



Improving health, health equity and  
quality of life for people and communities

## **Illinois Family and Group Home Child Care Providers:**

### **Share your experiences with CACFP for a chance to win a \$25 Amazon gift card!**

The Illinois State Board of Education (ISBE) and the Illinois Public Health Institute (IPHI) are seeking testimonials from Illinois Family and Group Home Child Care Providers on your positive experiences with the Child and Adult Care Food Program (CACFP- the “food program”). Your testimonial may be used in an “Intro to CACFP” training being developed to help family and group child care providers learn about and get involved with the program.

### **Share your experiences for a chance to win a \$25 Amazon gift card! Each quote/story you share earns you another chance to win.**

**How to participate:** In the space provided below, share a brief written story or quote on the best part about or benefit of participating in CACFP. Also share 1-2 tips and tricks for adjusting to and thriving in the program.

Note: The second page of this document is an Authorization and Photo Release form to give IPHI permission to use what you've provided in the training. Submissions without signed release forms will not be admissible.

**The deadline to send stories/quotes is Monday, August 15, 2022.** Gift card winners will be notified by Friday, August 19, 2022. Email [Sarah.Chusid@iphionline.org](mailto:Sarah.Chusid@iphionline.org) with any questions or concerns.

**Share a brief written story or quote on the best part about or benefit of participating in CACFP. Also share 1-2 tips and tricks for adjusting to and thriving in the program:**

## Authorization and Release Form

By signing this Authorization and Release I irrevocably grant to the Illinois Public Health Institute and their employees, agents and successors (hereinafter referred to collectively as "IPHI"), permission to photograph, film, videotape, record, or otherwise capture my image, likeness, and voice.

I further grant IPHI the authority to use, display, distribute, copy, my image, likeness, voice, name, organization, and hometown in any and all forms of media currently available or later developed in the future for any purpose or activity deemed suitable by IPHI.

I agree that I will not receive any compensation, consideration, or royalties for the use, display, distribution, or copying of my image, likeness, voice, name, organization, and hometown by the IPHI.

On behalf of myself, and any of my representatives, assigns or successors, I expressly release, hold harmless, and forever discharge the IPHI from any and all liability arising from the use, display, distribution, or copying of my image, likeness, voice, name, age, and hometown by the IPHI, or any third party.

I, the undersigned, am eighteen (18) years of age or older and am competent to contract in my own name. I have read, fully understand, and agree to all the terms of this Authorization and Release and agree that it shall be forever binding on me and my respective heirs, assigns, and representatives.

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

IF A MINOR: Printed name of Parent or Legal Guardian: \_\_\_\_\_

IF A MINOR: Signature of Parent or Legal Guardian: \_\_\_\_\_