider.	
Signature of Adult:		Date:
Signature of Center Representative:		Date:



For information on the CACFP, visit the CSDE's CACFP website or contact the CACFP staff in the Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841.

This form is available at https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/Forms/Enroll/AdultEnroll.pdf.