



**YMCA of Central Texas
Enrollment Form
2018-2019**

Financial Assistance _____ %

OFFICE USE ONLY

OFFICE USE ONLY

AFTERSCHOOL: _____ TO _____ START DATE: _____

SUMMER CAMP: _____ START DATE: _____

HOLIDAY CAMP: _____ START DATE: _____

EEC: 1 ___ 2 ___ 3 ___

Photo Release CCS YMCA Member Non-Member

CHILD 1 INFORMATION:

CHILD 2 INFORMATION:

First & Last Name: _____
 Date of Birth: _____ Age: _____
 Gender: Male Female Grade: _____
 Resides with Primary Parent/Guardian
 Resides with Secondary Parent/Guardian
 Child 1 Ethnicity: Caucasian African American
 Hispanic Asian or Pacific Islander Other
 T-shirt size: Youth S Youth M Youth L
 Adult S Adult M Adult L Adult XL
SPECIAL NEEDS OR ALLERGIES:
 In order to best meet your child's needs, we require that you list any special needs that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any prescribed medication for long-term continuous use, and any other information staff should be aware of (including allergy or sensitivity to sunscreen/off).
 Check box is if child has NO Special Needs or Illnesses _____

First & Last Name: _____
 Date of Birth: _____ Age: _____
 Gender: Male Female Grade: _____
 Resides with Primary Parent/Guardian
 Resides with Secondary Parent/Guardian
 Child 2 Ethnicity: Caucasian African American
 Hispanic Asian or Pacific Islander Other
 T-shirt size: Youth S Youth M Youth L
 Adult S Adult M Adult L Adult XL
SPECIAL NEEDS OR ALLERGIES:
 In order to best meet your child's needs, we require that you list any special needs that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any prescribed medication for long-term continuous use, and any other information staff should be aware of (including allergy or sensitivity to sunscreen/off).
 Check box is if child has NO Special Needs or Illnesses _____

PRIMARY PARENT/GUARDIAN:

Person listed as Primary Guardian will be the sole person authorized to request changes to Information and/or cancellation of care

Are there any custody issues? Yes No

Is your child eligible to receive free or reduced lunch?

Yes No Uncertain

Primary Parent/Guardian: Mother Father Other

Primary 1 Ethnicity: Caucasian African American

Hispanic Asian or Pacific Islander Other

Primary First & Last Name: _____

Primary Date of Birth: _____

Home Address: _____

City/State/Zip: _____

Email: _____

Cell Phone: _____

Work Phone: _____

SECONDARY PARENT/GUARDIAN:

Check box if secondary parent is authorized to make changes to childcare account.

Secondary Parent/Guardian: Mother Father Other

Primary 2 Ethnicity: Caucasian African American

Hispanic Asian or Pacific Islander Other

Authorized to pick child up? Yes No

Secondary First & Last Name: _____

Secondary Date of Birth: _____

Home Address: _____

City/State/Zip: _____

Email: _____

Cell Phone: _____

Work Phone: _____



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2018-2019

Child's Name: _____	Child's Name: _____
Child's Name: _____	Child's Name: _____

EMERGENCY CONTACT & AUTHORIZED PICK-UPS

MUST LIST AT LEAST ONE EMERGENCY CONTACT OTHER THAN PARENT(S)

The individual authorized to pick up your child must be at least 16 years of age & possess a valid state-issued ID.

Emergency Contact #1

First and Last Name: _____
 Home Address: _____
 City/State/Zip: _____
 Cell Phone: _____ Work Phone: _____

Emergency Contact #2

First & Last Name: _____
 Home Address: _____
 City/State/Zip: _____
 Cell Phone: _____ Work Phone: _____

Authorized Pick-Ups:

1. First and Last Name: _____ Cell Phone: _____
 2. First and Last Name: _____ Cell Phone: _____

PHYSICIAN INFORMATION:

Physician Name: _____ Address: _____ Phone: _____

To comply with State Licensing laws, a preferred physician and hospital must be listed. In the event my child requires medical treatment and I cannot be reached, I hereby authorize the YMCA of Central Texas staff to make arrangements to transport my child and/or children to:

- Baylor Scott & White Medical Center 100 Hillcrest Medical Blvd. Waco, TX 76712 254-202-2000
- Providence Healthcare 6901 Medical Parkway Waco, TX 76712 254-751-4000
- Hill Regional Hospital 101 Circle Drive Hillsboro, TX 76645 254-580-8500
- Other (Please provide name and full address of hospital): _____

PARENTAL CONSENT ** Please provide your initials acknowledging each item below.**

_____ **CONSENT FOR TREATMENT:** I give consent for any and all necessary treatment when my child(ren) is in the care of his/her physician or hospital.

_____ **IMMUNIZATION:** I can provide the immunization record and/or records are on file at my child's school. If not, please provide a copy of your child's immunization upon registration. All required immunizations and/or tuberculosis tests are current.

_____ **ADA Policy:** Parents have the obligation to disclose significant, medical, physical, or behavioral issues at the time of the child's enrollment and on an ongoing basis.

LARGE GROUP FORMAT: I understand that, due to large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

Child 1: Name of School: _____ Address: _____ Phone: _____

Child 2: Name of School: _____ Address: _____ Phone: _____

PLEASE SIGN TO INDICATE THAT YOU HAVE READ THE PARENTAL CONSENT AND AGREE TO THE TERMS LISTED ABOVE:

X _____
 Signature of Parent/Guardian

 Date



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Enrollment Form
2018-2019**

Child's Name: _____	Child's Name: _____
Child's Name: _____	Child's Name: _____

PARENT STATEMENT OF AGREEMENT – Initial or check each box and sign at the bottom.

- I understand that I have access to the YMCA Parent Handbook to view on or before the first day of my child's enrollment. This information is available at ymcactx.org or upon request at the Waco Family Y.
- I understand that the YMCA reserves the right to terminate a participant for any of the following reasons:
 - o Failure to pay program fees by the designated due dates.
 - o Inappropriate behavior of a child/parent that endangers anyone involved in the YMCA.
 - o Inappropriate behavior towards YMCA staff.
- I authorize my child(ren) to participate in the following activities while enrolled in the YMCA:
 - o Swimming/Water Activities
 - o View Age-Appropriate Movies
 - o Transported in a YMCA authorized vehicle. (ex. Field Trips/School)
 - o RUN WACO RUN (Date to be announced in the Fall)
 - o Application of sunscreen and bug repellent (if applicable)
- I understand that some of our programs are in a public school facility and that school playground equipment may not meet Licensing Standards.
- I understand that my child will not be allowed to leave the program with an unauthorized person or staff member. Only adults with valid state issued photo IDs and who are over the age of 16 can be authorized to pick up the child.
- I understand that YMCA staff may not baby-sit, transport, or care for children other than during YMCA program hours.
- I understand that the YMCA is mandated by Texas Law to report any suspected cases of child abuse or neglect.
- I give permission for my local YMCA and YMCA of the USA to receive academic and other relevant data from my child's school. The Y will use this information to evaluate our programs in order to see what we are doing well, to identify program areas we can improve, and to ensure that the children we serve are benefiting from Y programs.

BEHAVIOR POLICY: Good behavior is important to everyone in daily life. Certain behaviors are expected from children, and following rules promotes a good learning experience that is safe and secure. When a child ignores or disregards rules, everyone's experience is diminished. A Behavior Contract is the first formal step to help solve rule violations. The Behavior Contract involves parents, child, and staff and it requires the participation of all parties. If your child's behavior becomes an ongoing problem, then a Behavior Contract will be issued. A sample contract is available at the camp site. Failure to correct behavior may result in suspension or dismissal. Please note that not all of the steps of a Behavior Contract will be taken every time a child breaks a YMCA rule. Disciplinary action will be determined for each child based on the severity of the action. Violence or issues which compromise the safety of the YMCA staff or participants will not be tolerated and can result immediate suspension or expulsion from the program. Tuition will not be credited or refunded for children removed for the program.

PLEASE SIGN TO INDICATE THAT YOU HAVE READ THE PARENT STATEMENT OF AGREEMENT AND AGREE TO THE TERMS LISTED ABOVE:

X _____
Signature of Parent/Guardian

Date



**YMCA of Central Texas
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2018-2019**

Child's Name: _____	Child's Name: _____
Child's Name: _____	Child's Name: _____

HOUSEHOLD SIZE AND INCOME

To assist the YMCA in determining scholarship awards for your family or in securing grant funding to continue its programs, please indicate your household's income level and number of dependents.

Income: \$0 - \$14,999 \$15,000-\$24,999 \$25,000-\$34,999 \$35,000-\$44,999
 \$45,000-\$54,999 \$55,000-\$64,999 \$65,000-\$74,999 \$75,000-\$99,999 \$100,000+

Number of dependents in household:

1 2 3 4 5 6 7 8 9+

FEES AND PAYMENT POLICIES

ENROLLMENT FEE/ ACTIVITY FEE: Non-Refundable/Non creditable Afterschool and EEC requires an enrollment fee. Day Camp requires an activity fee. These fees must be paid at time of registration and are non-refundable/ non creditable.

PROGRAM FEES: Non-Refundable/Non creditable Payments will be due in advance of care.

LATE PAYMENT FEE: Non-Refundable/Non creditable A payment is considered late after the due date. (See payment schedule) A \$10 late fee will be charged for all late payments.

TERMINATIONS: If cancelled or withdrawn from the childcare program due to non-payment, a re-registration fee of \$30 will be due if you choose to re-enroll your participant. Spaces Limited.

Day Camp - Overdue balance not reconciled by the Wednesday prior to the week of care, the participant will be cancelled from the program. See payment calendar.

Afterschool- Overdue balance not reconciled by the 4th of the month; the participant will be cancelled from the program. See payment calendar.

EEC- Overdue balance not reconciled by the Friday before the week of care; the Participant will be cancelled from the program. See payment calendar.

CANCELLATION POLICY: No Credits or Refunds will be given for activity fee/enrollment fee/ late fees/ program fees. All cancellations must be submitted on a withdrawal form in advance of end of care. Cancellations are for the entire program (no weekly cancellations). Withdrawal forms are available at ymcactx.org or at Waco Family YMCA (6800 Harvey Dr.). Withdrawal forms may be submitted in person or by email to yds@ymcactx.org.

NSF PAYMENTS: I understand that if a draft is returned for insufficient funds, a third party will attempt to collect by drafting the account up to three times, which may cause your bank to assess overdraft fees. If collected, the third party company will charge your bank account a \$30 fee. If a bank draft is returned because the account is closed a \$20 fee will be assessed. A \$30 fee is charged for all non-sufficient funds and declined credit cards.

PLEASE SIGN BELOW TO INDICATE THAT YOU HAVE READ THE YMCA OF CENTRAL TEXAS' FEES AND PAYMENT GUIDELINES AND ADHERE TO ALL BILLING PROCEDURES:

X _____
Signature of Parent/Guardian

Date



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2018-2019

Child's Name: _____	Child's Name: _____
Child's Name: _____	Child's Name: _____

FOOD ALLERGY/ALLERGY EMERGENCY PLAN

(If child has no allergies – skip this page)

Child's Name: _____ Age: _____ D.O.B.: _____

Program Name: EEC Afterschool Location: _____ Day Camp Holiday Camp

Parent's Name: _____ Phone #: _____

Physician's Name: _____ P#: _____

Emergency Contact and Phone #: _____

Known Food Allergy/Allergy List: _____

It is our intention to prevent your child from receiving any food that may cause an allergic reaction. However, in case of emergency, please list the steps which should be taken if your child has an allergic food reaction.

In accordance with Child Care Licensing minimum standard rule #746.3819, this document must be signed by 1) Parent/Guardian; 2) Health Care Professional; 3) Child Care Center Staff.

PARENT'S NAME (PRINT)	PARENT SIGNATURE	DATE
_____	_____	_____

HEALTH CARE PROFESSIONAL	HEALTH CARE PROFESSIONAL SIGNATURE	DATE
_____	_____	_____

STAFF NAME (PRINT)	STAFF SIGNATURE/TITLE	DATE
_____	_____	_____



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Child's Name: _____	Child's Name: _____
Child's Name: _____	Child's Name: _____

PAYMENT METHOD AUTHORIZATION FORM

AUTOMATIC PAYMENT/DRAFT

Automatic Payment Plan: The YMCA of Central Texas offers an automatic payment plan. Weekly/Monthly fees are automatically charged to Bank, Credit Union, or Credit Card Company. There is no additional cost for this program.

*Payments are drafted according to the program's set due dates. (See Payment Schedule) *

OPTION 1: CREDIT/DEBIT:

(Please select one) Visa MasterCard American Express Discover

Name of Card Holder: _____ Cell/work Phone: (____) _____

Credit Card #: _____ Expiration Date: _____

Option 2: BANK DRAFT/EFT:

Name of Account Holder: _____ Name of Bank: _____

Bank Routing/Transit Number: _____ Bank Account Number: _____

****A two-week notice is required for draft cancellations****

I hereby authorize the YMCA of Central Texas to debit the above credit/card/bank draft/EFT on the dates indicated for my childcare payments. If returned, payment may be re-ran at a later date. I understand that I am being enrolled in the automatic payment plan as described above and agree to any and all fees that may incur use of this service.

X _____

Signature of Parent/Guardian

_____ Date

RECEIVED BY:

DATE:

PROCESSED BY:

DATE:



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2018-2019

Child's Name: _____	Child's Name: _____
Child's Name: _____	Child's Name: _____

LIABILITY WAIVER: INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

Participant's Name _____ Member (Y/N)

Child 1 DOB ____/____/____ Age _____ Sex _____

Participant's Name _____ Member (Y/N)

Child 2 DOB ____/____/____ Age _____ Sex _____

Parent/Guardian Name _____

Home Address _____ City _____ Zip _____

Parent/Guardian (Home) Phone _____ (Cell) Phone _____

The YMCA of Central Texas will not assume responsibility for any injury incurred while participating in any athletic events, childcare programs, parent child/events and outings, special events, sports programs, or any related YMCA sponsored activities. Nor will the YMCA of Central Texas be responsible for any lost or stolen items while members and/or program participants are using YMCA facilities, on YMCA premises, or on off-site YMCA program locations. I, the undersigned for myself and for my heirs, so hereby release the YMCA of Central Texas and its employees and agents from any and all claims for injury, loss, or damage I may suffer as a result of my participation, including any injury caused by negligence, if any, of the YMCA, its officers, employees, agents, volunteers, or the negligence of anyone else. I give my permission to the YMCA of Central Texas to use photographs, film footage, or tape recordings, which may include my image or voice for purpose of promoting or interpreting YMCA programs for no compensation.

INSURANCE

I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all YMCA activities.

MEDICAL RELEASE

I authorize the YMCA to provide or obtain emergency medical attention for me or members of my family in the event of sickness or injury. I realize and understand that my family insurance policy will be responsible for any accident or medical claim. Should I, or any member of my family, require special medical treatment, prescriptions, or hospital care; I am responsible for all expenses.

TRANSPORTATION

I hereby give consent for my child to be transported and supervised by the YMCA to and from activities and for field trips as needed.

PLAYER / PARENT CONTRACT

We as parents agree to abide by the rules and regulations laid down by the YMCA for both player conduct and present conduct in the clinic keeping with the YMCA's purpose of teaching fair play, cooperation, sportsmanship, honesty, responsibility, respect, and caring. As parents we will serve as positive role models for our children by exhibiting such behavior and values.

_____/_____
 Child 1 Name Child 2 Name

 Signature of Parent or Legal Guardian (18 years or older)

 Date



**YMCA of Central Texas
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2018-2019**

Child's Name: _____	Child's Name: _____
Child's Name: _____	Child's Name: _____



**YMCA OF CENTRAL TEXAS PHOTO
AND VIDEO/AUDIO RECORDING RELEASE**

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has signed below.

For my participation in activities to be conducted by YMCA OF CENTRAL TEXAS, I hereby give my permission and consent, now and for all time, to YMCA OF CENTRAL TEXAS, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with YMCA OF CENTRAL TEXAS and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA OF CENTRAL TEXAS, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses that may include but are not limited to print media such as newspapers and Internet applications such as the YMCA OF CENTRAL TEXAS' website and Facebook profile without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at YMCA OF CENTRAL TEXAS, I authorize, according to this Release, shall belong to YMCA OF CENTRAL TEXAS, YMCA of the USA and third parties collaborating with YMCA OF CENTRAL TEXAS and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience with YMCA OF CENTRAL TEXAS;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience with YMCA OF CENTRAL TEXAS will not be subject to any obligation of confidentiality and may be shared with and used by YMCA OF CENTRAL TEXAS, YMCA of the USA and third parties collaborating with YMCA OF CENTRAL TEXAS and/or YMCA of the USA;
- YMCA OF CENTRAL TEXAS, YMCA of the USA and third parties collaborating with YMCA OF CENTRAL TEXAS and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA OF CENTRAL TEXAS; and
- YMCA OF CENTRAL TEXAS, YMCA of the USA and third parties collaborating with YMCA OF CENTRAL TEXAS and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience with YMCA OF CENTRAL TEXAS for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA OF CENTRAL TEXAS, YMCA of the USA and third parties collaborating with YMCA OF CENTRAL TEXAS and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA OF CENTRAL TEXAS as described herein.

I agree to the above terms.

I do NOT agree to the above terms.

Adult/Parent/Guardian 1 Printed Name: _____ Date of Birth: _____

Signature: _____ Date: _____

Adult/Parent/Guardian 2 Printed Name: _____ Date of Birth: _____

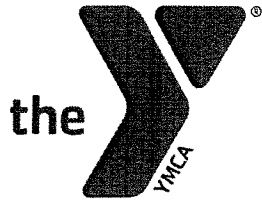
Signature: _____ Date: _____

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Parents,

We are so excited that our Edna Learning Center and our Y Branches will be participating in the CACFP Program. The purpose of CACFP is to provide nutritious foods that contribute to the wellness, healthy growth, and development of children. CACFP will provide reimbursement to the YMCA for meals and snacks. CACFP Program will allow us to put our resources toward our classrooms and provide long term sustainability of our programming. With CACFP there are specific guidelines and requirements that we must abide by in order to receive reimbursement for meals. You will need to complete the attached forms. We are required to update these forms annually. No family will be charged for meals, regardless of their income. Also, all information is confidential and no one will have access to the information.

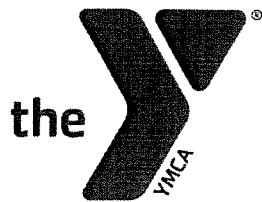
We appreciate you allowing us to be a part of your child's education. If you have any questions, please feel free to contact me at 254-633-3895 or by email at leasa.smith@ymcactx.org.

Thank you,

Leasa Smith

VP of Youth Development

YMCA of Central Texas



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Enrollment Date: _____

Child's Name: _____ Date of Birth: _____

Please indicate days and times child is normally in care and meals normally eaten in care.

Hours: _____ to _____ Days of week (circle): M T W T F Holidays

Meals: Breakfast Lunch PM Snack

Parent/Guardian Signature

Date

**INSTRUCTIONS FOR
CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM
(CHILD CARE)**

Follow these instructions, if your household gets SNAP, TANF or FDPIR:

Part 1: List all enrolled children and household members.

Part 2: List the eligibility number for any household members (including adults) receiving SNAP or TANF or FDPIR benefits. The SNAP or TANF number must be the 8 or 9 digit EDG# assigned by HHSC.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If all children you are applying for are foster children, or if you are only applying for benefits for the foster child:

Part 1: List all foster children. Check the box indicating that the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is **not** necessary.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

If some of the children in the household are foster children.

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.

Part 2: If the household does not have an eligibility number, skip this part.

Part 3: Applies only to parents/guardians of children in Tier II Day Care Homes. Sponsors must provide the *List of Eligible Federal/State Funded Programs (H1660)*, with this form to households with children enrolled in Tier II Day Care Homes. Parents/Guardians can enter the program name and number as applicable.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and **other deductions**. **You should be able to find it on your stub or your boss can tell you.**

Box 2: List the amount each person got from the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, TANF, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got from the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren): _____

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. If no one receives these benefits, skip to part 3.

NAME: _____ ELIGIBILITY NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: _____ ELIGIBILITY NUMBER: _____

Check here if no eligibility number

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income) <i>(Example)</i> <i>Jane Smith</i>	B. Gross income and how often it was received Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly _____	\$150/twice a month _____	\$100/monthly _____	\$200/bi-monthly _____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)
An adult household member must sign this form. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the next page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ I do not have a Social Security Number



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

Mark one or more racial identities:

- Asian
- White
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- I do elect to allow my household information to be disclosed.
- I do not elect to allow my household information to be disclosed.

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Tier I ___ Tier II ___

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Privacy Act Statement:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.