Child and Adult Care Food Program
Sample Household Contact
Letter/Script and Survey Form

Date

Parent/Guardian Name
Address
City, NJ Zip Code

Dear (parent/guardian name):

Hello, I represent (agency) __________. Your child care provider, (name here) _____________, receives reimbursement from the New Jersey Child and Adult Care Food Program (CACFP) for the meals served to your child(ren)'s. In order to ensure program integrity, we will occasionally conduct a household survey to verify your child(ren)'s attendance. Your participation in this survey will help us in maintaining the integrity of the CACFP.

Your child will not be denied benefits if you decide not to participate in this survey.

Should you have questions regarding this survey, you may contact (sponsor contact person) ___________ at (telephone number of sponsor contact person) ___________________.

Thank you in advance for helping us complete this survey and verify your child(ren)'s participation in the CACFP.

CHILD AND ADULT CARE FOOD PROGRAM
Household Contact Survey Form

Sponsoring Agency ____

Child(ren) Name(s) ____

Parent /Guardian Name: ____

Provider/Center Name: ____

Relationship to Child: ____

Date ____

Check (√) one

	Yes	**No**
1. Are you aware that your provider/center participates in the USDA, CACFP?		
2. Is the child(ren) still in care at the provider/center noted above?		
3. If yes, how many days in the month of____________ was your child(ren) in attendance? __________.		
4. If no longer attending, what was the last day/month for day care? ___________________		
5. Name(s) and age(s) of child(ren) in care.____ ____		
6. Is the child(ren) related to provider/staff? If yes, what is the relationship? ____		
7. What is the regular school schedule (hours) for the child(ren)? ______________________		
8. Was your child(ren) in attendance during the month(s) of _________________________?		
9. Were there any days your child(ren) was not in care due to illness, vacation, appointments, etc., during the month of_____________? If yes, describe. ____		
10. Is your child(ren) in care on weekends? OR: Was your child in care during weekends for the month of ___________________________________?		
11. Is your child(ren) in care on holidays? OR: Was your child in care during the holidays?		
12. What hour(s) is your child(ren) usually in care?______________________________________		
13. What meal(s) are usually serve to your child(ren)?___________________________________ ____		
14. Do you provide either food or money for any meals while your child(ren) is in child care?		
15. In general, do you feel your child(ren) benefits from the CACFP?		

Comments:____
____
____
____
____

Thank you for your cooperation. If you have any questions, please feel free to call _________________at ____________.

Parent Signature: **Date:**

After completion, please return to: (agency name and address)