Creative Academics Learning Center 13144 W 7 MILE RD DETROIT, MI 48235 (313) 855-6262

### Child and Adult Care Food Program (CACFP) Formula/Food Sign-Off Statement



As a participant in the CACFP, we must offer to supply all infant meal food components, as developmentally appropriate, to all infants in our care.

### We will supply the following items to your infant:

- Iron-fortified infant formula
- Iron-fortified infant cereal
- Infant foods and/or table foods in the appropriate texture for the age of your infant.

Parents/Guardians may choose to accept our supplied infant formula and/or foods or provide their own. Mothers are always welcome to breast feed on-site and/or provide expressed breastmilk.

Parents/Guardians may provide one food component towards a reimbursable meal. Our center must supply all other meal components, as developmentally ready, to receive reimbursement.

Please check your preferences below for each meal pattern requirement.

Our center will supply the following formula and infant food:

Parent/Guardian check your breast milk/formula preference:    I want the center to provide formula to my infant   I will bring iron-fortified formula for my infant   I will bring expressed breast milk for my infant   I will bring expressed breast milk for my infant   I will bring expressed breast milk for my infant   I will bring expressed breast milk for my infant   I will bring expressed breast milk for my infant   I will bring expressed breast milk for my infant   I will bring expressed breast milk for my infant   I will bring expressed breast milk for my infant   I will bring expressed breast milk for my infant   I will bring expressed breast milk for my infant   I will bring expressed breast milk for my infant   I will bring expressed breast milk for my infant   I will bring expressed breast milk for my infant   I will bring iron fortified infant cereal preference:   I will bring iron fortified for my infant   I will bring iron fortified infant cereal preference:   I want the center to provide iron fortified infant cereal for my infant   I will bring iron fortified formula for my infant   I will bring iron-fortified for my infant   I will bring iron-fortified for my infant   I will bring expressed breast milk for my infant   I will bring expressed breast milk for my infant   I will bring iron-fortified for my infant   I will bring iron-fortified for my infant   I will bring iron-fortified infant cereal preference:   I want the center to provide iron fortified infant cereal preference:   I want the center to provide developmentally appropriate foods for my infant   I will bring foods for my infant   I will bring foods for my infant   I will bring iron-fortified iron fortified infant   I will bring iron-fortified iron fortified iron fortified iron fortif	Formula offered by our center:	Infamil, Similac
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# Household Income Eligibility Statement – Child Care Institutions

Part 1 – Households Receiving Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) If any member of your household receives FAP, FIP, or FDPIR, provide the name and case number for the person who receives the benefits.

Approval Date:  Approval Date:  Outler Household Children: A (Free) B (Reduced) of the date of institution of the date o	Total Income: \$AnnuallyBi-Weekly	For Institution Use Only	Last four digits of Social Security Number: XXX-XXI do not have a Social Security Number	I certify that all information on this form is true and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date) give. I understand that CACFP officials may verify the information. I understand that the center or day care home will receive federal funds based on the information I may be prosecuted.  Signature:  Print Name:			Household Members, Related and for Child Age Birth Child Mork Child Work Work Work Amount of Earnings from n M We Amount of Welfare, n n N We Amount of Mill Support, or a h n e l Income (Indicate n n n Almony)  (before deductions)   1 t k y Almony   1 t k y h l y y y y y y y y y y y y y y y y y	A M 2 B W How Often? (x)	Part 2 - Household Information
B (Reduced) C (Paid)				ased on the information I				How Often? (x)	

## Return this completed form to: Cradle 2 Cradle

### Instructions:

### Participant Enrollment Form

- List full name of participant enrolled in care
- Circle the typical days each participant is in care
- List times each participant is in care
- Circle the meals and snacks each participant typically receives while in care
- Select one or more racial designations of each participant using the following codes: A/I = American Indian or AlaskanNative, A = Asian, B = Black or African American, H/PI = Native Hawaiian or Pacific Islander, W = White\* Select the ethnicity of each participant using the following codes: H = Hispanic or Latino, N = Not Hispanic or Latino\*
- Sign and date the form and return to your care center

Participant's First and Last Name	Typical Days in Care (circle all that apply)	List Times in Care	Meals/Snacks Received (circle all that apply)	Ethnicity	Race
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch		
			PM Snack Supper Evening Snack	-	
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch		
			PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun	1	Breakfast AM Snack Lunch		
			PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch		
6			PM Snack Supper Evening Snack		
Inis information is voluntary. This will assist	in intermation is voluntary. This will assist us in assuring the Children and the children in				

In assuring the Child and Adult Care Food Program is administered in a nondiscriminatory manner.

Date Signed  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, col other than English. Persons with disabilities who require alternative means of communication to obtain program information (rights extitute, Program information may be made available in language) should be program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, 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 violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights completed in the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil right is not take to complete the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil right uses the requirement of the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil right uses the completed Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil right uses the complete completed assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil right uses the complete completed assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil right uses the complete date of the Assistant Secretary for Civil Rights (Ascra) about the nature and date of an alleged civil right uses the complete date of the Assistant Secretary for Civil Rights (Ascra) about the nature and date of an alleged civil right uses the secretary for Civil Rights (Ascra) about the nature and date of a civil rights (Ascra) about the nature and date of an alleged ci	Signature of Adult/Parent/Guardian		Audit ratent Guardian's Address
Date Signed  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, other than English. Persons with disabilities who require alternative means of communication to obtain program information.  S77-8339. To file a program discrimination complaint, a Compilation to program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 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.  SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, USDA USDA Civil Rights (Company) to the Assistant Secretary for Civil Rights, 1400 Independence Avenue, USDA USDA Civil Rights (Company) to the Assistant Secretary for Civil Rights, 1400 Independence Avenue, USDA USDA Civil Rights (Company) to the Assistant Secretary for Civil Rights, 1400 Independence Avenue, USDA USDA USDA USDA USDA USDA USDA USDA		Adult/Parent/Guardian's Phone Number	

USDA Civil Rights Complaint Link: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf