



Georgia Dept of Early Care and Learning

BRIGHT FROM THE START

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Brian P. Kemp
Governor

Amy M. Jacobs
Commissioner

Child and Adult Care Food Program (CACFP) and Summer Food Service Program (SFSP) Income Eligibility Form – Effective Date Option

Institution Name: _____

Delegate Principal/Program Contact: _____

Institution Address: _____

City: _____ State: _____ Zip Code: _____

Programs(s): CACFP Agreement #: _____
 SFSP Agreement #: _____

Effective date option for the institution listed above (select one of the items below):

- Signature of parent or guardian
- Signature of determining official

Has the institution updated the management plan to reflect the option selected? Yes No

Please Note: As a part of this change process, institutions are required to revise their Management Plans to reflect the option selected to capture the effective date of income eligibility statements. The management plan must be updated prior to submission of this form. Upon completion of this form, please submit **this form via email to your assigned Application Specialist.**

Signature of Delegated Principal /Program Contact

Date of Submission

DECAL Internal Use Only

Date Received:
Program Official Signature:
Title: