A Beneficiary Data Report must be completed once a year to report the ethnic and racial category of participants enrolled in your center. This data is collected via the Enrollment Form or Outreach and Beneficiary Survey completed by the parent/participant. Completion of the data by the parent/participant is voluntary and failure to report will not impact eligibility for meals. A parent/participant may check one or more racial category. Ethnicity and race data must be self-identified and self-reported or reported by a parent/guardian.

NAME OF CENTER/FACILITY	
ADDRESS	
File de Calanda	M. oder of Brailet and
Ethnic Category	Number of Participants
Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	
Racial Category	Number of Participants
naciai Calegory	Number of Participants
American Indian or Alaskan Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	
Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
Black or African American – A person having origins in any of the black racial groups of Africa.	
Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	
Undeclared – No ethnic or racial category self-identified or self-reported by participant/parent.	
Total Number of Participants	
SIGNATURE OF CENTER REPRESENTATIVE	DATE

MO 580-2464 (8-2022) DHSS-CACFP/SFSP-226 (06/22)