

Field of Dreams Preschool and Child Care Policies and Notices

MEDICATION(S):

If your child is on medication or you would like to send Tylenol, Ibuprofen, etc. to keep on hand for them, there is a separate Medication Administration form that will need to be filled out and returned along with the medication. Otherwise, we will not be able to administer medication to your child.

NON-PRESCRIPTION PERMISSION

I hereby authorize Field of Dreams Preschool and Childcare, my child's Care Provider, to use the following products on my child according to manufacturer or physician's written instructions. I will not hold the above named Provider liable for any allergic reactions or other symptoms when the products are used in accordance with these terms.

Child's Name: _____ Date: _____

(to be reviewed annually)

Parent's Signature: _____ Provider's Signature: _____

****Please remember you will be responsible to supply the following products****

Please circle Yes or No and put specific brand name where needed

Acetaminophen YES / NO Comments: _____

Ibuprofen YES / NO Comments: _____

Insect Repellent YES / NO Comments: _____

Sunscreen YES / NO Comments: _____

Lotions YES / NO Comments: _____

Diaper Rash Ointments YES / NO Comments: _____

Wipes YES / NO Comments: _____

*Our Medication Administration Form will need to be filled out for any ongoing administering of the following:

Acetaminophen Ibuprofen Essential Oils

Prices and Terms:

Age in August of the current school year	Weekly Tuition	Class	Curriculum/ Supplies Fees
1yr olds	\$125	1	\$20/school year
2's	\$120	2	\$50/school year
3's	\$115	3	\$70/school year
4-5 yrs.	\$110	PreK	\$95/school year
5-12 yrs. Before Only	\$25		

BILLING INFO:

Weekly tuition payment is to be made in advance, and is due on Friday of each week, to apply to the following week. Full weekly payment must be made, even if your student only attends partially in any given week. If your payment is not received by Friday of the week before attendance, a late fee of \$25 will be added to your tuition, which shall be due the following Monday. If the payment (including the late fee) is not made by the following Monday your child will not be able to attend until the balance is paid in full. Families that are on vouchers are responsible for any co-pays, and over rates that the voucher does not cover. Voucher families are also responsible for any monies that the vouchers do not pay due to not swiping correctly or failing to approve pending late attendance entries or attendance that doesn't meet their requirements for full subsidy payment. We accept cash, check, money order, or cashier's checks as payment. If a check is returned a \$12 fee will be charged, and cash will only be accepted from that point on. A two week notice or two week's tuition is due if you choose to withdraw your child. You have a two week unpaid vacation allowance, and a one week unpaid sick allowance, otherwise payment is expected. A two week notice is required for vacations. You must fill out a vacation/sick time request form. Sick time requires a doctor's note stating that your student is unable to attend school, as well as a release to come back to school.

If for some reason you have decided to leave without notice, or leave before paying your remaining balance any balance due will be collected from you utilizing every legal means available to New Harvest Church/ Field of Dreams unless payment arrangements in writing have been already established. If you do not adhere to the payment arrangements agreed to, the matter will then be referred to New Harvest Church/ Field of Dreams' collection procedures, and you will be charged any additional costs required including, but not limited to, attorney's fees, collection agency fees, court costs, interest, and filing fees that may be incurred in an attempt to collect all monies owed by you.

Child's Name: _____

By signing below you are agreeing to the said terms above.

Signature: _____

Date: _____

Photo Release

At Field of Dreams Preschool and Childcare, we take many pictures.

Mostly we take pictures for display on our classroom walls and our parents' personal use. In the age of the internet, we are working on a website and we have a Facebook page. Occasionally, we would like to post photos on these sites.

We need each parent to accept or decline what we can do with pictures of their child/children.

Please read each description and initial each one if you accept or decline.

1. I grant to FOD/NHCC the right to take photographs of my child/children and my family in connection with their childcare experiences at the facility and on outings or possible field trips to be given to me (as photos or gifts).

Accept _____ Decline _____

2. I authorize FOD/NHCC, its employees, representatives, and agents to copyright, use and publish the same in print and/or electronically for the purpose of marketing, publicity and advertising (ex. brochures, newspapers, newsletters).

Accept _____ Decline _____

3. I agree that FOD/NHCC may use such photographs of my child/children, without names for any lawful purpose, including for such purposes as publicity, illustration, advertising, and Web content (ex. website, Facebook).

Accept _____ Decline _____

I do not wish to have my child/children photographed for any reason

I understand that this Release will be in effect as long as my child/children are enrolled in FOD/NHCC, unless I request and fill out a new form. I have read, initialed and understand the above:

Parent/ Guardian Signature _____ Date _____

Name of Child _____

Parent's Notice

I understand that this childcare ministry is not licensed under the laws of Indiana. However, I understand that this childcare ministry complies with the state rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the childcare ministry.

Parent/ Guardian Signature _____

Name of Child enrolled: _____

This notice does not absolve a childcare ministry from liability for injury to a child while the child is at the childcare ministry, if the cause of injury is negligence or intentional wrongdoing on the part of the childcare ministry, or an employee at the childcare ministry.

Name of the facility: Field of Dreams Preschool and Childcare

Address: 308 South Green Street

Crawfordsville, IN 47933

Montgomery County

Parent Statements and Authorizations

Emergency Medical Authorization:

I agree, and by my signature give consent if an accident, injury, or illness of serious nature, my child,

_____, will be given emergency medical care and may be transported to receive treatment as required. I understand that I will be contacted immediately, or as soon as possible should I be away from the phone numbers given on the enrollment form. I will be financially responsible for medical treatments received.

Signature of Parent or Guardian _____ Date _____

Statement of Health:

To my knowledge, my child, (name) _____, has not been exposed to any communicable diseases, nor has any condition that would prohibit this child's participation in the normal daily routine.

Signature of Parent or Guardian _____ Date _____

Or

My child has the following medical condition(s): _____
and they are limited to these activities: _____.

Signature of Parent or Guardian _____ Date _____

Emergency Notification Policy

In the case of an emergency (illness, serious injury, death of a provider, fire or tornado) you will be notified via phone with detailed information concerning the emergency. In order to be notified please be sure to provide your cell with your cell phone carrier, and/or your email address.

Transportation Notification

Field of Dreams will not be transporting children at this time. Until further notice any field trips will be within walking distance. By signing below I am also stating that I understand that Field of Dreams will not be responsible for any accidents, and lost or stolen items.

Signature of Parent or Guardian _____ Date: _____

*Parents will be given permission slips for each field trip prior to the scheduled date. Parents may accompany your child on any off site field trips. Please let the director know in advance if you would like to attend.

Safe Conditions Policy

The following steps will be taken to ensure that your child is safe while at our child care program.

Children will be actively supervised with the required number of qualified adults (adults who have completed a comprehensive criminal history check, drug screen and negative TB test, and have completed all required trainings) who follow all given policies and procedures. We have a 90 day probationary period for all incoming staff. During that time staff is not able to be absent, and are expected to adhere to all policies given not only by the state, but New Harvest/Field of Dreams. If within that time they are absent from work or are found to be insubordinate they will be terminated. Our first priority is the children then the business, and we are not willing to compromise either.

Our child care will not care for children in areas that are being remodeled, repaired, or painted. The administrator or director is responsible for maintaining all interior and exterior surfaces, including walls, floors, ceilings, equipment, toys, furnishings, and cribs, in a safe condition, free of sharp points or jagged edges, splinters, protruding nails or wires, loose parts, rusty parts, or materials containing poisonous substances.

Our child care will take the following steps to maintain the facility:

- (1) Clean the child care daily.
- (2) Keep the child care in sanitary conditions at all times.
- (3) Sanitize toys, furniture, and other equipment used by children, weekly and when they become soiled or contaminated.
- (4) Wash all soiled items prior to sanitation.

By signing below you are stating that you have read and understand our Safe Conditions Policy.

Signature

Date

Field of Dreams Abusive Behavior Policy

Biting is a natural developmental stage that many children go through. It is usually a temporary condition that is most common between thirteen and twenty-four months of age. The safety of the children here is our primary concern. Our biting policy addresses the actions the staff will take if a biting incident occurs.

Toddlers bite other toddlers for many different reasons. A child might be teething or overly tired and frustrated. He or she might be experimenting, imitating, or trying to get the attention of the teacher or their peers. Independence, stress, and exploration may also be causes for biting. Toddlers have poor verbal skills and are impulsive without a lot of self-control. Sometimes biting occurs for no apparent reason. We will encourage the children to "use their words" if they become angry or frustrated. The staff members will maintain a close and constant supervision of the children at all times.

Behaviors that aren't acceptable are hitting, spitting, kicking, scratching, throwing tables, and chairs etc. These behaviors are unacceptable and will only be tolerated for a short time to give opportunity for correction before suspension is implemented whether against classmates or staff.

The following steps will be taken if biting or abusive behaviors occur for children ages 25 months to 5 years old:

- The behavior will be interrupted with a firm "No... It's not ok to ...! You hurt _____ when you ____ them" while looking directly at them.
- Staff will stay calm and will not overreact.
- The harmed child will be comforted.
- Staff will remove the child from the situation. The aggressor will put in time out no longer than their age.
- The wound of the bitten or harmed child shall be assessed and cleansed with soap and water and/or ice applied.
- If it is determined that there was a blood exposure further steps need to be taken under Procedure for Incidents Involving Blood Exposure which is given during first aid training and on the first aid directives that are in each classroom. The parent will be called once we have taken care of all involved and completed the paperwork. *Note: If a bite requires medical treatment or bodily injury, a copy of the incident report must be sent to the licensing consultant.*
- The parents of both children will be notified of the incident. Appropriate forms (Incident or Thumbs Down Report) will be filled out for notification purposes and will go in the child's file.
- A call will also be in order contingent upon the behavior and what is outlined in our behavior policy.
- **Confidentiality of all children involved will be maintained.**
- Children 24 months and under **will not** be suspended or dismissed from our program for abusive behavior.
- Children ages 25 months and older will be suspended and/or dismissed for abusive behavior.
- The suspension/ dismissal schedule is as follows:
 - 3rd occurrence 3 days suspension
 - 4th occurrence 4 days suspension
 - 5th occurrence 5 days suspension
 - 6th dismissal
- Also note that if you chose to withdraw your child because of abusive behavior you are still bound by the financial obligations of the contract that you have signed in this enrollment packet.

Signature

Date

Field of Dreams Daily Activities Disclosure

As an Unlicensed Registered Childcare provider we are required to follow a number of state laws. One of which requires that we must make available daily indoor and outdoor activities appropriate to the age, developmental needs, interests, and number of children in our care which include the following:

- Both active and quiet play.
- Daily outdoor play, unless one (1) of the following applies:
 - Severity of weather poses a safety or health hazard. e.g.
 - Parents need to bring your child dressed appropriately for outdoor play every day.
 - Outside temperature is below 35 degrees Fahrenheit as identified by the National Weather Service.
 - Wind chill is at or below 15 degrees Fahrenheit as identified by the National Weather Service.
 - Heat index is at or above 90 degrees Fahrenheit as identified by the National Weather Service.
 - Raining
 - Lightning
 - A health related reason for a child to remain indoors is documented by the child's physician.

By signing below you are acknowledging that you have read, understand, and agree to adhere to our daily activities disclosure.

Signature

Date

Field of Dreams Discipline Policy

Our goal is to partner with parents in raising their child to have good character. Many times this includes discipline. Discipline is important in all of our lives and is not a negative thing. It is very important to teach them now to be respectful and have integrity. For the rest of your child's life they will need to respect their authority figures; you as parents, teachers, police, the government, their boss, etc. and it is our goal to help you in this effort.

We love your child, but we recognize that parents have a stronger impact on their children than a teacher will ever have. We ask that you please back your teachers up when there are behavioral issues at preschool so that the child knows we are all working together as a team to love your child and help them learn good behavior.

As we all know, a well-disciplined classroom is important for learning. To help maintain a learning atmosphere, students are expected to follow rules that are reasonable, age appropriate, definable, and enforceable. Following rules and having respect for others are the basis for these rules. When a student does not follow classroom rules, the goal is to discipline, not punish. Our desire is for the student to change his/her thinking, not just his/her conduct. We want to address the issue of his/her heart and teach children how to handle themselves. Our approach is based on the principles found in Ephesians 4:22-23: 1) stop and recognize what he/she did wrong; 2) ask forgiveness for the specific wrong action or behavior (not just say "I'm sorry"); and 3) acknowledge what the right behavior should have been and strive for this behavior in the future.

Rarely, we have to ask a family to leave due to that child continually disrupting the classroom. Again, this is rare. If we have continual discipline issues with your child we will request a meeting with the parents, the director, and the teacher to discuss a plan of action to allow the child to continue here. If we see that there is still no change in the child's behavior, or that we are not getting support from the parents then we will need to dismiss the child from our program. Children will also be dismissed if they pose a threat to themselves or others etc. hitting, kicking, throwing things, running out of the classroom or building.

We do not expect perfect children. Our staff loves their job, and even walking these precious little ones through good and bad choices. We expect things to come up and we are look forward to partnering with you to help your child grow. We will praise- a lot! We will correct- a lot! But more than anything we will love your child while they are in our care!

We use a color code system to help enforce our discipline policy. The colors in the system are: 1) green; 2) yellow; 3) red; and 4) black.

Stick changes:

- For two weeks no stick changes for new children- still discipline them e.g. time out and lose privileges, and communicate with parents, but just without stick changes
- 3 warnings- go to yellow (teacher should be observing to prevent stick change to red)
- 2 more warnings-go to red-(Teacher fills out thumbs down report and makes sure that there is a copy made for home and for child's file.)
- 1 more warning they go to Black (Another "Thumbs Down Report") call parents to come and discipline as they see fit. They do not have to go home then. Once the parent has disciplined the child, or has at least spoken to them over the phone the child will go back to green. Note: We try to discern when to change to black or just a time out and lose a privilege.
- 2 black sticks in one day means the child must be picked up. They will also go straight home if they are violent or physically abusive to staff.
- We do not ask parents to leave their work to inconvenience them, but if a child is on a black stick, that means we have given at least 5 warnings and done everything in our power to help the child change their behavior, and we now need the parent to come discipline themselves. If a parent, or someone the parent trusts, cannot come to discipline, then the child will remain on black and will play alone, after their time out, until someone is able to come.

By signing below you are agreeing to the above said terms.

Signature

Date

Field of Dreams Infectious Disease Policy

The purpose of the policy is to let you know what to expect and to prevent the spread of an infectious disease when there is a confirmed case as well as making sure the proper steps have been taken to ensure there isn't a case of infectious disease.

Once there is a confirmed case of an infectious disease:

1. You will be notified immediately (that day). A confirmed case is considered a diagnosis from a medical professional (doctor, physician's assistant, or medical practitioner).
2. You will also be given general information in regards to the disease such as the signs and symptoms of the infection, how it is spread, and what to do if you suspect you or your child may be infected.
3. Our facility also follows a safe conditions policy that requires us to immediately (that day) sanitize any and all surfaces as well as wash all blankets that have come in contact with an infectious or contagious disease.

There are certain infectious diseases which require the exclusion of persons from work or childcare in order to avoid further spread. Children and staff members should be excluded when they present certain symptoms associated with these infectious diseases. Exclusion should continue until symptoms have disappeared or until a physician has declared that the symptoms are not associated with an infectious agent. Children who are mildly ill may attend if their attendance will not disrupt the normal activities of the day.

General Guidelines

Exclusion should occur if a child exhibits any of the following:

1. Signs/symptoms of illness- until physician determines the child may return. These signs/symptoms may include increased tiredness, increased irritability, increased persistent crying, and uncontrolled coughing.
2. Fever- until physician determines the child may return. Temperatures of 100 degrees F or higher (arm pit or oral), and 102 degrees F or higher (rectal) should be excluded.
3. Uncontrollable diarrhea- until diarrhea stops or until physician determines that it is not related to an infectious disease.
4. Vomiting- until vomiting stops.
5. Rash w/ fever or behavior change - until physician determines that it is not related to an infectious disease.
6. Eye drainage (Pinkeye-bacterial) - until 24 hours after proper treatment has begun.
7. Unusual color- until physician determines that it is not related to an infectious disease.
8. Mouth Sores with Drooling- until physician determines the child may return.
9. Lice- until after treatment and no more live lice or eggs are found.

By signing below you are stating that you have read and will adhere to our infectious disease policy.

Signature

Date

Full Nondiscrimination Statement

All publications and handouts mentioning USDA Child Nutrition Programs must contain the following full nondiscrimination 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, audiotope, 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](#), (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.

Date _____ Read and Initial _____

ENROLLMENT FORM

IDOE/CACFP
December 2015

Name of Institution: New Harvest Christian Church

Sponsor ID Number: 1540010

Name of Facility: Field of Dreams Preschool and Childcare

Child's Name: _____

Birthdate: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Please enter the normal hours your child is in care on the specific days of care.					
Please check (✓) the meals your child normally receives while in care.	Breakfast____ AM snack____ Lunch____ PM snack____	Breakfast____ AM snack____ Lunch____ PM snack____	Breakfast____ AM snack____ Lunch____ PM snack____	Breakfast____ AM snack____ Lunch____ PM snack____	Breakfast____ AM snack____ Lunch____ PM snack____
If your school-age child will be in attendance outside of the regular hours indicated above (snow days, school breaks, etc) Please check (✓) here _____					

This information is required by CACFP federal regulations at §226.15 (e) (2) and (3) for each enrolled participant, and must be updated **annually**.

Printed name of parent/guardian: _____ Phone Number: _____

Signature of parent/guardian: _____ Date: _____

This institution is an equal opportunity provider.

**INSTRUCTIONS FOR COMPLETING THE CACFP
APPLICATION FOR FREE AND REDUCED PRICE MEALS (Child Care)**

Follow these instructions, if your **household gets SNAP OR TANF**:

Part 1: List all household members and birth dates for children.

Part 2: List the case number for any household member (including adults) receiving Food Stamps or TANF.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form and enter the contact information. The last four digits of a Social Security Number are not necessary.

Part 6: Sign this part if you do not want your application information shared with Medicaid or Hoosier Healthwise.

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 and complete the contact information. A Social Security Number is not necessary.

Part 6: Sign this part if you do not want your application information shared with Medicaid or Hoosier Healthwise.

Part 7: Answer this question if you choose.

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

Part 1: List all household members. For any person, 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 a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [sponsor contact and phone number]. If not, skip this part.

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

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

Section 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.

In 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.

In Box 2 - list the amount each person got from the month from welfare, child support, alimony.

In Box 3 - list retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits.

In 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, under *Earnings From Work*, report income after expenses. This 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, complete the information, and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Sign this part if you do not want your application information shared with Medicaid or Hoosier Healthwise.

Part 7: Answer this question if you choose.

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

Part 1: List all household members. For any person, 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:

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

Section 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.

In 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.

In Box 2 - list the amount each person got from the month from welfare, child support, alimony.

In Box 3 - list retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), disability benefits.

In 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, under *Earnings From Work*, report income after expenses. This 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: An adult household member must sign the form, complete the information, and list the last four digits of his or her Social Security Number, or mark the box if he or she doesn’t have one.

Part 6: Sign this part if you do not want your application information shared with Medicaid or Hoosier Healthwise.

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.

This institution is an equal opportunity provider.

CACFP APPLICATION FOR FREE AND REDUCED PRICE MEALS (CHILD CARE)

SPONSOR NAME: NEW HARVEST CHRISTIAN CHURCH	PHONE NUMBER: 765.364.1421
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CENTER: FIELD OF DREAMS PRESCHOOL AND CHILDCARE	FDC PROVIDER:
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PART 1. ALL HOUSEHOLD MEMBERS	BIRTH DATES OF CHILDREN	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 4 TO SIGN THIS FORM.	CHECK IF NO INCOME
NAMES OF ALL HOUSEHOLD (FIRST, MIDDLE INITIAL, LAST)			
		<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 RECEIVED [FOOD STAMPS] OR [STATE TANF CASH ASSISTANCE], PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS. **IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.**

NAME: _____ CASE NUMBER: _____

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL [INSERT CENTER CONTACT AND PHONE NUMBER]

HOMELESS MIGRANT RUNAWAY

PART 4. TOTAL HOUSEHOLD GROSS INCOME—You must tell us how much and how often

	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
A. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME)	1. EARNINGS FROM WORK BEFORE DEDUCTIONS	2. WELFARE, CHILD SUPPORT, ALIMONY	3. PENSIONS, RETIREMENT, SOCIAL SECURITY, SSI, VA BENEFITS	4. ALL OTHER INCOME
(EXAMPLE) JANE SMITH	\$200/WEEKLY	\$150/TWICE A MONTH	\$100/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 BACK OF THIS 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: XXX - XX - ____ - ____ I DO NOT HAVE A SOCIAL SECURITY NUMBER

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

PART 6: Other Benefits: THE LAW ALLOWS US TO TELL MEDICAID AND HOOSIER HEALTHWISE THAT YOUR CHILDREN ARE ELIGIBLE FOR FREE OR REDUCED PRICE MEALS. WE MAY SHARE YOUR APPLICATION INFORMATION WITH MEDICAID OR HOOSIER HEALTHWISE UNLESS YOU DO NOT WANT US TO. IF YOU DO NOT WANT US TO SHARE THIS INFORMATION, PLEASE SIGN HERE:

FOR INFORMATION ABOUT HOOSIER HEALTHWISE HEALTH INSURANCE
CALL 1-800-889-9949

SIGNATURE OF PARENT OR GUARDIAN

CACFP APPLICATION FOR FREE AND REDUCED PRICE MEALS (CHILD CARE)

A CHILD ENROLLED IN THE DAY CARE FACILITY MAY QUALIFY FOR FREE OR REDUCED PRICE MEALS IF THE HOUSEHOLD INCOME FALLS AT OR BELOW THE LIMITS ON THIS CHART:

JULY 1, 2016 TO JUNE 30, 2017			
HOUSEHOLD SIZE	MONTHLY INCOME	HOUSEHOLD SIZE	MONTHLY INCOME
1	1,832	5	4,385
2	2,470	6	5,023
3	3,108	7	5,663
4	3,747	8	6,304

FOR EACH ADDITIONAL FAMILY MEMBER, ADD **\$642**

PART 7. 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 AMERICAN INDIAN OR ALASKA NATIVE
- WHITE NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- BLACK OR AFRICAN AMERICAN

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) CASE 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.

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.

CHILD CARE REPRESENTATIVE USE ONLY

ANNUAL INCOME CONVERSION: WEEKLY X 52 – EVERY 2 WEEKS X 26 – TWICE A MONTH X 24 – MONTHLY X 12

SECTION A MARK ONE OF THE BOXES BELOW TO SHOW HOW YOU ARE GOING TO DETERMINE ELIGIBILITY.

FOOD STAMP OR TANF HOUSEHOLD—THE FOOD STAMP OR TANF NUMBER MEETS THE CRITERIA FOR AN ACCEPTABLE CASE NUMBER. COMPLETE SECTION B & C **OR**

FOSTER CHILD—COMPARE THE FOSTER CHILD'S PERSONAL INCOME TO THE GUIDELINES. COMPLETE SECTION B & C **OR**

HOUSEHOLD INCOME—COMPLETE THE INFORMATION BELOW AND COMPLETE SECTION B & C

TOTAL HOUSEHOLD SIZE: _____
TOTAL HOUSEHOLD INCOME
\$ _____ / _____
EXAMPLE: \$100/WEEK

COMPARE TOTAL HOUSEHOLD INCOME TO CURRENT USDA INCOME ELIGIBILITY GUIDELINES. WHEN THE HOUSEHOLD INCOMES ARE LISTED FOR DIFFERENT PAY PERIODS, YOU MUST CONVERT ALL INCOME TO MONTHLY OR ANNUAL INCOME. USE THE CONVERSION LISTED ABOVE.

SECTION B

BASED ON THE INFORMATION PROVIDED, THIS APPLICATION WILL BE:

- APPROVED FREE APPROVED TIER I
- APPROVED REDUCED APPROVED TIER II
- PAID

USE THIS SPACE FOR INCOME CALCULATION.

SECTION C

SIGNATURE OF SPONSOR REPRESENTATIVE

DATE OF APPROVAL

THIS FORM EXPIRES ONE YEAR FROM THE DATE IT WAS APPROVED