Fill out this document using Adobe Reader Software ( <a href="www.adobe.com">www.adobe.com</a> ), print, and then have the appropriate parties sign and date. You can mail to the following address.
This must be an original signed document.
Mail to:
Beanstalk
1771 Tribute Road, Suite A
Sacramento, Ca. 95815
If you have questions contact Juanita Royal at: (916) 344-6259 ext. 321



## PROGRAM PARTICIPATION DECLINE FORM

PROVIDER NAME:	VENDOR #	
PARENT FORM		
DECLINING CHILD PARTICIPATION ON THE CHILD & ADULT CARE FOOD PROGRAM		
required to offer program participation includes infants. If a parent chooses to Care Food Program, the parent will need enrollment into the child care home. To birth, parents name (first and last), hom declining participation on the food program and return it to the provider. bottom yellow copy of the form is the fo	in the Child and Adult Care Food Program (CACFP) are to all of the children enrolled in their child care. This also to decline their child's participation on the Child and Adult d to fill out a "decline form" within 30 days from the date of the form must state the child's name (first and last), date of e address, parents daytime phone number and the reason for gram. The parent must sign and date the bottom portion of the provider then must also sign and date the form. The "providers copy" to keep for their records and the white top ne food program sponsor by the provider.	
If any parent has questions or concerns regarding the Child and Adult Care Food Program, they can contact our office at (916) 344-6259.		
CHILDS FULL NAME AND DATE OF BIRTH:	Date of Birth	
PARENTS NAME: HOME ADDRESS: AND DAYTIME PHONE #:		
REASON FOR DECLINING PROGRAM PARTICIPATION:		
WILL MEALS NOW BE SUPPLIED	D BY THE PARENT? YES NO	
PARENT SIGNATURE	DATE	

PROVIDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <a href="http://www.ascr.usda.gov/complaint\_filing\_cust.html">http://www.ascr.usda.gov/complaint\_filing\_cust.html</a>, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Note: The protected classes for the Child and Adult Care Food Program are race, color, national origin, age, sex, and disability