

CACFP HOUSEHOLD CONTACT FORM

Name of Institution: _____	Sponsor ID # _____
Date Completed: _____	Written _____ or Telephone _____
Site or Provider, if applicable: _____	
Form Completed by: _____	
Child's Name: _____	

Please complete the calendar below for the month of _____. Indicate the days your child was in attendance with an X, and the days your child as absent with an A. Leave the days blank that your child does not attend day care.

Week of:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

1. What are the normal days your child is in attendance? Please circle: SU M T W TH F SA
2. List the normal hours your child is in attendance: _____
3. What meals/snacks does your child normally eat at the child care facility? Please check all that apply.
4. Breakfast _____, AM snack _____, Lunch _____, PM snack _____, Supper _____, Night Snack _____
5. Did any exceptions occur during the above month? Please explain. _____

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct. I understand that this information is being given for the receipt of Federal funds, that authorized officials may verify the information, and that deliberate misrepresentation may subject me to Prosecution under applicable State and Federal laws.

Signature of Parent/Guardian _____	Date _____
Printed Name _____	Home Phone _____
Address _____	Work Phone _____