



For Office Use Only:

Child's Name: _____
 School: _____
 Grade: _____
 FT/PT: _____
 Start Date: _____

B/A Drop in Summer Camp

**LATIN AMERICAN COMMUNITY CENTER
 YOUTH DEVELOPMENT
 ENROLLMENT CHECKLIST**

The package must have all completed forms for the child to start the program:

- ___ 1 Intake Form
- ___ 2 Child Information Form
- ___ 3 All About My Child Form
- ___ 4 Consent Form
- ___ 5 Parent Contract - School Year and SC
- ___ 6 Photo/Video Consent form
- ___ 7 Center Child Acknowledgement and Permission Form
- ___ 8 Non Discrimination Statement (CACFP)
- ___ 9 Income Eligibility Form (IEF)
- ___ 10 Codes of Conduct Agreement
- ___ 11 Transportation Permission form – LACC
- ___ 12 Parent's Handbook acknowledgement form.

Items needed from parents - to be attached with Enrollment Package:

- ___ 1 Purchase of Care Authorization - P.O.C. (If applicable)
 Eligibility for P.O.C: Parent must work or be enrolled in school.
 Do not need to disclose SS# to Social Services.
 Site ID: B/A LACC @ Learning Center and SC – 1710306500
- ___ 2 Private Pay (must pay week in advance)
- ___ 3 Proof of Address (Recent electric or gas bill, Lease agreement)
- ___ 4 Health Insurance
- ___ 5 Child Health Appraisal
 Must be within 1 year of enrollment
 Must be completed at 5 years of age for Kinder
- ___ 6 Current records of immunizations
- ___ 7 Child IEP (Individualized Education Plan)
- ___ 8 \$25 Registration/Trip/Shirt Fee – Summer Camp (Non-refundable)
- ___ 9 Shirt Size _____ (SC only)

Give to Parents at Enrollment

- ___ 1 Parent Handbook
- ___ 2 LACC Calendar

Registering Staff doing Intake: _____

Date of Intake: _____



LATIN AMERICAN COMMUNITY CENTER CLIENT INTAKE FORM

Parent/Guardian Name _____

Address _____
Street City State Zip Code

Proof of Address _____ (Copy and attach)

Home Phone Number _____ Work Phone Number _____ Cell Phone Number _____

Participant's Name: _____

School: _____ Grade: _____

Full Time/Part Time: _____ Start Date _____

Program: _____ Before and After _____ Before _____ After _____ Summer Camp

Method of Payment: _____ Private _____ P.O.C (Purchase of Care – Assistance Program provided by the DSS office)

Total household members including participants

Total children:

Total Adults:

Full Name	Date of Birth	Relationship to client	Name of School or Employer

Health Insurance Provider _____ Policy/Identification/MIC# _____ Subscriber Name _____

Annual Household Income: _____

Income/Assistance

Wages _____	Food Stamps _____	Veteran Benefits _____
SS/SSI/Pension _____	Unemployment _____	TANF _____
Medical Assistance _____	Child Support _____	Other _____
WIC _____	Rent Subsidy _____	

May we contact you in the future to complete a survey regarding our services? YES, NO

FOR REFERRALS:

The information on this form helps us to serve you better by providing us with information to make referrals on your behalf to public/private services available to meet your needs. The information on this form will be shared for one year with other agencies that you will be referred to for services. Participation is voluntary. You have the option to apply directly for a program by going directly to each agency and complete forms and provide necessary information to confirm eligibility. Participation or non-participation will not affect your rights, benefits or privileges. If at any moment you choose to prohibit sharing of this information with other public/private agencies, you must submit that request in writing to the agency/person in your presence.

I fully understand what I have read and what has been explained to me.

How did you hear about the LACC (our services)?

_____ I agree that this information can be shared.

Would you like to receive messages about LACC events and services that can benefit you? Yes No

_____ I prefer not to have this information shared.

Parent/Guardian Signature/Date: _____

Registering Staff Signature/Date: _____



All About My Child

This information will be given to your child's afterschool teacher to help him/her better understand your child's needs and personality.

Today's Date: _____ Child's Name: _____

Child's Birthday: _____ Child's Favorite Color: _____

What are some things your child likes?

What are some things your child dislikes?

Does your child have any dietary needs/preferences?

What is your child's preferred language? _____

What language is spoken at home? _____

Does your child have any special needs? (Please circle and specify as needed):

Allergies/Asthma Please Specify: _____

Disability Please Specify: _____

IEP (Individual Educational Plan)

IFSP (Individual Family Service Plan)

IHP (Individual Health Plan)

ITP (Individual Transition Plan)

504 Plan

Other Please Specify: _____

Are there any cultural or family traditions you would like to share with your child's teacher?

Is there anything else you would like your child's teacher to know for this school year?



LATIN AMERICAN COMMUNITY CENTER
CONSENT TO RELEASE INFORMATION
PERMISO PARA DIVULGAR INFORMACIÓN

Student's Name
(Nombre del estudiante)

Child's Date of Birth
(Fecha de Nacimiento)

Name of School
(Nombre de la Escuela)

Grade
(Grado)

Today's Date
(Fecha de Hoy)

I authorize the LACC staff to request and review my child's school records such as Report Cards and IEP (Individual Education Plan) in order to coordinate tutoring services for my child. IF deemed necessary, I give the LACC staff permission to request his/her health records solely when special needs are identified. I authorize the release of information deemed necessary for my child's educational planning in coordination with the LACC Learning Center.

Yo autorizo a los empleados del centro Latinoamericano para que tengan acceso y revisen los archivos y documentos escolares de mi hijo/a como las Calificaciones y Plan de educación individual (IEP) con fin de planificar su tutoría dentro del programa. Yo les autorizo para que también puedan compartir cualquier información que requiera servicios especiales para la educación de mi hijo/a.

Parent Signature/Date: _____
(Firma del padre o tutor legal)



LATIN AMERICAN COMMUNITY CENTER
PARENT CONTRACT FOR YOUTH DEVELOPMENT DEPARTMENT
BEFORE & AFTER SCHOOL AND SUMMER CAMP PROGRAM

This is a contract between LACC and _____
(Parent/Guardian Name)

Parent/Guardian of _____
(Name of child)

Please initial the following:

- ___ I understand that a current child health appraisal (completed by a physician), and immunization records (including a lead screening test) are due upon enrollment, and that the LACC will not provide services to my child without these forms.
- ___ I agree to update emergency contact information and pick up authorization form whenever changes occur.
- ___ I understand that my tuition payment is due on the Friday before each week.
- ___ I understand that repeated late payments will be considered grounds for suspension and dismissal from LACC youth development programs.
- ___ No deductions will be made from tuition when my child is absent or on vacation.
- ___ I understand that I must drop off my child in the mornings between 6:45am - 8:00am, and that I must sign my child in and out at the front desk each day.
- ___ I understand that I must pick up my child no later than 6:00 p.m. during the school year and 5:30 p.m. when schools are closed and Summer Camp. I must sign out each day.
- ___ I understand that when late pick up occurs without notification, LACC staff will do an attempt to call parent/guardian. If no one is available an attempt will be made to reach emergency contact and release persons listed on the child emergency form. (Please refer to page 12 on parent handbook.)
- ___ I understand that after four (4) late occurrences child will be suspended for one (1) day from the program and that there are no deductions or refunds.
- ___ I understand that I must notify the LACC of my child's absence from the program or when my child is sick.
- ___ If your child is absent for more than five (5) consecutive days in one month your child could lose his/her spot in the program, unless LACC is previously notified.
- ___ Sneakers or closed shoes and socks must be worn during all times. No open-toed sandals or flip flop allowed.
- ___ I understand that the LACC is not responsible for lost items, toys, and book bags.
- ___ I understand that the use of cell phone, iPads, tablets or any other electronics by the student(s) during program hours are prohibited. The first time a student is found using any electronic device, it will be taken from them and will only be returned to the parent/guardian. The second time, the student will be given a one-day suspension from the program.
- ___ I understand that recurrent behavior incidents will not be tolerated and may be grounds for the dismissal of my child from the program with no deductions or refunds.
- ___ I understand that failure to comply with the LACC's policies and procedures may result in the termination of my contract.
- ___ I have received, read, and understand the policies in the Parent Handbook and Discipline Policy guidelines.

Signature/Date: _____
(parent/guardian)

Youth Development Staff Signature/Date: _____

LATIN AMERICAN COMMUNITY CENTER
PHOTO & VIDEO RELEASE FORM
AUTORIZACIÓN DE FOTO Y VIDEO



Latin American Community Center
403 N. Van Buren Street
Wilmington, Delaware 19805

Permission to Use Photograph/ Permiso para tomar fotografías y videos:

I hereby grant the Latin American Community Center (LACC), its representatives and employees the right to take photographs or video footage of my child enrolled in one or more of the LACC's youth programs (Before & After Care, Summer Camp, etc.) as well as those agencies that currently collaborate with the LACC by offering enrichment programs within our programs, solely for the purpose of promoting and marketing the agency and its programs.

I authorize the LACC (and its collaborating agencies/programs) to copyright, use and publish the same in print and/or electronically. I agree that Latin American Community Center may use such photographs/videos of my child, _____
for any lawful and professional purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Yo otorgo al Centro Latinoamericano, LACC por sus siglas en inglés, sus representantes y empleados el derecho de tomar fotografías o video de mi(s) hijos(as) matriculado(s) en uno o más programas juveniles, con el único propósito de la promoción y comercialización de la agencia y sus programas; al igual los programas ofrecidos en nuestra agencia (LACC) por otras organizaciones que colaboran con el Centro Latinoamericano.

Yo autorizo al Centro Latinoamericano copiar o publicar en forma impresa y/o electrónica. Estoy de acuerdo que el Centro Latinoamericano (y sus colaboradores de otras agencias/programas) puede utilizar tales fotografías o videos de mi hijo(o), _____
para cualquier propósito profesional y legal, incluyendo por ejemplo la publicidad, ilustración y contenido del WEB.

I have read and understand the above/He leído y entendido:

Parent or guardian name/Nombre de padre o tutor legal:

Parent or guardian signature/Firma del padre o tutor legal/Date: _____

CENTER CHILD ACKNOWLEDGMENT AND PERMISSION

PARENTS RIGHT TO KNOW NOTICE

UNDER THE DELAWARE CODE YOU ARE ENTITLED TO INSPECT THE ACTIVE RECORD AND COMPLAINT FILES OF ANY LICENSED CHILD CARE FACILITY. TO REVIEW A CHILD CARE FACILITY RECORD CONTACT OFFICE OF CHILD CARE LICENSING, 3411 SILVERSIDE ROAD, CONCORD PLAZA | HAGLEY BUILDING, WILMINGTON, DELAWARE 19810-4803.

You may also view substantiated complaints and compliance review histories for the past three years by visiting <http://www.apex01.kids.delaware.gov:7777/occl/>

Parent/Guardian Signature

Date

SCREEN TIME PERMISSION

Children over the age of two may have an educational video, movie, or game incorporated into their curriculum. These may be viewed on a television, computer, tablet, or gaming device. These will be age-appropriate and limited to one hour per day unless a special occasion or activity occurs. Children will be closely supervised while using the internet.

Parent/Guardian Signature

Date

RECEIPT OF PARENT HANDBOOK

I certify that I have received information regarding the center's policies on following topics: a typical daily schedule, positive behavior management techniques, routine and emergency health care, health exclusions, and prevention of communicable diseases, food and nutrition, procedures for releasing children, reporting of accidents, injuries or critical incidents, mandatory reporting of child abuse and neglect, administration of medication procedures, non-discrimination, developmental and educational goal, complaints, and transportation if provided.

Parent/Guardian Signature

Date

TRANSPORTATION PERMISSION

I hereby give permission for my child to be transported by Latin American Community Center.

Please list any special needs or problems which might require special attention during transportation and directions on how to handle the special need or problem. This information will be carried with the operator of the vehicle named above.

Parent/Guardian Signature

Date

USDA Nondiscrimination Statement

For all other FNS nutrition assistance programs, State or local agencies, and their subrecipients, must post the following 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, age, 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, (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
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Parent/Guardian/Date: _____



LATIN AMERICAN COMMUNITY CENTER CODES OF CONDUCT AGREEMENT

This is a behavior contract for _____
Student's Name

LACC BUS BEHAVIOR CONTRACT

All children are required to demonstrate the following safe bus behaviors and rules:

Listen to the bus driver and/or bus aide Remain seated (Back to back; Bottom to bottom; Book bag on lap) No eating, drinking or smoking No fighting, horseplay or pushing	Keep all body parts inside the van Talk quietly (No screaming or loud talking) Do not throw objects in or out of the bus No littering or damaging the van or its contents No teasing, profanity or rude gestures
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Failure to follow these rules will result possible suspensions or termination from the program as described in the Parent Handbook page 6.

***NOTE:** During All Bus suspensions, it is the parent's responsibility to provide the Student's transportation to School.

STUDENT COMPUTER CONTRACT

The use of internet is for educational and recreational activities and games. Children may only visit websites allowed by the LACC. Children will lose rights to use the internet if I cannot follow the following rules:

Minor Violations NO chatting or Instant Messenger. NO music (this includes MTV, YouTube, etc) NO social websites (such as but not limited to Facebook, Instagram and Twitter)	Major Violations NO violent games (on going fighting, assault, extensive use of weapons, swords, explosives and sexual violence). to inappropriate websites. NO touching of network cables or other cables and plugs behind or below the computers.
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The undersigned understands the behaviors that are expected of the child, discussed in this behavior contract, and understand the consequences for breaking the contract.

Parent/Guardian Signature/Date: _____

Registering Staff Signature/Date: _____



TRANSPORTATION AUTHORIZATION
AUTORIZACIÓN DE TRANSPORTE

Student Name/Nombre del estudiante _____
Last/Apellido *First/Nombre* *Middle/In.*

School/Escuela _____ Grade/Grado _____

Home Address/Dirección _____

City/Ciudad _____ Zip Code/Código postal _____

Home phone number/Número de teléfono de hogar _____

Work phone number/Número de teléfono del trabajo _____

Emergency Contact/Contacto de Emergencia _____

Emergency Contact's phone number/ Número de teléfono para el contacto de Emergencia _____

Provider/Proveedor: **Latin American Community Center**

403 N. Van Buren Street
Wilmington DE, 19805
(302) 655-7338

Parent or Guardian/Padre o Tutor Legal _____

Signature/Firma/Date: _____



LATIN AMERICAN COMMUNITY CENTER
PARENT'S HANDBOOK ACKNOWLEDGEMENT FORM
RECONOCIMIENTO DEL MANUAL DE PADRES

Child Name/Nombre del Niño: _____

Parent Name/Nombre del Padre: _____

By signing below, I acknowledge receipt of the Latin American Community Center's Lifelong Learning Parent handbook. It is my responsibility to read the handbook and understand its contents. Any questions should be directed to Lifelong Learning staff.

Firmando abajo, yo reconozco que recibí una copia del Manual Para Padres del Centro Latino para los programas de Lifelong Learning. Es mi responsabilidad de leer y entender el manual. Cualquier pregunta debe ser dirigida al personal de Lifelong Learning.

Signature/Firma

Date/Fecha

CHILD INFORMATION CARD
State of Delaware
Department of Services for Children, Youth, and Their Families

Child's Information			
Child's name:Nombre del niño	Date of birth: Fecha de nacimiento:	Date of enrollment: Fecha de inscripción	Date of discharge: Fecha de baja:
Child's address:Dirección:		Hours and days child is scheduled to attend: Horario y días:	
Parent/Guardian Information (1) Información de padre/guardián		Parent/Guardian Information (2) Información de padre/guardián	
Name: Nombre:		Name: Nombre	
Address, if different from child's: Dirección, si es diferente		Address, if different from child's: Dirección si es diferente	
Home phone:Tel. de Hogar	Cell phone:Tel. Mobil	Home phone: Tel. hogar	Cell phone: Tel. Mobil
Work phone:Tel. Trabajo	Hours of employment: Horario de trabajo	Work phone: Tel. Trabajo	Hours of employment: Horario de trabajo
Employer name and address: Nombre y dirección de trabajo:		Employer name and address: Nombre y dirección de trabajo	
Additional Emergency Contacts and People Authorized to Pick-up Child Personas adicionales autorizadas para recoger al			
Name: Nombre		Address: Dirección	
Name: Nombre		Address: Dirección	
Name: Nombre		Address: Dirección	
		Phone: Teléfono	
		Phone: Teléfono	
		Phone: Teléfono	

Emergency Medical Care /Cuidado Medico

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

Transportation/ Transportación

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby give permission for my child to be transported by the center.

Yo autorizo a que mi niño, quien es un menor, ser transportado por el Centro.

Signature and date of parent/guardián

Firma y fecha del padre / Tutor

Medical Information Información Médica	
Name of child's physician: Nombre del doctor:	Office phone: Teléfono de oficina del doctor
Special medical information, medications, allergies, diet: Información médica: medicamentos, alergias, heridas, dietas:	Health insurance identification information: Información de seguro médico

The above information is necessary for your child's protection and this facility is required to have it. Keep this information current.

La informanción es necesaria para la protección del niño y es requerido obtenerla en esta instalación.

CHILD INCOME ELIGIBILITY FORM

PART 1 (Complete one application per household. Please use a pen, not a pencil.)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Date of Birth	Ethnicity Hispanic or Latino?		Race (check one or more)					Foster Child	Homeless, Migrant, Runaway
				Yes	No	American Indian or Alaskan Native	Asian	Black Or African American	Native Hawaiian or Other Pacific Islander	White		
				<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"/>	<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"/>	<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 ENROLLMENT

Start Date:		Arrival Time:		AM/PM	Departure Time:		AM/PM	Shift Work:	Yes/No		
Normal days of week Participant(s) is/are in care (circle all that apply):					Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Meals eaten at Providers/Center: (Circle all that apply. CACFP provides reimbursement for up to 2 approved meals and one snack per day/participant):											
Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack						

PART 3 HOUSEHOLD INCOME

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF?

Check one: ☐ Yes / ☐ No

If you answered NO – Complete STEP 3.

If you answered YES – Write a case number below, then go to STEP 4

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all Child Household Members listed in PART 1 here.

Child Income

\$

How Often?

Weekly

Bi-Weekly

2x Month

Monthly

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is not income to report.

Name of Adult Household Members (First/Last)	Earnings from Work (Before Deductions)	How Often?				Public Assistance/ Child Support/ Alimony	How Often?				Pensions/SSI/ Retirement/ All Other Income	How Often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
1	\$	<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"/>
2	\$	<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"/>
3	\$	<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"/>
4	\$	<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"/>
5	\$	<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"/>

Total Household Members (Children and Adults)	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household	* * * - * * -	Check if No SSN <input type="checkbox"/>
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PART 4 CONTACT INFORMATION and ADULT SIGNATURE

An adult household member must **sign and date** this form before it can be approved.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)	City	State	Zip	Daytime Phone and Email (optional)
Printed Name of adult completing the form	Signature of adult completing the form			Today's Date

SPONSOR USE ONLY:

Categorical Eligibility (If Yes, Check One): ☐ SNAP (Food Stamp) Household ☐ TANF Household ☐ Head-Start ☐ ECAP ☐ Foster Child(ren) ☐ Homeless/Migrant/Runaway Participant(s)

DATE WITHDRAWN:

Total Family Income: Family Size: (Include all Participants)

Yearly Income Conversion: **Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12**

ELIGIBILITY - Based on the information provided this application will be:

☐ Approved FREE ☐ Approved REDUCED ☐ Denied – The meals will be claimed in the PAID category.

Determining Official Signature: Review/Effective Date:

**Instructions for Completing the
Child and Adult Care Food Program (CACFP)
Income Eligibility Form (Child Care)**

Please complete the Child and Adult Care Food Program Income Eligibility Form using the instructions below. Sign the form and return it to the center/sponsor. Call the center/sponsor if you need help. Telephone Number: (302).

PART 1: PARTICIPANT(s) INFORMATION:

Print the name(s) of all Participant(s) enrolled.

RACIAL/ETHNIC IDENTITY: We are required to ask for information about your children's race and ethnicity. This information is important, and helps us to make sure we are fully serving the community. Responding to this section is optional, and does not affect your child's eligibility.

PART 2: ENROLLMENT

Start date, arrival and departure times, normal days and normal meals must be completed at the time of enrollment and/or renewal.

PART 3: HOUSEHOLD INCOME

List your current SNAP Case Number or your TANF Identification Number for the participant. **DO NOT** complete Part 3A OR 3B. **Go to PART 4.**

PART 3A:

ONLY HOUSEHOLDS ENROLLING A FOSTER CHILD, or if children in household earn income: **COMPLETE THIS SECTION.** Refer to specific instructions indicated. Include all foster children from PART 1 with the box indicating that the child is a foster child.

PART 3B:

ALL Adult Household Members (including yourself) complete this section. List all Household Members even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is not income to report.

Write the names of everyone in your household.

Write the amount of income received last month for each household member (the amount before taxes or before anything else is taken out), and where it came from, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount *last month* was more or less than usual, write that person's usual income.

An adult household member reporting total household income must sign the form and include the last four digits of his/her Social Security Number in **PART 3.**

Note to Center/Reviewer: If you are uncertain of how the family receives income (monthly, weekly, bi-weekly, annually) consider the income reported as the income for the month. If this is not workable, contact the family for clarification.

INCOME TO REPORT

Earnings From Employment:	Pensions/Retirement/Social Security:	Other Income:
Wages/Salaries/Tips Strike Benefits Unemployment Compensation Worker's Compensation Net income from self-owned business or farm	Pensions, Supplemental Security Income Cash withdrawn from savings, Retirement Income Veteran's Payments Social Security Regular contributions from persons not living in the household	Disability Benefits Interest/Dividends Income from Estate/Trusts/Investments Net Royalties/Annuities Net Rental Income Any Other Income
Welfare/Child Support/Alimony:	Military Household:	Foster Child's Income:
Public Assistance Payments Welfare Payments Alimony/Child Support	All cash income, including military housing/uniform allowances Does not include "in-kind" benefits NOT paid in cash (base housing, medical care, clothing, food, etc.)	ONLY funds from welfare agency identified by category for personal use of child (clothing, school fees, etc.), funds from child's family for personal use, and earnings from other sources (i.e., occasional or part-time employment) need to be included. DO NOT count funds from welfare agency for shelter, care, etc.

PART 4: CERTIFICATION - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.

All Income Eligibility Forms must have the signature of an adult household member.

The adult household member who signs the form must include the last four digits of his/her Social Security Number **IF** the participant is eligible for "free or reduced" based on household income. Section 9 of the National School Lunch Act requires that unless the participant's SNAP (food stamp), TANF case number is provided or the participant is a foster child or homeless, you must include the last four digits of the Social Security Number of the household member signing the statement, or an indication that the household member signing the statement does not possess a Social Security Number. Provision of the last 4 digits of the Social Security Number is not mandatory, but if a Social Security Number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The Social Security Number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP or TANF office to determine current certification for receipt of SNAP or TANF benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal action. If he/she does not have a Social Security Number, check the "I do not have a Social Security Number" box.

If you listed a **SNAP** or **TANF** case number or the participant is a **Head Start, ECAP, Foster** or **Homeless** child, the last four digits of a Social Security Number **is not** needed.

SPONSOR USE ONLY – Eligibility Determination: To be completed by Child Care Representatives ONLY. (1) Complete total household income and size section. Compare total income to *Household Income Eligibility Guidelines*. When household incomes are listed from different pay persons, you must convert all income to yearly income using the conversion table listed. Follow other instruction as indicated. (2) The review/effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

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, i.e., Food Stamp), Temporary Assistance for Needy Families (TANF) Program 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.

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