

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 3.
- **Option 2:** This option is 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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil

CACFP Adult Day Care Center Enrollment Form for Option 1

rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

This institution is an equal opportunity provider



For information on the CACFP, visit the CSDE's [CACFP](#) website or contact the [CACFP staff](#) at the Connecticut State Department of Education, Bureau of Child Nutrition Programs, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841.

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

CACFP Adult Day Care Center Enrollment Form for Option 1

Participant's name: _____

Birth date: _____ Age: _____
month, day, year)

The participant listed above 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.

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 discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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Signature of adult participant
or guardian/caregiver: _____ Date: _____

Signature of center
representative: _____ Date: _____