



CHILD CARE POLICIES & PROCEDURES

WELCOME!

We would like to welcome you to the Adventureland Academy family! Our staff is looking forward to servicing you and your family. If you have any questions or concerns, please don't hesitate to address us. We want to accommodate you and your family in every way possible.

IMPORTANT

In the following pages, we will be addressing Adventureland policies and procedures. This is to help you and your family to adjust and become more familiar with your new facility. Your satisfaction and your child's safety depend on how well we can communicate. By making yourself familiar with these member policies your experience with Adventureland will be positive and truly exciting.

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. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, (Voice and TDD). USDA is an equal opportunity provider.

HOURS OF OPERATION

Adventureland Academy will be in operation Monday through Friday from 6:30 a.m. to 6:00 p.m. for all ages. During inclement weather, we will follow the Little Rock School District's closing policy, please check the local newscasts. Although, you may contact Adventureland to see if we are open.

Please remember that it is against DHS Regulations to keep children in care longer than 10 hours in a day.

LATE CHARGES (PICK-UP)

For children left after 6:00 p.m., a grace period of 10 minutes will be given. Anytime thereafter, we will assess a \$1.00 per minute fee (per child). Calling DOES NOT eliminate your obligation to pay this fee, although letting us know if you're going to be late is appreciated. Please be advised that after a total of 30 minutes, we are required to call the Department of Human Services and file a report.

SUPERVISION

Adventureland Academy does extensive child maltreatment and criminal background checks on all employees. We also do a FBI check if the employee has lived outside the state of Arkansas in the past 6 years. Our staff is well trained in serving your child at all times. All Adventureland staff is required to actively participate in the supervision of children at all times regardless of the type of activity.

Children in care at Adventureland and Adventureland staff are subject to be interviewed by childcare licensing, DCFS Special Investigations and law enforcement for investigative purposes and/or for determining compliance with

licensing requirements. In the event that an interview would occur, a written notice will be sent to the parents and staff.

MANDATED REPORTER

All individuals who work with children are required by law to report any suspected signs of child abuse to the child abuse hot line. It is then up to the proper authorities to investigate. In this case we are not allowed to contact the parents.

ENROLLMENT

A **NON-REFUNDABLE** registration fee of \$50 for a single child is due at the time of enrollment to hold your child's position in our program. If you have 2 or more children enrolling, your registration fee will be \$75 for the whole family. To receive the family registration price, the children **MUST** be siblings, or have the same guardian.

TUITION

Tuition is set on a WEEKLY basis and is as follows:

Ages 6 weeks to 2.5 years and **non-potty trained** = \$120.00 per week
Ages 2.5 years and potty trained to 5 years = \$105.00 per week

****Fees subject to change***

If you have more than one child enrolled, a \$10.00 sibling discount will be given. Tuition fees are due on Monday of that week. **Payments made after closing on Monday will assess a \$20.00 late fee. NO EXCEPTIONS.** If payment for the week is not accepted by the following Monday, your child will not be accepted into care unless payment arrangements have been made with the office staff.

STATE VOUCHERS

Adventureland Academy welcomes state voucher participants, but you must understand that the voucher only applies to tuition costs. Other fees including registration fees, supply fees, late charges, and field trips are the responsibility of the parent/guardian to pay. Only if your voucher is set at TEA will you be exempt from the registration fee but all other fees will still apply. **PLEASE NOTE THAT YOUR CHILD(REN)'S AUTHORIZATION MUST BE RECEIVED INTO THE ONLINE BILLING SYSTEM BEFORE YOUR CHILD MAY ATTEND CARE. NO EXCEPTIONS.** We will notify you when your voucher is close to expiring. Please understand that if your renewal authorization has not been received by the time of expiration, your child will not be accepted into care.

CUSTODY ORDERS

Certified custody orders must be provided to the center director or office staff prior to enrollment. Any charges in custody orders must be provided to the center immediately. In sole custody situations, the center has the authority to ask that the exchange of the child(ren) is conducted off the center's property.

GENERAL INFORMATION

Signing in and out- Parents must sign their children in and out everyday using our automated system. At the time of enrollment you will set a 4-digit pin number that you will use for the automated system. If you are not given a number at the time of enrollment, please tell the office staff so that they will assign one to you.

We cannot release your child to anyone without parental consent. Please include all probable parties on your child's registration form. If the person picking your child up is not on that list, we CAN NOT release your child to them. If you anticipate that someone other than your list of authorized parties will be picking up your child, please notify us in writing. All persons picking up your child will be required to show a picture ID.

RETURN CHECK POLICY

If your check is dishonored or returned for any reason, our merchant will electronically debit your account for the amount of the check plus a processing fee of \$25.00 plus an additional \$10.00 fee payable to Adventureland Academy. We may at any time stop accepting checks from any person at any time at our discretion. Your payment by check means that you accept these terms.

ATTENDANCE/ABSENCES

WE MUST KNOW THE EXACT DAYS YOUR CHILD WILL BE ATTENDING CARE. Since we follow a strict student/teacher ratio, we must know in advance, what your child's schedule is and when they are absent from Adventureland Academy. Adventureland Academy care rates are based on a weekly budget. We must maintain the same staff and overhead regardless if your child is absent. For this reason, there is no refund or make-up for absences.

STAFF TO CHILD RATIOS

Infant Room (Ages 6 weeks to 18 months)- 1 staff to 6 children
Toddler Room (Ages 18 months to 2.5 years)- 1 staff to 9 children
Preschool (Ages 2.5 years to 4 years)- 1 staff to 12 children
Pre-K (4 to 5 years)- 1 staff to 15 children

VACATION

We have to staff according to how many children are enrolled in our programs. Each child will receive 1 week of vacation time for which you are not responsible in paying after 1 year of full-time enrollment with no balance due. A written notice is due at least 1 week before vacation time is to be taken to allow for any staffing changes. Failure to comply with these standards will result in loss of vacation time and full payment due for that week.

HOLIDAYS

Adventureland Academy acknowledges and will be closed for the following holidays:

New Years Day
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Christmas Day

*Tuition is not prorated for holidays.

If a holiday falls on a Saturday, we will recognize that holiday and be closed the Friday before. If a holiday falls on a Sunday, we will recognize that holiday and be closed the Monday after.

REFUNDS

NO refunds or deductions will be made for withdrawals, ordinary illnesses, inclement weather, vacations, or holidays. Adventureland Academy operates on a weekly basis of total reserved full-time enrollment.

SUPPLIES

A supply fee of \$10.00 is due on the first business day of each month. This fee will be allocated specifically for your child's classroom and will be used to purchase new or gently used items such as; toys, puzzles, dolls, craft supplies, etc. Please pay this promptly at the beginning of the month to ensure that your child's classroom has everything it needs.

See supply list enclosed in packet for items that are needed for your child's cubby.

NUTRITION

We participate in the USDA Food Program which allows us to provide all children with a nutritional breakfast, lunch and afternoon snack each day. Please make sure you fill out the enclosed Food Program application. We must have this application on all children who attend our center even if you think you do not qualify.

If your child(ren) has any known allergies, we will provide an alternative if, and only if we have a note from your physician stating each allergy. For milk allergies, water will be provided as an alternative.

For infants, we will provide Enfamil with Iron formula if you fill out the CACFP Infant form provided in your application. We will also provide baby food and other snacks for the infants and toddlers. Any formula needed other than the one provided will need to be provided by the parent.

ILLNESSES

When your child is absent due to an illness, please contact Adventureland Academy. Children absent due to a contagious disease may not return to Adventureland Academy without a signed statement from the child's physician indicating that the child is no longer contagious and is able to return to their regular activities. Please remember that when your child is sent/kept home with a fever of 101 or higher, vomiting, or diarrhea, they MUST be free of symptoms for 24 HOURS before returning to the center. This not only aids in the recuperation of your child, but also will help to prevent the children from spreading the illness. *This is a DHS regulation and must be followed at all times.

The following is a list of contagious/infectious diseases that will require us to send a child home:

- Fever (101° or more)
- Diarrhea (3 or more watery stools in a 24 hour period)
- Vomiting (2 or more occasions in a 24 hour period)
- Rash (body rashes not associated with diapering, heat or allergic reactions to medicine)
- Sore Throat (if associated with fever or swollen glands)
- Severe coughing (episodes that may lead to repeated gagging, vomiting or difficulty breathing)
- Pink Eye (pink or red eye(s) which may be swollen with white or yellow discharge, until on antibiotics for 24 hours)
- Untreated Scabies, Head Lice, or presence of nits (may return after treatment)
- Multiple Sores inside mouth with drooling (unless determined as non-infectious)
- Ring Worm (may return after evaluation and under treatment by a health care provider-doctors note required)
- Impetigo (may return 24 hours after treatment is initiated)

MEDICATION

We may dispense medication ONLY with written permission signed by a parent stating the date, time, and the amount of medication to be given. All medication must be in the original container with prescription label intact. Please stop at the front desk to fill out the Medication Distribution form. All medications must be left at the front desk.

INJURIES

If a child in our care acquires an injury, whether self induced or by another child, the staff witnessing the injury will fill out an accident/incident report. If the injury is serious in nature, the parent/guardian will be called or we will call for an ambulance and EMTs (unless we are instructed to do different). Please realize that any medical expense will be the responsibility of the parent/guardian. Adventureland Academy's staff is CPR and First Aid certified.

EMERGENCY DRILLS

Our facility is equipped with smoke detectors; fire alarms, fire extinguishers, carbon monoxide detectors, and doors that open out to the exterior of the building that have "panic" hardware. We hold monthly fire and tornado drills with the children. Each room has an emergency evacuation plan posted which shows the route to be taken in case of a fire or other emergency.

LOST/MISPLACED ITEMS

Please be aware that Adventureland Academy is not responsible for lost, misplaced, torn, stained, or stolen items. To avoid this as much as possible, please label all of your child(ren)'s items with their first and last name.

WITHDRAWAL POLICY

A withdrawal request (located at the front desk) must be submitted 2 weeks prior to withdrawal from the center. The parent or guardian will be responsible for full payment of these weeks whether or not the child attends care during that time.

DISMISSAL POLICY

Adventureland Academy staff reserves the right to dismiss any child or family who violates policies and procedures. Other reasons for dismissal are but not limited to; non-payment, non-attendance for at least 2 weeks without proper notice and destructive behavior. This decision is at the discretion of the child care and facility directors.

PARENT CODE OF CONDUCT

Adventureland Academy prohibits the use of inappropriate language by any person while inside our facility. This includes swearing, the use of "cuss" words, racial slurs, etc.

It is the policy of Adventureland Academy to contact local law enforcement in the event that a staff member, parent or child is threatened by another person. Any parents of an enrolled child who threatens another person may be asked to leave the facility permanently. This may cause his/her child to be dropped from the center's enrollment.

Adventureland Academy's policy prohibits adults from using physical or verbal punishment on its property regardless of the circumstances. Also, at no time is any adult to discipline or punish in any way any child other than their own.

Arkansas Child Care licensing regulations prohibit smoking in all child care centers.

It is the policy of Adventureland Academy that all parents and staff deserve to be treated with respect. This policy prohibits all persons from quarreling with any other parent or staff. Persons who choose to engage in quarreling will be escorted from the facility, by law enforcement officials if necessary. If there is an issue to be discussed, the parent may set up a conference time with staff member and director.

CONCLUSION

This concludes the policies and procedures for Adventureland Academy and you are encouraged to refer to it when you have questions.

THANK YOU FOR ENTRUSTING US WITH THE CARE OF YOUR CHILDREN. WE LOOK FORWARD TO CARING FOR YOUR CHILDREN AND SHARING IN THEIR DAILY LIVES.

- Please keep pages 1 through 6 and refer back to them any time you may have a question or concern.
- Fill out all other forms and turn in to office at the time of enrollment.

CLASSROOM SUPPLY LIST

INFANT I & II (Ages 6 weeks to 12 months):

- ✓ **Formula (unless you choose to use Enfamil Premium provided by us)**
- ✓ **At least 1 labeled bottle to leave here, or pre-made bottles**
- ✓ **Diapers**
- ✓ **2 complete changes of clothes labeled in a 1 gallon ziplock bag**
- ✓ **Pacifier clip (if child uses a pacifier)**

INFANT III (Ages 12 months to 18 months):

- ✓ **At least 1 labeled sippy cup to leave here**
- ✓ **Diapers**
- ✓ **2 complete changes of clothes labeled in a 1 gallon ziplock bag**

TODDLER I, II, & III (Ages 18 – 36 months):

- ✓ **Nap linens (i.e. 2 blankets, 1 blanket/1 sheet, etc)**
- ✓ **Diapers/Pull-ups (if needed)**
- ✓ **2 complete changes of clothes labeled in a 1 gallon ziplock bag**
- ✓ **At least 1 sippy cup to leave here (Toddler I only)**

PRESCHOOL I, II, & PRE-K (Ages 36-60 months):

- ✓ **Nap linens (i.e. 2 blankets, 1 blanket/1sheet, etc.)**
- ✓ **2 complete changes of clothes labeled in a 1 gallon ziplock bag**

CHILD CARE REGISTRATION FORM

Registration Information (Office Use Only):

Start Date: _____	Registration Fee: \$ _____	PAID / NOT	Requested PIN for clock IN/OUT: _____			
Tuition Options: Infant/Toddler (\$120)	/	Preschool/Pre-K (\$105)	/	Sibling (\$110/95)	/	Voucher
How did you hear about us?	Internet/Website	Newspaper	Yellow Pages	Kids' Directory	Other _____	

Child's Information:

Child's Name: _____	Age: _____	DOB: _____	
Address: _____	City: _____		
State: _____	Zip: _____	SS#: _____	Sex: M / F
Does your child weigh 60 lbs or less? YES NO If so, you will need to provide a car seat for him/her for field trips.			

Parent Information: **Child lives with: Mother / Father / Both / Guardian**

Mother's Name: _____	Father's Name: _____
Mother's Employer: _____	Father's Employer: _____
Mother's Work Phone: _____	Father's Work Phone: _____
Mother's Home Phone: _____	Father's Home Phone: _____
Mother's Cell Phone: _____	Father's Cell Phone: _____
Address: _____	Address: _____
_____	_____
E-Mail Address: _____	Email Address: _____

Emergency Contacts:

Please list any other consenting adults that may be contacted in the event of an injury.	
Name: _____	Relationship: _____
Phone Number: _____	Alternative Number: _____
Name: _____	Relationship: _____
Phone Number: _____	Alternative Number: _____
Name: _____	Relationship: _____
Phone Number: _____	Alternative Number: _____
Name: _____	Relationship: _____
Phone Number: _____	Alternative Number: _____

List all consenting adults that may pick-up your child. Photo I.D. must be shown at the time of pick-up.

_____	_____
_____	_____
_____	_____

Health Information:

Does your child have any physical limitations that may prevent he/she from performing in activities? _____
If so, please explain: _____

Does your child have any allergies? If so, please list: _____

Does your child take any medication? _____ If so, please list: _____

Do you give permission to Adventureland associates to give your child Tylenol if needed? (We will notify you) YES NO

In the event of an injury serious in nature, take/send my child to: _____

Child's Physician: _____ Phone Number: _____

Release Waivers:

I have read and understand the Adventureland Academy Policies and Procedures.

I have read and understand the Adventureland Academy Discipline Policy.

I hereby release Adventureland Academy and all associates of any liability for injuries that may arise on the premises.

I understand that Adventureland Academy will not be responsible for any lost, torn, stained, stolen, (etc.) items.

I give permission to management of Adventureland Academy to administer medical assistance to my child if needed.

In the event of a serious injury, I give permission for Adventureland associates to contact emergency personnel if parent/guardian cannot be reached. I realize that any charges that may apply will be at the parent/guardian's expense.

I give permission for my child to be photographed for class activities and possible viewing in advertisements for the facility.

By signing below, I am stating that I agree to all of the above statements.

*Please be advised that without a parent/guardian signature this contract is considered null and void and the child will not be admitted into our facility.

By completing this application I am agreeing to the enrollment terms set by Adventureland Academy. I agree to pay the amount stated in the agreement each week for my child(ren) to attend. Any violation of said agreement will result in my child's enrollment becoming null and void. Any weeks non-paid where services have been rendered will be prosecuted to the fullest extent of the law.

Parent/Guardian Signature: _____ Date: _____

Special Nutrition Programs
Child and Adult Care Food Program
Letter to Parents

Dear Parent/Guardian:

The _____ participates in the Child and Adult Care Food Program (CACFP) administered by the United States Department of Agriculture (USDA). Please help us comply with the requirements of the CACFP by completing, signing, and returning the attached statement as soon as possible. This information is necessary so that we may receive CACFP reimbursement for the meals served to children in our program. This form will be placed in our files and treated as confidential information. All children in our program receive their meals free of charge, but the determination of eligibility category affects the amount of Federal funding received by us.

A foster child who is the legal responsibility of a welfare agency or court may be certified as eligible for free meals regardless of your household income. Please contact us for additional information if you have a foster child enrolled in our program.

If you receive food stamps, only list your food stamp case number. In addition, you must complete Section 5 of the form including all required information with signature. Social Security Number of an adult household member and date form was completed.

If a food stamp case number is not reported, you must complete Section 4 and Section 5 on the eligibility statement. Section 4 should include the names of all household members and the total current household income by source. Section 5 must include all required information with signature, Social Security Number of an adult household member and the date that the form was completed.

USDA defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e., sharing living expenses). The income you report must be last month's total gross household income listed by source, for each household member. If last month's income does not accurately reflect your circumstances, you may provide a projection of your annual income and you may use last year's income as a basis for making this projection if no significant changes have occurred. If your household's income is equal to or less than the amounts indicated for your households' size chart below, the center will receive a higher level of reimbursement.

You are required to notify us if there is a change in household size or an increase in income that exceeds \$50 per month or \$600 per year. If you list a food stamp case number, you must notify us when you no longer receive food stamps. Similarly, you should notify us if you become unemployed and the loss of income during the period of unemployment causes your family to be within the eligibility standards.

All meals served to children under the Child and Adult Care Food Program are served free regardless of race, color, sex, age, disability or national origin.

There is to be no discrimination in admissions policy, meal service or the use of facilities. Any complaints of discrimination should be submitted in writing to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Thank you for your cooperation.

Institution Representative
(NPC-4 Rev. 6/06)

USDA CHILD NUTRITION PROGRAM INCOME GUIDELINES (Reduced)			
July 1, 2009– June 30, 2010			
Household Size	Annual	Monthly	Weekly
1	\$20,036	\$1,670	\$386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
each added household member	+6,919	+ 577	+ 134

**CHILD CARE FOOD PROGRAM
ENROLLMENT FORM**
(to be completed by parent or guardian)

Provider's Initial: _____ Date: _____ (Form valid for one year from this date)
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You have chosen a daycare that participates on the USDA Child and Adult Care Food Program (CACFP). It is our goal to assist in providing your child with nutritious meals/snacks. This enrollment information may be verified. The meal times, the meal pattern and the daily menus should be posted and available for parents at all times. If you have questions, or comments, or would like to learn more about the Child and Adult Care Food Program, contact our office.

Name of Provider/Director

Name of Day Care Facility

Telephone

Address

I wish to enroll my child (ren), whose names and enrollment information are given below, in the USDA Child and Adult Care Food Program. I understand this program reimburses day care facilities for serving nutritious, well balanced meals/snacks to day care children.

My child (ren) will be served the following meals:

(PLEASE CIRCLE) BREAKFAST AM SNACK LUNCH PM SNACK OTHER_____

Child (ren) Information (please print)

First Name	Last Name	Age	Birthdate	Time of Care	Days of Week (circle)	Sex
			/ /		SAT - SUN M - T - W - TH - FR	M F
			/ /		SAT - SUN M - T - W - TH - FR	M F
			/ /		SAT - SUN M - T - W - TH - FR	M F
			/ /		SAT - SUN M - T - W - TH - FR	M F

Note here any food allergies or special needs your child(ren) have: _____

Doctor's Name: _____

I understand my child(ren) will receive meals at no extra charge to me when they are in care during any scheduled meal service and receive meals. I understand that the day care facility cannot and will not discriminate for reasons of race, color, national origin, sex, or disability. There is to be no discrimination in admission policy, meal service, or use of facility. Any complaints should be addressed to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

In case of emergency, please call: HOME # _____ WORK # _____

Parent Address: _____

Parent Signature: _____ Date: _____
(Enroll-2007)

FREE AND REDUCED PRICE MEAL APPLICATION FOR CENTERS AND HOMES

Please see the instructions on the reverse side if you have questions, or you may call the center. #

1. PRINT: Child Information

> _____ CHILD/CHILDREN'S NAME(S) _____ AGE _____ NAME OF CENTER/PROVIDER _____

> _____

> _____ Number of children claimed on this application _____

> _____

> _____ **2. List the family Food Stamp number, if any, then skip to #5**

> _____ # _____

3. FOSTER CHILD: List the child's monthly personal use income. Write "0" if the child has no personal income. \$ _____

4. HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a Food Stamp case number for the child PART 2, skip to PART 5.

NAMES OF HOUSEHOLD MEMBERS	Gross MONTHLY Earnings (before deductions)				
	JOB 1	JOB 2	Monthly Welfare Payments, Child Support, Alimony	Monthly Pension/ Retirement Payments, SS Income	Any other Monthly Income
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

5. SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal Funds; that center officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

X _____ # _____
Signature of Adult Household Member Social Security Number*

Home telephone # _____ Work telephone # _____ Printed name _____

Street/apt # _____ City/state/zip _____ Date _____

6. RACE: Please circle the racial or ethnic identity of your child. You are not required to answer this question.

White Black or African American Hispanic or Latino Asian Hawaiian Native or Other Pacific Islander
American Indian/ Alaskan Native Not Hispanic or Latino

* PRIVACY ACT STATEMENT: Section 9 of the National School Lunch Act requires that, unless your child's Food Stamp case number is provided, you must include the Social Security number of the adult household member signing the application or indicate that the household member does not have a Social Security number. Provision of a Social Security number is not mandatory, but if a Social Security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The Social Security number may be used to identify the household member in carrying out efforts to verify the correctness of the information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss of reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, state and local education, health, and nutrition programs.

FOR CENTER/PROVIDER USE ONLY DO NOT WRITE BELOW THIS LINE

MONTHLY INCOME CONVERSION: WEEKLY X 4.33 EVERY TWO WEEKS X 2.15 TWICE A MONTH X 2

TOTAL HOUSEHOLD SIZE _____ MONTHLY INCOME _____ CHECK IF FOOD STAMP PARTICIPANT _____

Eligibility Determination: APPROVED FREE _____ APPROVED REDUCED PRICE _____ DENIED _____ Temporary: FROM _____ TO _____

REASON FOR DENIAL: INCOME TOO HIGH _____ INCOMPLETE APPLICATION _____ OTHER: _____

CHANGE IN STATUS: _____ REASON: _____ DATE: _____ DATE WITHDRAWN: _____

SIGNATURE OF DETERMINING OFFICIAL: _____ DATE: _____

APPLICATION INSTRUCTIONS

To allow this center to receive Federal Funds to subsidize the provision of nutritious meals, one application must be completed and on file for each child or adult participant. Complete the front using the instructions for your household. You must sign the application and return it to your center immediately.

Call # _____ if you need help.

PART 1 - ALL HOUSEHOLDS COMPLETE PART 1.

1. Print the name of the child/participant you are applying for.
2. List the child/participant's age and the name of the center.

PART 2 - FOOD STAMPS HOUSEHOLDS COMPLETE PART 2 AND PART 5.

1. List a current food stamp case number for the child/participant.
 2. Skip Part 4. You do not have to list names of household members or income if you list a food stamp case number for the child/participant.
- Sign the application in Part 5. An adult household member must sign.

PART 3 - FOSTER CHILD'S HOUSEHOLDS COMPLETE PART 3 AND PART 5. A foster child is the legal responsibility of a welfare agency or court.

1. List the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income. Skip to Part 4. Do not list any other children, household members or income.
2. A foster parent or other official representing the child must sign the application in Part 5.
3. Personal Use income is (a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (b) all other money the child gets, such as money from his/her family and money from the child's full or part-time jobs.

PART 4 - ALL OTHER HOUSEHOLDS COMPLETE PART 4 AND PART 5.

1. Write the name of everyone in your household, whether they get income or not; include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
 2. Write the amount of income each household member got last month, before taxes or anything else is taken out, and where it came from, such as earnings, welfare, pensions, and other income. If any amount last month was more or less than usual, write that person's usual monthly income.
 3. An adult household member must sign the application and give his/her social security number in Part 5.
- *To figure monthly income multiply: Weekly x 4.33, every 2 weeks x 2.15, twice a month x 2.

PART 5 - ALL HOUSEHOLDS COMPLETE PART 5. SIGNATURE AND SOCIAL SECURITY NUMBER.

1. All applications must have the signature of an adult household member.
2. The application must have the social security number of the adult who signs. If the adult does not have a social security number, write "none" or something else to show that the adult does not have a social security number. If you listed a food stamp number for each child or if you are applying for a foster child, a social security number is not needed.

PART 6 - RACIAL/ETHNIC IDENTITY: Complete the racial/ethnic identity question if you wish. You are not required to answer this question 374-8811 to get meal benefits. We need this information to make sure that everyone is treated fairly.

INCOME TO REPORT

<u>Earnings from Work</u>	<u>Pensions/Retirement/Social Security</u>	<u>Other Income</u>
Wages/salaries/tips	Pensions	Disability benefits
Strike benefits	Supplemental Security Income	Cash withdrawn from savings
Unemployment compensation	Retirement income	Interest or Dividends
Workers compensation	Veteran's payments	Income from estates/trusts investment living in the household
Net income from self-owned business or farm income	Regular contributions from persons not Social Security	Net royalties/annuities/rental income
		Any other income

FOR VERIFICATION PURPOSES ONLY. DO NOT WRITE BELOW THIS LINE.

DATE VERIFICATION NOTICE WAS SENT: _____ RESPONSE DUE FROM HOUSEHOLD: _____ SECOND NOTICE SENT: _____
 VERIFICATION RESULT: NO CHANGE _____ FREE/REDUCED PRICE _____ FREE/PAID _____ REDUCED PRICE/FREE _____ REDUCED PRICE/PAID _____
 REASON FOR ELIGIBILITY CHANGE: INCOME _____ HOUSEHOLD SIZE _____ REFUSED TO COOPERATE _____ CHANGE IN FOOD STAMP/AFDC
 OTHER: _____

DATE NOTICE OF CHANGE SENT: _____ VERIFYING OFFICIALS SIGNATURE _____ Date _____