

INSTRUCTIONS FOR SHARED ELIGIBILITY FORM

Contracting Entities (CEs) have the option to disclose a child's eligibility information to **persons directly connected** with the administration of a Federal Child Nutrition Programs (CNP), such as the Child and Adult Care Food Program (CACFP) and the Summer Food Service Program (SFSP). **Persons directly connected** with the administration of a CNP must legitimately need to know the eligibility information in order to carry out their program responsibilities. Individual information on this form may not be shared with any other entity.

NOTE: CACFP CEs must maintain enrollment and eligibility records for each child. Copies of the *Shared Eligibility Form* should be maintained for each child's record .

PART I – CONTRACTING ENTITY (CE) PROVIDING INFORMATION

Name of Contracting Entity (CE)—Enter the name of the contracting entity providing the eligibility information.

Address of CE—Enter the address of the CE providing the eligibility information.

Telephone Number of the CE—Enter the telephone number of the CE providing the eligibility information.

Name of the CE Representative—Enter the name of the CE representative who provided the eligibility information.

Date—Enter the date the information was obtained.

PART II –ELIGIBILITY INFORMATION

Name of Child—Enter the name of the child for whom the information is being obtained.

Date of Birth—(If applicable) Enter the date of birth for the child for whom the information is being obtained. The date of birth should only be entered as month/date/year if more than one child with the same name is enrolled at the CE.

The above child's eligibility...—Mark the box indicating the eligibility category of the child for whom the information is being obtained. Only one box may be checked.

PART III – DISCLOSURE

The above eligibility information is being disclosed for...—Mark the box indicating the CNP for which the eligibility information is being obtained. Only one box may be checked.

Enter the name, title, CE ID, signature and date of signature of the CE representative receiving the eligibility information.

Food and Nutrition SHARED ELIGIBILITY FORM

PART I – CONTRACTING ENTITY (CE) PROVIDING INFORMATION

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| Name of CE: | |
| Address of CE: | Telephone Number of the CE: |
| Name of the CE Representative: | Date: |

PART II –ELIGIBILITY INFORMATION

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|---|-----------------------------------|
| Name of Child (Last, First): | Date of Birth (if applicable): |
| The above Child's eligibility category is: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-Price <input type="checkbox"/> Not Eligible for free or reduced-price | |
| Name of Child (Last, First): | Date of Birth (if applicable): |
| The above Child's eligibility category is: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-Price <input type="checkbox"/> Not Eligible for free or reduced-price | |
| Name of Child (Last, First): | Date of Birth (if applicable): |
| The above Child's eligibility category is: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-Price <input type="checkbox"/> Not Eligible for free or reduced-price | |
| Name of Child (Last, First): | Date of Birth (if applicable): |
| The above Child's eligibility category is: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-Price <input type="checkbox"/> Not Eligible for free or reduced-price | |
| Name of Child (Last, First): | Date of Birth (if applicable): |
| The above Child's eligibility category is: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-Price <input type="checkbox"/> Not Eligible for free or reduced-price | |
| Name of Child (Last, First): | Date of Birth (if applicable): |
| The above Child's eligibility category is: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-Price <input type="checkbox"/> Not Eligible for free or reduced-price | |
| Name of Child (Last, First): | Date of Birth (if applicable): |
| The above Child's eligibility category is: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-Price <input type="checkbox"/> Not Eligible for free or reduced-price | |

PART III – Disclosure

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| The above eligibility information is being disclosed for use in the following USDA Child Nutrition Program: <input type="checkbox"/> CACFP <input type="checkbox"/> SFSP |
| The above information is disclosed solely for the purpose of determining eligibility in the Federal Child Nutrition Programs administered by the Texas Department of Agriculture. I understand that the privacy and confidentiality of personal data must be protected. This eligibility information will be securely stored and will not be shared with any other entity. |

Signature of Receiving CE Representative

Date

CE ID of Receiving CE

Name of Receiving CE Representative
(please type or print)

Title of Receiving CE Representative