CACFP Meal Patterns

Breakfast

The participant is served all three food components - fluid milk, vegetables, fruits or both, and grains.

Fluid Milk

Vegetables, fruits, or portions of both

Grains*

- Whole grain-rich or enriched bread.
- Whole grain-rich or enriched bread product, such as biscuit, roll, or muffin.
- Whole grain-rich, enriched, or fortified cooked breakfast cereal, cereal grain,and/or pasta.
- Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold.)
  - Flakes or rounds.
  - Puffed cereal.
  - Granola.

Grains substituted with a meat/meat alternate*
(May be used to meet the entire grain requirement a maximum of three times per week.)

Lunch and Supper

The participant is served all five food components - fluid milk, meat/meat alternative, vegetables, fruits, and grains.

Fluid Milk

Meat/meat alternates

- Lean meat, poultry, or fish.
- Tofu, soy product, or alternate protein products.
- Cheese.
- Large egg.
- Cooked dry beans or peas.
- Nut, soy, or seed butters.
- Yogurt, plain or flavored, unsweetened or sweetened.

The following may be used to meet no more than 50% of the requirement:

- Peanuts, soy nuts, tree nuts, or seeds as listed in program guidance, or an equivalent quantity of any combination of the above meat/meat alternates.

Vegetables

Fruits

Grains

- Whole grain-rich or enriched bread.
- Whole grain-rich or enriched bread product, such as biscuit, roll, or muffin.
- Whole grain-rich, enriched or fortified cooked breakfast cereal, cereal grain, and/or pasta.

Snack

The participant is served two of the five food components.

Fluid Milk

Meat/meat alternates

- Lean meat, poultry, or fish.
- Tofu, soy product, or alternate protein products.
- Cheese.
- Large egg.
- Cooked dry beans or peas.
- Nut, soy, or seed butters.
- Yogurt, plain or flavored, unsweetened or sweetened.
- Peanuts, soy nuts, tree nuts, or seeds.

Vegetables

Fruits

Grains

- Whole grain-rich or enriched bread.
- Whole grain-rich or enriched bread product, such as biscuit, roll, or muffin.
- Whole grain-rich, enriched or fortified cooked breakfast cereal, cereal grain, and/or pasta.
- Whole grain-rich, enriched, or fortified ready-to-eat breakfast cereal (dry,cold.)
  - Flakes or rounds.
  - Puffed cereal.

COLORADO
Department of Public Health & Environment

2023-2024 Income Eligibility Form (IEF) for Child Care

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages.
Social Security • Disability Payments • Survivors Benefits	A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired or deceased, and their child receives Social Security benefits.
Income from person outside of household	A friend or extended family member regularly gives a child spending money.
Income from any other source	A child receives regular income from a private pension fund, annuity or trust.

Source of Income for Adults		
Earnings from Work	**Public Assistance/Alimony/ Child Support**	**Pensions/Retirement/ All other sources of income**
Salary, wages or cash bonuses Net income from self-employment (farm or business) If you are in the U.S. Military Basic pay and cash bonuses (DO NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing	Unemployment benefits Workers compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits	Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

STEP 5: Children's Ethnic and Racial Identities

We are required to ask for information about your children's race and ethnicity. Responding does not affect your children's eligibility for receiving meals during care. Check all boxes that apply to the child(ren) in care.

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ White (Includes Hispanic and Latino) ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ American Indian or Alaskan Native

Nondiscrimination Statement **Revised May 2022**

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 (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, 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: Mail: US Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov This institution is an equal opportunity provider.

For center staff use only

Annual Income Conversion: Weekly x 52, Biweekly x 26, Monthly x 12

Household Last Name:	

Total Income	$	How Often? (Circle One)	Yearly Monthly Bi-Weekly Weekly	Household size:		Eligibility	Free	Reduced	Paid

Determining Official's Signature Month/Year Expiration Date* (Month/Year) Today's Date

*This form expires 12 months after the month in which the institution makes the determination.

Example: If the determination is **July 2023, the form is valid from July 1, 2023 through July 31, 2024.** The institution may use the date the participant/guardian signs the Income Eligibility Form **OR** the date the institution's official make the determination and signs the Income Eligibility Form. The same approval method selected must be used for all forms approved by the institution.

Revised 04/2023