

Participant Enrollment Form

- Complete the following information. We can help you complete this section if needed.
 - ❖ All enrolled children’s first and last name,
 - ❖ Typical days in care
 - ❖ Typical times in care
 - ❖ Meals/snacks received
 - ❖ Ethnicity (H = Hispanic or Latino, N = Not Hispanic or Latino)
 - ❖ Race (see list)
- List adult’s address and phone number and then sign and date the form.

Household Income Eligibility Statement Directions (Please read carefully).

- If your combined annual household income is **more** than the amount shown for your family size, write EXEMPT on this side.

Family Size	Yearly Income	Monthly Income	Weekly
1	\$21,978	\$1,832	\$ 423
2	\$29,637	\$2,470	\$ 570
3	\$37,296	\$3,108	\$ 718
4	\$44,955	\$3,747	\$ 865
For each additional family member add:	\$ 7,696	\$ 642	\$ 148

- If your combined annual household income is **less** than the amount shown for your family size, you must complete Part 1, Part 2 and Part 3.
 - Part 1: If you receive Food Assistance, provide the name and case number.
 - Part 2. List ALL household members and complete the columns for each one
 - Part 3. Complete as directed.