



Division of Child Care & Early Childhood Education  
P.O. Box 1437, Slot S155, Little Rock, AR 72203-1437  
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### CACFP Parent Attestation and Pick Up Form

**Instructions:** This parent attestation form is to be completed, signed, and dated by the parent or guardian picking up meals for students participating in Child and Adult Care Food Programs (CACFP) or At-Risk Afterschool. CACFP and At-Risk Afterschool Sites must keep record of this form, at the center/site, to be reviewed by the state agency upon request.

Parent Name: \_\_\_\_\_ Program Participating In: \_\_\_\_\_

Institution Name: \_\_\_\_\_ Agreement Number: \_\_\_\_\_

Child's Name	Breakfast	Lunch	Snack	Supper

I understand that I cannot receive more than the daily maximum of two (2) meals and one (1) snack for each enrolled participant from CACFP or the maximum of one (1) meal and one (1) snack from At-Risk. I further understand that I cannot receive duplicate meals from any USDA Program.

I acknowledge that all information on this form is true and that the State Agency may verify this information. I understand that if I purposely give false information, the participant receiving meals may lose the benefit through USDA Programs.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I, the sponsor, acknowledge to the best of my ability, that the above information is correct and will provide meals to the parent/guardian of the child(ren) listed above.

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Date