Welcome to this session on Enrollment and Eligibility requirements in the Child and Adult Care Food Program.

My name is (introduce yourself).

[Set up a Post It poster sheet with a parking lot for any questions that may come up that the trainer does not know the answer. Collect all attendees passports, stamp and return before end of session.]

Topics

- Enrollment Record Requirements
- Categorically Eligible Free Participants
- Length of Time Eligibility Determination is Valid
- Monthly Enrollment Eligibility Roster
- Common Errors Found During Program Reviews
- Family Style Meal Service

During this session we will take a look at the enrollment record requirements, participants that are categorically eligible Free, the length of time eligibility determination is valid for participants, how to complete and maintain the monthly enrollment eligibility roster, common errors found during Program reviews with the enrollment roster and we will conclude with a review of Family Style Meal Service.

Enrollment Record Requirements:

Child Care Centers, Head Start Programs, and Day Care Homes must maintain annually updated enrollment records

Enrollment information must include normal days, hours and meals received while in care

Let's get started! Except for outside-school-hours care centers, emergency shelters, and at-risk afterschool care centers, Institutions must maintain annually updated enrollment documentation for all participants claimed for meal reimbursement. All participants, including drop-ins must be enrolled for care. Documentation of enrollment must be updated annually, signed by a parent or legal guardian, and include information on each child's normal days and hours of care and the meals normally received while in care.

The State agency recommends that Institutions use their center or home enrollment form and add any required CACFP enrollment information that is not currently on their form; for example, normal days, hours and meals received while in care. If the Institution chooses not to use their enrollment form for the annual updates, the State agency has two enrollment form options available in MyIdahoCNP under download forms; the Child Enrollment Form or the Income Eligibility Form has a section for enrollment information. Please see each in the next two slides.

Enrollment Record Requirements

Sample Child Enrollment Form

CHILD ENROLLMENT FORM

This form must be updated annually

_____

Child Care Center or Provider Name

NAME OF CHILD	BIRTH DATE	NORMAL HOURS IN CARE		NORMAL MEALS WHILE IN CARE					
Last, First PLEASE PRINT	(Mo/Day/Yr)	From	To	BKFST	AM SNACK	LUNCH	PM SNACK	SUPPER	LATE SNACK
	/ /	am/pm	am/pm						
	/ /	am/pm	am/pm						
	/ /	am/pm	am/pm						

Days in care on a normal week (circle): Sun. Mon. Tue. Wed. Thur. Fri. Sat.

I understand my child/children will receive meals at no extra charge to me when they are in care during any of the scheduled meal services.

Parent Signature: _____ Date: _____

Parent(s) Name(s):_____

Parent Address_____

Home Phone Number: (___) _____ Work Phone Numbers: (___) _____ (___) _____

This is the Child Enrollment form.

Enrollment Record Requirements

Income Eligibility Form- (with enrollment section)

FY 2014-2015 CACFP Meal Benefit Income Eligibility and Enrollment Form
ONE APPLICATION PER HOUSEHOLD

1 Enrolled child or children – **Please print each child enrolled in care below.**

2 Benefits If your child (ren) receives Food Stamps, FDPIR, or TAFI list the case number below by the child (ren). Skip Parts 3 & 4 and complete Part 5. EBT or QUEST card # not allowed.

Child First and Last Name	Age	Birthdate	Circle Meals Normally Received	Print Normal Hours of Care	Food Stamp, FDPIR, TAFI Case No. If Applicable
1			Breakfast AM Snack Lunch PM Snack Supper Late Snack	Sun Mon Tue Wed Thu Fri Sat Normal Hrs. ____to____	
2			Breakfast AM Snack Lunch PM Snack Supper Late Snack	Sun Mon Tue Wed Thu Fri Sat Normal Hrs. ____to____	
3			Breakfast AM Snack Lunch PM Snack Supper Late Snack	Sun Mon Tue Wed Thu Fri Sat Normal Hrs. ____to____	
4			Breakfast AM Snack Lunch PM Snack Supper Late Snack	Sun Mon Tue Wed Thu Fri Sat Normal Hrs. ____to____	
5			Breakfast AM Snack Lunch PM Snack Supper Late Snack	Sun Mon Tue Wed Thu Fri Sat Normal Hrs. ____to____	

If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Your School, Homeless Liaison or Migrant Coordinator. Homeless ☐ Migrant ☐ Runaway ☐

4 HOUSEHOLD MEMBERS AND GROSS INCOME: List all members not listed above. **If you listed a Food Stamp, TAFI, or FDPIR No. for each child, skip to Part 5.**

List the names of everyone in your household except for children listed above (unless they have income). If household member listed below has no income, you must check the NO INCOME box.		Earnings from Work Before Deductions		Welfare, Child Support, Alimony Received		Pensions, Retirement, Social Security, VA Benefits		All Other Income	
FIRST and LAST NAME	NO INCOME	How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?
1	☐								
2	☐								
3	☐								
4	☐								

5 Signature and Last Four Digits of Social Security Number (Adult must sign and date)

If on Food Stamps, TAFI or FDPIR, a Social Security number is not required. Just sign and date.

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: _____ Phone Number: _____

Address: _____ City: _____

State: _____ Zip Code: _____

6 RACE/ETHNIC IDENTITY-OPTIONAL

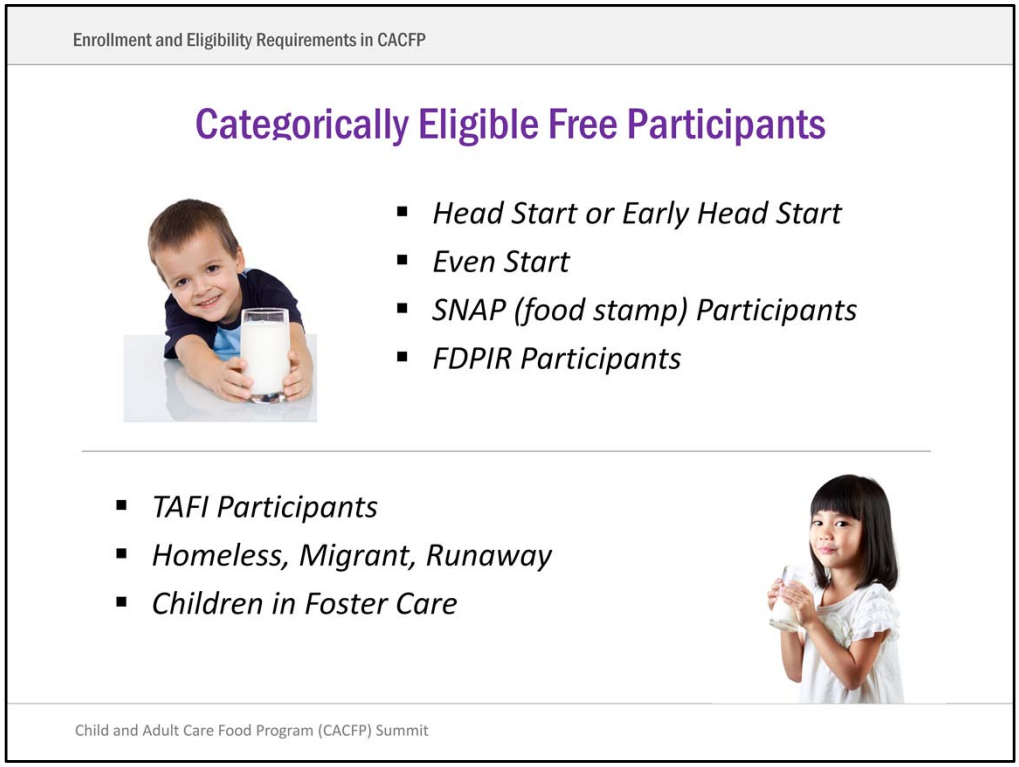
Mark one or more racial identities:

☐ ASIAN
☐ WHITE
☐ BLACK OR AFRICAN AMERICAN
☐ AMERICAN INDIAN OR ALASKA NATIVE
☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

Mark one ethnic identity:

☐ HISPANIC OR LATINO
☐ NON HISPANIC OR LATINO

This is the Income Eligibility Form. The first section highlighted in yellow contains the required enrollment information. Section 5 highlighted is where the parent or legal guardian must sign and date it for the enrollment to be complete and valid for 12 months.



The following participants may be classified in the Free category without income reported on an Income Eligibility Form:

- Children who are determined income eligible for Head Start (including Early Head Start), by Head Start income guidelines
- Children in Even Start programs
- Participants in households that qualify for SNAP (food stamps)
- Participants in households with Food Distribution Program on Indian Reservations (FDPIR)
- Children in households with Temporary Assistance to Families in Idaho (TAFI)
- Children that are homeless, migrant, or a runaway
- Children that are in foster care

All Head Start centers that operate solely as Head Start do not need to collect and approve Income Eligibility forms. If the center decides to operate as a child care when the Head Start program is not in operation the Institution must update their site application(s) to include child care and receive training from the State agency for participant eligibility based on Direct Certification or Income Eligibility forms.

Length of Time Eligibility Determination is Valid

- Categorically Free eligibility is valid for 12 months from date enrolled in the Head Start program
- *Head Start programs must annually update enrollment records of all Head Start participants in CACFP*

Head Start categorically free eligibility is valid for 12 months from the date the participant was enrolled in the Head Start program. Head Start programs must annually update all Head Start enrolled participants receiving free meals in CACFP.

Monthly Enrollment and Eligibility Roster:

List of all enrolled participants and their eligibility category during the month

List must include enrolled drop-ins and infants

The center Monthly Enrollment Eligibility Roster lists all enrolled participants during the month and their eligibility category (free, reduced-priced or paid). Since Head Start programs participants are categorically eligible free the center must maintain a current monthly enrollment roster of all children enrolled during the month.

The Monthly Enrollment Eligibility Roster must include all center participants, including drop-ins and infants who are enrolled any time during the month.

The following are required Records to Develop the Monthly Enrollment Eligibility Roster:

The Monthly Enrollment Roster. This form captures all enrolled participant's full name
Head Start Income eligibility documents for Free eligibility;

Current enrollment forms for each participant enrolled in the center during the month

Creating and Maintaining the Monthly Roster

1. Add full name of all enrolled participants on roster (alphabetically by last name)
2. Double-check the roster for accuracy
3. Total the number of participants on roster
4. Double-check totals for accuracy
5. Each month update previous month roster with current enrolled participants

This is the process for creating and maintaining a Monthly Enrollment Roster
1. Add the full name of each currently enrolled participant to the Monthly Enrollment Roster;

2. Double-check the Roster for accuracy.

3. Using the Monthly Enrollment Roster for the current claiming month, total the number of participants on the roster

4. Double-check the total numbers for accuracy;

5. Each month update the previous month enrollment roster by adding new enrolled participants and removing participants that were not enrolled in the entire month

Institutions may maintain this roster electronically or in an approved software system.

Common Errors with the Monthly Enrollment Eligibility Roster

- Counting a participant who was not enrolled in the center on the roster;
- Not counting all participants (including infants) who were enrolled in the month on the roster;

During Program reviews, the State agency will verify the center monthly enrollment eligibility roster by reviewing the centers enrollment records. The following are some errors that will require the State agency to adjust the monthly enrollment roster, which may affect the claim and the amount of reimbursement.

- Counting a participant who was not enrolled in the center on the roster and claiming meals or snacks for them;
- Not counting all participants (including infants) who were enrolled in the month on the roster and not claiming meals or snacks for them;

Family Style Meal Service

- All meal components are on the table at the same time
- Adequate amount of food for each food item is on table for each participant to receive at least the minimum portion
- Participants serve themselves or with assistance from an adult
- Participants make choices of foods and serving size
- Adult is seated at each table

Now lets review Family Style Meal Service. Family style meal service is the recommended meal service style by USDA, our State agency and Head Start Programs. It allows participants to eat together and to make food choices based on individual appetites and food preferences. It promotes mealtime as a learning experience to help participants develop positive attitudes toward nutritious foods, share in group eating situations, and develop good eating habits.

Family style meal service can be conducted in a variety of ways. For example, participants may help in preparing for the meal by clearing the table and setting places, sharing conversation during the meal and cleaning up after the meal.

Family style meal service allows flexibility in the size of initial servings because more food must be readily available at each table. In general Family style meal service operates as follows:

- All required meal components are placed on the table at the same time.
- Adequate amounts of each food item must be placed on the table to provide at least minimum portions for each participant and supervising adult to be served.
- Participants may serve themselves from serving dishes that are on the table.
- Adults supervising the meal help those participants who are not able to serve themselves.

- Participants are allowed to make choices selecting foods and in the size of the serving.
- A supervising adult must be seated at each table to actively encourage participants to take the full required portion of each food component. The supervising adult must offer the food item again later in the meal if participants initially refuse the food or take a very small portion.

Family Style Meal Service Video

Let's look at the family style video to learn more about this recommended meal service style.

Here is the link to the video: https://www.youtube.com/watch?v=nj_s89ydnBs

As you can see from the video, Family Style meal service can be challenging to implement but very rewarding for the children and adults.

How to Make the Best Choice for Your Facility

- Best option for your participants
- Creates a positive meal service
- Helps to develop good eating habits
- Promotes mealtime as a learning experience

When making your decision on the best meal service style for your facility or facilities keep in mind:

- The meal service style, most importantly, should be the best option for your participants.
- The meal service allows participants to eat together and to make food choices based on individual appetites and food preferences.
- It promotes mealtime as a learning experience to help participants develop positive attitudes toward nutritious foods, share in group eating situations, and develop good eating habits.

Wrap Up

Get your passport stamped before you leave!

Remember to complete the evaluation.

Thank you!

IDAHO CNP CHILD NUTRITION PROGRAMS

I hope you have found this session helpful. Please make sure I have stamped your passport before you leave this session. Remember to complete the evaluation.

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