

Oxford Academy



2051 Lost Mountain Rd, Powder Springs, GA 30127 Tel: 770-439-7226

CHILDREN'S ENROLLMENT FORM

Page 1 of 3

Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex _____ Age _____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____

Father's Name _____ Home Phone Number _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Home Phone Number _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone # _____

Employer's Street Address _____ City _____ State _____ Zip _____

Child's Living Arrangements: (check one) Both Parents Mother Father Other

Child's Legal Guardian(s): (check one) Both Parents Mother Father Other

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____
(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____
Other identifying information (if any) _____

*Name _____ Address _____
(Street-City-State-Zip)
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____
Other identifying information (if any) _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of Public or Private School child attends, if any: _____

Child's doctor or clinic name _____

Doctor/clinic phone # _____

My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____
suffer an injury or illness while in the care of (Facility name) _____
and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention
and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: _____
Signature

Date: _____

Facility Administrator/Person-in-Charge _____
Signature

Date: _____

Parental Agreements with Child Care Facility

The _____ agrees to provide child care for
(Name of Facility)
on _____ a.m. to _____ p.m.
(Name of Child) (Days of Week)
from _____ to _____
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast
Morning Snack
Lunch
Afternoon Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number, if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The _____ agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for

(Name of Facility)

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Facility Administrator/Person-In-Charge)



EMERGENCY MEDICAL INFORMATION

Child's Name: _____ Home: _____

Father's Name: _____ Work: _____

Mother's Name: _____ Work: _____

Child's Physician: _____ Office Phone: _____

Physician's Address: _____

Allergies: _____

Special Medical Needs: _____

Daily Prescribed Medications: _____

Emergency Medical Facility: **Wellstar Cobb Hospital**
3950 Austell Road
Austell, Georgia 30106
(770) 732-4000

I believe the above information to be true and correct. It is my responsibility, as the child's parents/guardian to immediately update this form if any information should change.

We hereby grant OXFORD ACADEMY permission to take whatever action in its judgment may be necessary in supplying emergency medical services to the above named child. We hereby agree that we will be solely responsible for and will promptly pay any expenses which may be incurred by OXFORD ACADEMY in making emergency medical treatment available to the above named child.

(Parent's signature)

(Date)

**Parents or Guardian's
Notice of No Liability Insurance and Acknowledgement**

I understand that I am being informed in writing by signing this acknowledgement that this facility, _____, does not carry liability insurance sufficient to protect my children in the event of an injury, etc.

Parents or Guardian's Signatures

Date

Parent or Guardian (Print Names)

Date

Center Director's Signature

Date

Authorization to Dispense External Preparations

590-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give _____, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

_____ Baby Wipes

_____ Band-aids

_____ Neosporin or similar ointment

_____ Bactine or similar first aid spray

_____ Sunscreen

_____ Insect Repellent

_____ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

_____ Baby Powder

Other (please specify) _____

Parent/Guardian Signature

Date

*center should maintain in child's file

**Bright from the Start: Georgia Department of Early Care and Learning
CACFP Meal Benefit Income Eligibility Statement***

PART I: Child(ren) or Adult enrolled to receive day care

Name: (Last, First and Middle Initial)	SNAP, TANF, or FDIPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. Note: Do not use EBT numbers. Write case number and proceed to Part III.	Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply. (See definitions in FAQs)				
		Head Start	Foster Child	Migrant	Runaway	Homeless
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)
Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

A. Child Income¹ - Sometimes children in the household earn or receive income. Please indicate the TOTAL Child Income/How often? (i.e., weekly, monthly, etc.)
income received by child household members listed in PART I here. \$ _____ / _____

B. Other Household Members² List all household members even if they do not receive income. Also, list the adult participant if he/she did not meet eligibility in Part I. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only along the frequency i.e., twice a month, weekly, etc. If they do not receive income from any source, write '0'. If you enter "0" or leave any field blank you are certifying (promising) there is no income to report.

Name of Other Household Members (First and Last)	1. Earnings from work before deductions / How often?	2. Subsidies, child support, alimony / How often?	3. Social Security, pensions, retirement / How often?	4. All other income / How often?
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

C. Total Household Members (Adults and Children) listed in Part I and Part II _____

Social Security Number. If Part II B is completed and household members are listed (with or without income), the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.

Last four Digits of Social Security Number XXX-XX _____ I do not have a Social Security Number

PART III: Enrollment Information: Children Only

My child is normally in attendance at the facility between the hours of _____ [am/pm] to _____ [am/pm]. (✓) Check here if only before/after school care is provided.

Circle the days your child will normally attend the center: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Circle the meals your child will normally receive while in care: Breakfast AM Snack Lunch PM Snack Supper Evening Snack

PART IV: Signature

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 purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care. If not completed fully and signed, the participant will be placed in the Paid category.

Signature: X _____ Print Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

*This application is a revision of USDA's newly released meal benefit prototype and meets all legal requirements and reflect design best practices identified by USDA through focus testing and other research.

PART V: Participant's Ethnic and Racial Identities: The use of racial and ethnic data is to ensure compliance with USDA nondiscrimination requirements only. Providing information in Part V is voluntary. Your response or lack of response will not impact the participant's eligibility for meals.

Check (✓) one ethnic identity: <input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> Not Hispanic/ Latino	Check (✓) one or more racial identities: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial
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Official Use Only Section for Provider: 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 Monthly Year Household Size: _____

Categorical Eligibility: check (✓) if applicable Eligibility: check (✓) one Free Reduced Paid

Day Care Homes Only: check (✓) one Tier I Tier II

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow Up Official's Signature: _____ Date: _____

Georgia WIC Program

Georgia WIC
Georgia Department of Public Health
2 Peachtree Street, NW
10th Floor
Atlanta, GA 30303
Telephone: 1-800-228-9173
Website: <http://dph.georgia.gov/WIC>

INCOME ELIGIBILITY GUIDELINES (Effective from July 1, 2020 to June 30, 2021)

Household Size	Reduced Meal Income Limits				
	Annually	Monthly	Twice A Month	Every Two Weeks	Weekly
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
For each additional family member add	+ 8,288	+691	+ 346	+319	+ 160

A Special Food and Nutrition Education Program For Women, Infants and Children

WHO IS ELIGIBLE?

- A pregnant woman
- A breastfeeding woman
- A woman who has recently been pregnant
- An infant or a child less than 5 years old

SERVICES PROVIDED:

- Nutritious foods
- Nutrition counseling
- Breast feeding support
- Health care referral

TO BE ELIGIBLE, YOU MUST ALSO:

- Have a low or moderate income
- AND**
- Have a special need that can be helped by WIC foods and nutrition counseling

APPROVED WIC FOODS:

- Milk, cheese, eggs, cereals, peanut butter, fruit or vegetable juices, dry beans or peas, iron fortified formula

**YOU DO NOT HAVE TO BE
ON PUBLIC ASSISTANCE
TO APPLY.**

**CALL YOUR LOCAL HEALTH
DEPARTMENT FOR MORE
INFORMATION.**



SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children qualify for free or reduced price meals, they may also be able to get free or low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to become sick.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children in this health insurance program. Filling out the CACFP Meal Benefit Income Eligibility Forms does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send it with your Income Eligibility Form to **[address] by [date]**. (Sending in this form will not change whether your children get free or reduced price meals.)

No! I DO NOT want information from my CACFP Meal Benefit Income Eligibility Form shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Signature of Parent/Guardian: _____

Today's Date: _____

Print Your Name: _____

Address: _____

For more information, you may call **[name]** at **[phone]**

**WE HAVE CHECKED YOUR CACFP MEAL BENEFIT
INCOME ELIGIBILITY FORM INFORMATION (Adult Care)**

Center/Sponsoring Organization: [**Name**]

[**Date** :]

Dear [**Name**]:

We checked the information you sent us to prove that [**name(s) of participant**] is eligible for free or reduced price meal benefits at our facility and have decided that:

- The participant's eligibility has not changed.
- Starting [**date**], the participant's eligibility for meal benefits will be changed **from reduced price to free** because the verified income is within the free meal eligibility limits. The participant will receive meals at no cost.
- Starting [**date**], the participant's eligibility for meals will be changed **from free to reduced price** because the verified income is over the limit.
- Starting [**date**], **the participant is no longer eligible** for free or reduced price meals for the following reason(s):
 - ___ Records show that you did not receive SNAP, FDPIR, SSI, or Medicaid.
 - ___ Your income is over the limit for free or reduced price meals.
 - ___ You did not provide: _____
 - ___ You did not respond to our request.

If your household income goes down or your household size goes up, you may complete another CACFP Meal Benefit Income Eligibility Form. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with [**name**] at [**phone**]. You also have the right to a fair hearing. If you request a hearing by [**date**], the participant will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: [**name**], [**address**], [**phone number**].

Sincerely,

[**signature**]

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired 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."



**WE HAVE CHECKED YOUR CACFP MEAL BENEFIT
INCOME ELIGIBILITY FORM INFORMATION (Child Care)**

Center/Sponsoring Organization: [Name]

[Date :]

Dear [Name]:

We checked the information you sent us to prove that [name(s) of participant] is eligible for free or reduced price meal benefits at our facility and have decided that:

- The participant's eligibility has not changed.
- Starting [date], the participant's eligibility for meal benefits will be changed **from reduced price to free** because the verified income is within the free meal eligibility limits. The participant will receive meals at no cost.
- Starting [date], the participant's eligibility for meals will be changed **from free to reduced price** because the verified income is over the limit.
- Starting [date], **the participant is no longer eligible** for free or reduced price meals for the following reason(s):
 - Records show that you did not receive SNAP, TANF or FDPIR.
 - Your income is over the limit for free or reduced price meals.
 - You did not provide: _____
 - You did not respond to our request.

If your household income goes down or your household size goes up, you may complete another CACFP Meal Benefit Income Eligibility Form. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with [name] at [phone]. You also have the right to a fair hearing. If you request a hearing by [date], the participant will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: [name], [address], [phone number].

Sincerely,

[signature]

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired 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.

You must send the information we need, or contact **[name]** by **[date]**, or our center will no longer receive free or reduced price reimbursement for meals served to your child(ren).

Center/Sponsoring Organization: [Name]

[Date]

Dear **[Name]**:

We are checking your CACFP Meal Benefit Income Eligibility Form. We must do this to make sure that CACFP benefits only those who are eligible. You must send us information to prove that **[name(s) of participant(s)]** is eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask. Do not send your EBT card or any other benefit card that you will need.

1. If you were getting SNAP, TANF or FDPIR when you applied for free or reduced price meals, or at any time since then, send us a copy of one of these:

- SNAP, TANF or FDPIR Certification Notice that shows dates of certification.
- Letter from SNAP or Welfare Office that says you have been approved to get SNAP or TANF.

2. If you get this letter for a foster child:

Provide the name and contact information for a person at the agency or court who can verify that the child is the legal responsibility of the agency or court.

3. If you do not get SNAP, TANF or FDPIR: Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. **Send information to: [address].**

Acceptable papers include:

Jobs: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often they are paid; or business or farming papers, such as ledger books or tax returns.

Social Security, Pensions, or Retirement: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

Unemployment, Disability, or Worker's Comp: Notice of eligibility from State employment security office, check stub, or letter from Worker's Compensation.

Welfare Payments: Benefit letter from welfare agency.

Child Support or Alimony: Court decree, agreement, or copies of checks received.

Other income (such as rental income): Information that shows the amount of income received, how often it is received, and the date it is received.

No income: A brief note explaining how you provide food, clothing and housing for your household, and when you expect to receive an income.

of the Military Housing Privatization Initiative.

Timeframe of Acceptable Income Documentation: Please submit papers that show your income at the time that you applied for benefits. If you do not have this information, you may submit papers from the time of completing the CACFP Meal Benefit Income Eligibility Form up to the time of verification.

If you have questions or need help, please call **[name]** at **[phone number]**.

Sincerely,

[signature]

The Richard B. Russell National School Lunch Act requires the information on this meal benefit form. 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 all adult household members, including the child care participant. 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, Food Distribution Program on Indian Reservations (FDPIR) or other FDPIR identifier for the participant receiving meal benefits 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 CACFP.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired 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."

June 2011

CACFP Meal Benefit Income Eligibility Form
Letter of Verification (Child)
Page 2 of 2

To qualify for Tier I reimbursement, or if you wish to receive reimbursement for meals served to your own children under the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP), you must complete, sign and return to us the enclosed Meal Benefit Income Eligibility Form.

1. How do I qualify for the Tier I reimbursement for meals served to children enrolled in my home? You must either (a) live in an area that is eligible based on economic need as determined by school enrollment or census data, or (b) establish economic need through the information provided on the enclosed Meal Benefit Income Eligibility Form.

2. Who determines my eligibility as a Tier I day care home? Our office will determine your eligibility status. We will use the information you provide on the Meal Benefit Form. Make sure you complete and sign the form; report all household income (not just your family day care home business income); and provide appropriate records of your income. **Return the completed form and other papers to: [at name, address, phone number].**

3. What kind of records should I submit with my Meal Benefit Form? If you operated a family day care home business last year, attach a copy of your most recent tax return, including Schedule C if your recent tax return and Schedule C is no longer indicative of your income you may submit documentation of your current income and expenses. To do so, include payment statements for work and other forms of income. The papers you send must show the name of the person who received the income, the date it was received, how much was received, and how often it was received.

4. How do I get reimbursed for meals served to my own children? You are required by law to complete this form if you wish to claim meals served to your own children. Even if you live in an area identified as one of economic need, or you have already been classified as a tier I home, you must complete this form. Our office may verify the income information you submit.

5. If I do not live in an area of economic need or don't want to submit the Meal Benefit Form, what are my options for reimbursement? You will receive lower rates of reimbursement for meals served to children enrolled in your family day care home.

6. Will the information I give be verified? Maybe. We may ask you to send written proof to verify the information you submitted on the form. **What if I disagree with the decision about the information I complete on this form?** You should talk to your sponsoring organization.

7. Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you.

8. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, you will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or proof of benefits as supported by a current Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp), Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case number, you will remain eligible for those benefits for a period not to exceed 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

9. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens.

10. What if I have foster children? Foster children are eligible for free meals regardless of their personal or the income of the household with whom they reside. Households wishing to apply for such benefits for foster children should contact [name, address, phone number]. Additionally foster children may be included as members of the household for determining the eligibility of other children in the household for free and reduced priced meals.

11. We are in the military. Do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

In the operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call [phone number].

Sincerely,

[signature]

May 2011

[Insert Center or Sponsoring Organization Letterhead]

Dear Parent/Guardian:

The CACFP offers meal reimbursements to adult day care facilities which provide structured comprehensive services to nonresidential adults who are functionally impaired, or aged 60 and older. By completing the attached Meal Benefit Income Eligibility Form, the centers will be able to receive reimbursement, which is based on the number of enrolled participants that are eligible for free or reduced price meals.

1. Do I need to fill out a Meal Benefit Form for each adult in day care? You may complete and submit one CACFP Meal Benefit Income Eligibility Form for the adults enrolled in day care in your household only if they are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. Return the completed form to: [(Center) at name, address, phone number].

2. Who can get free meals? Adults in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp), Food Distribution Program on Indian Reservations (FDPIR), Supplemental Security Income (SSI) or Medicaid benefits can get free meals. Adults in households participating in WIC may be eligible for free meals.

3. Who can get reduced price meals? Adults can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application. Adults in households participating in WIC may be eligible for reduced price meals.

4. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or the adult in your care do not have to be U.S. citizens to qualify for meal benefits offered at the center.

5. Who should I include as members of my household? You must only include the adult in your care, his or her spouse, and his or her dependents who share income and expenses.

6. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the adult day care will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or proof of benefits as supported by a current SNAP, FDPIR case number or a SSI or Medicaid assistance number, you will remain eligible for those benefits for a period not to exceed 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

7. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

8. We are in the military, do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

9. (Pricing program only) Will the information I give be verified? Maybe. We may ask you to send written proof to verify the information you submitted on the form. **What if I disagree with the decision about the information I complete on this form?** You should talk to your [Center or Sponsoring Organization]. You may ask for a hearing by calling or writing to: [name, address, phone number].

In the operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call [phone number].

Sincerely,

[signature]

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled at a family day care home. [Name of day care home] offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form.

1. Am I required to complete a Meal Benefit Income Eligibility Form in order for my child(ren) to receive CACFP Benefits? No, but if you choose to do so, your provider may receive a higher reimbursement for the meals served to your child. If you do complete the form, you have the option of returning it directly to your Provider or to the Provider's Sponsor, [Sponsor's Name]. If you would like to provide your form directly to the sponsor, return the completed form to: [(Sponsor) at name, address, phone number].

___ Initial here if you consent to allowing [Provider's Name] to collect your form and provide it to the Sponsor. [Provider's Name] will not review your form.

2. Do I need to fill out a Meal Benefit Form for each of my children in day care? You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household only if the children in child care are enrolled in the same home. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information.

3. Who qualifies for the higher reimbursement without providing income information? Your provider will receive a higher reimbursement for meals served to foster children and children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) benefits. Children in households participating in WIC also may qualify for the higher reimbursement.

4. Who qualifies for the higher reimbursement based on income? Your provider may receive a higher reimbursement for the meals served to your children if your household income is within the reduced price limits on the Federal Income Chart, shown on this application. Children in households participating in WIC may be eligible for the higher reimbursement.

5. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the day care home.

6. Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include any foster children living with you.

7. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the family day care home will receive a higher level of reimbursement. Once properly approved for the higher reimbursement rate, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income unemployment causes your household income to be within the eligibility standards.

8. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

9. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court automatically qualify for the higher reimbursement. Any foster child in the household qualifies regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact [name, address, phone number].

10. We are in the military, do we include our housing and supplemental allowances as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability. If you have other questions or need help, call [phone number].

Sincerely,
[signature]

June 2011

CACFP Meal Benefit Income Eligibility Form
Letter to Households (Tier II Day Care Homes)
Page 1 of 1

[Insert Center or Sponsoring Organization Letterhead]

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. [Name of Center] offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

1. Do I need to fill out a Meal Benefit Form for each of my children in day care? You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household only if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to: [(Name of Center, address, phone number)].**

2. Who can get free meals without providing income information? Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) benefits can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in WIC may be eligible for free meals.

3. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application. Children in households participating in WIC may be eligible for reduced price meals.

4. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

5. Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

6. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

7. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

8. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact [name, address, phone number].

9. We are in the military, do we include our housing and supplemental allowances as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

10. (Pricing program only) Will the information I give be verified? Maybe. We may ask you to send written proof to verify the information you submitted on the form. **What if I disagree with the decision about the information I complete on this form?** You should talk to your [Center or Sponsoring Organization].

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call [phone number].

Sincerely,

[signature]

HOUSEHOLD LETTERS AND VERIFICATION OF INFORMATION LETTERS

Instructions for Child and Adult Care Food Program Centers,
Sponsoring Organizations and Family Day Care Home Providers

This packet contains prototype forms:

Required information that *must* be provided to households and day care home providers:

- Letter to Households: Child Day Care and Tier II Providers and Adult Day Care
- Letter to Tier I and Family Day Care Home Providers

Verification of eligibility information materials:

- Notification of Selection for Verification of Eligibility (Pricing programs only): Child Day Care and Adult Day Care
- Letter of Verification Results (Pricing programs only): Child Day Care and Adult Day Care

The pages are designed to be printed on 8½" by 11" paper. Some pages may be printed front and back. The **[bold bracketed fields]** indicate where you need to insert your specific information of whom to contact for assistance and where to submit the completed form(s). You should insert your State's name for the Temporary Assistance to Needy Families (TANF), or the State Children's Health Insurance Program (SCHIP), and/or, if applicable, the Food Distribution Program on Indian Reservations (FDPIR).

This prototype package also includes information regarding the exclusion of housing allowance for those in the Military Housing Privatization Initiative and pricing programs. If these sections are not pertinent, you may remove them.