

Institution Name: \_\_\_\_\_

Agreement Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

**Child and Adult Care Food Program (CACFP)  
Adult Participant Enrollment/Information Form**

<b>A. Participant Information</b>		
Participant's Name: _____	Participant's Age: _____	
Is the adult participant 60 years of age or older? (Check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the adult participant a " <i>functionally impaired adult</i> "? (Check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<small>7 CFR §226.2 defines "<i>functionally impaired adult</i>" as "chronically impaired disable persons 18 years of age or older, including victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction, who are physically or mentally impaired to the extent that their capacity for independence and their ability to carry out activities of daily living is markedly limited. Activities of daily living include, but are not limited to, adaptive activities such as cleaning, shopping, cooking, taking public transportation, maintaining a residence, caring appropriately for one's grooming or hygiene, using telephones and directories, or using a post office. Marked limitations refer to the severity of impairment, and not the number of limited activities, and occur when the degree of limitations is such as to seriously interfere with the ability to function independently."</small>		

<b>B. Participant's Residence Information</b>		
Does the adult participant reside in his/her own home? (Check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the adult participant does not reside in his/her own home does the adult participant reside in a " <i>group living arrangement</i> "? (Check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<small>7 CFR §226.2 defines "<i>group living arrangement</i>" as "residential communities which may or may not be subsidized by federal, State or local funds but which are private residences housing an individual or a group of individuals who are primarily responsible for their own care and who maintain a presence in the community but who may receive on-site monitoring."</small>		
If the adult participant does not reside in his/her own home or in a " <i>group living arrangement</i> " please describe the type of residence: _____		

**Participant/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: (    ) \_\_\_\_\_

Work Telephone Number: (    ) \_\_\_\_\_

**For Institution Use Only:**

Signature of Institution's Representative: _____	Date: _____
Date the participant enrolled: _____	
Date the participant withdrew: _____	

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