



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EHC Public Schools/Spragg BEFORE AND AFTERSCHOOL PROGRAM



2021-2022

STEM

HEALTHY U

**CHARACTER
DEVELOPMENT**



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Cumberland Cape Atlantic YMCA 2021-2022 School Aged Child Care EHC Spragg School Registration Packet

Child's Last Name: _____ First Name: _____

Address _____

City, State, Zip _____

Birth Date: ____/____/____ Home Phone _____

Cell Phone _____ Male Female Grade Entering Sept. '21 _____

PLEASE
ATTACH
PHOTO

Convenient, easy payment scheduling for you!	
Locations - Elementary Schools:	
<input type="checkbox"/> Spragg School	
MONTHLY FEE <input type="checkbox"/> Before \$155.88 <input type="checkbox"/> After \$245.90 <input type="checkbox"/> Both \$401.78	<u>Semi-Monthly Payment: (Must enroll in automatic bank draft for this option)</u> <u>Twice a month</u> automatic bank draft Payment amounts are located to the left; amount will be deducted on the 5th and 20th of the month prior to care Late fees will be applied after the 20 th if payment is returned <input type="checkbox"/> Before \$77.94 <input type="checkbox"/> After \$122.95 <input type="checkbox"/> Both \$200.89



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Cumberland Cape Atlantic YMCA Emergency Contact & Health

Child's Name _____

Parent/Guardian Information

Parent 1 or Legal Guardian Information	Parent 2 or Legal Guardian Information
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Employer: _____	Employer: _____
Email: _____	Email: _____

Joint Custody Information

Has there been a divorce or separation? Yes No

If Yes, who has custody? _____

The joint/non-custodial parent can be contacted in the event of an emergency Yes No

Emergency Contacts (Other than Parent/Guardian) and Authorized Pick Ups

Emergency Contact #1	Emergency Contact #2
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Address: _____	Address: _____

Medical and Behavior Questions to help us provide the best care possible

Has your child been diagnosed or treated for the following:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies | <input type="checkbox"/> Special Dietary Needs |
| <input type="checkbox"/> Allergies to Insect Stings | <input type="checkbox"/> Seizures | <input type="checkbox"/> Spectrum Disorder |
| <input type="checkbox"/> Allergy to Poison Ivy | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Other |

Please provide details for any of the above checked boxes:

Signs or symptoms to watch for:

Please list current medications, prescribed or over the counter that your child is currently taking:

-
-

Emergency Medical Information

Insurance Carrier: _____

Policy Number: _____

Group Number: _____

Parent/Guardian Signature: _____



Cumberland Cape Atlantic YMCA Rules & Authorizations

Program Rules

In order for all participants to have the best possible experience, all participants need to be aware of the rules and agree to follow them. If a participant consistently or excessively breaks the rules and chooses not to take part in the program, they negatively impact other participants by jeopardizing their physical or emotional safety. When this happens, all other participants fail to receive the best possible experience.

Rules:

- 1) Treat myself, and others, with Caring, Honesty, Respect, and Responsibility
- 2) Follow direction and instructions from staff
- 3) Keep hands, feet and all other body parts to myself
- 4) Respect all facilities, equipment, and property
- 5) Have FUN!

Consequences:

- 1) Redirection
- 2) Verbal warning or thinking time
- 3) Visit with director and/or call home. Child may speak to parents at that time
- 4) In the event that a second phone call is necessary, the child will be sent home
- 5) In the event of consistent/excessive failure to follow the rules, the child will be sent home and a suspension may be issued
- 6) If a child endangers the physical, mental or emotional health of themselves or others, the child may be immediately suspended or expelled

Parent Signature: _____

Child Signature: _____

Authorizations

My child is in good health and can participate in the normal activities of the program (including Healthy U & Boks) _____ Initial Here

I agree to follow the Payment Policies; if not I will be subject to fees _____ Initial Here

I have received and reviewed a copy of the YMCA Parent Handbook _____ Initial Here

I understand that my child must be physically signed out of the program by an authorized **adult** daily _____ Initial Here

I understand that the YMCA is not responsible for lost, stolen or damaged personal articles _____ Initial Here

My child and I have reviewed the Discipline/Behavior & Expulsion Policies and my child will participate in all daily activities _____ Initial Here

I give permission for the Cumberland Cape Atlantic YMCA to:

Seek medical treatment for my child, in my absence, in the event of an emergency _____ Initial Here

Use any photo, voice recordings or videos taken of my child for any and all promotional purposes _____ Initial Here

Allow my child to go on short walks under Y Staff supervision _____ Initial Here

I hereby agree, and accept, responsibility in above initialed items.

Parent Signature _____

Date _____

Licensing Statement

In keeping with New Jersey's child care licensing requirements, we are obligated to provide you, as the parent/caregiver of a child enrolled in our program, with the attached informational statement.

The statement highlights, among other things:

- Your right to observe our center at any time without having to secure permission
- The center's obligation to be licensed and to comply with licensing standards and
- The obligation of all citizens to report suspected child abuse of all forms (physical, sexual, emotional, and neglect) to the DCP&P

Name of child: _____

Name of Parent (s)/Guardian (s): _____

I have read and received a copy of the Information to Parents statement prepared by the Bureau of Licensing and the DCP&P

Parent Signature _____

Date _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return the original to the Cumberland Cape Atlantic YMCA (CCA YMCA). A copy will be filed with your child's records.

- **I understand that CCA YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the CCA YMCA program.** If a violation is discovered, the Y will take immediate disciplinary action toward staff and/or volunteers.
- **I understand that staff and volunteers are not allowed to initiate contact with members and program participants outside the CCA YMCA, unless necessary in certain limited cases for the smooth operation of a CCA YMCA program. If deemed necessary, contact should be made with the program participant's parent or guardian. Contact includes, but is not limited to, sharing of phone numbers, email addresses, personal websites and/or web logs.** If a violation is discovered, the Y will take immediate disciplinary action toward staff and/or volunteers.
- **I understand that I am not to leave my child* at the CCA YMCA or program site unless a CCA YMCA staff or volunteer is there to receive and supervise my child. I understand that my child must be escorted from the program area by me or another person on my authorized list. Children may not just be dropped off at the door.** *Note: The CCA YMCA's policy is that children under the age of 12 may not be alone in our facilities/program sites.
- **I understand children should not receive excessive gifts (e.g. toys, video games, jewelry) from CCA YMCA staff or volunteers, and I should report this to a supervisor if they do.**
- **I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child, including relatives, must be listed with CCA YMCA and must be of the age required by this CCA YMCA. Any other alternate pick-up arrangements must be made in writing by a parent/guardian. Phone notification of an alternate pick-up arrangement is only accepted in an emergency.**
- **I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff my have no recourse but to contact the police.** Please do not put staff in a position where they have to make this judgment call.
- **I understand that I can help ensure my child's safety by taking an active interest in his or her CCA YMCA experience. I too will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.**
- **I understand that the CCA YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.**
- **I have received a copy of the CCA YMCA Youth Program Handbook and/or Program Policies and Procedures and will keep it for future reference.**

Parent Signature _____

Date _____

Parent Notification of Communications Policy

Families entrust their children to the Cumberland Cape Atlantic YMCA's care for child care, camp, and other youth programs. Our promise to those we serve is to provide a safe environment in which all participants are treated in a caring, honest, respectful and responsible way.

CCA YMCA staff, volunteers, program participants and parents must work together to ensure adherence to this policy.

CCA Staff and Volunteers:

- Will block any personal websites or blogs and mark them as private, denying access to any CCA YMCA program participants
- Will not disclose personal email, telephone, cell phone or website information to any program participants
- Will not attempt to contact any participant via phone, text message email, website or blogs for non-program related business
- Will not use any photos taken for CCA YMCA programs or marketing purposes for personal use
- Will not use cell phones for personal calls during business hours
- Will not use cell phone cameras to take photos of program participants for any reason
- Will notify his/her supervisor immediately if a youth attempts to communicate with an employee via e-mail, instant message, cell phone or social network site

CCA YMCA Program Participants and Their Parents Agree:

- Not to contact any staff via staff's personal telephone/cell phone, text message, email, websites or blogs
- Not to use cell phones during program hours (except for emergency situations)
- They will not share photos, logos or images of the CCA YMCA or its program participants
- Personal photos may only be taken with consent and may not be displayed in any derogatory fashion
- Will not take cell phone photos of staff or program participants while engaged in CCA YMCA programs

Of course, the CCA YMCA does not mean to interfere with anyone's private life, but publicly observable communications, actions or words are not private, and personal expression can have legal consequences, including defamation, copyright infringement and trademark



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Cumberland Cape Atlantic YMCA Checklist

Membership Fees

\$30/Youth Program Member \$55/Family Program Member Current Program Member Current Full Facility Member

All participants must be YMCA members. Membership fees are non-transferable and non-refundable

Financial Assistance

Third party Rutgers Southern Regional Child Care Resource & Referral (609-365-5027). If denied by Rutgers, Financial Assistance is available through the Y - applications are available at the Member Service Desk and on our website, www.ccaymca.org.

Funds are limited – APPLY EARLY

Parent Checklist

Parent/Guardian please initial next to each item that you are handing in today.

- _____ Completed Registration Form
- _____ Photo Release (see page 3)
- _____ Signed Medical Information – including insurance carrier, policy and group number
- _____ Expulsion Policy
- _____ Child & Adult Food Program Eligibility Requirements
- _____ Any notes or information to be filed on your child (optional)
- _____ Correct payment and/or deposit amount
- _____ Automatic bank draft form is completed (if using automatic monthly payment option)

Parent Signature

Parent is to sign off that all paperwork is filled out completely.

Parent Signature: _____ Date: _____

Staff Signature

Staff member receiving the paperwork is to sign off that all papers are filled out completely and correct money is remitted.

Staff Signature: _____ Date: _____

PARENT AGREEMENT

- Pick Up and Drop Off – Parents must follow the direction of the staff and utilize the Remind App. Parents will not be permitted in the facility.
- Check-in will be conducted at the door. Parents will not get out of the car and MUST wear a face covering during pick up and drop off
- Children must wear a face covering during the program with the exception snack.
- Parents agree to answer Health Questions each morning about their child and their household with our staff.
- Parents agree to have their child’s temperature taken and recorded each morning. Children will not be permitted to attend the program with a fever. According to the CDC, children must be excluded if they have a 100.4-degree temperature.
- Parents understand that if their child has a fever they can NOT stay at the Before & After Care Program and will need to leave with the parent.
- Designate one or a few limited individuals for pick-up/drop-off who are not at higher risk for illness.
- Parent will talk to children about the importance of social distancing and parents will abide by 6 feet social distancing
- Expect sign in/drop off to be significantly different from in the past. Plan on waiting outside for a few minutes.
- Parent understands that their child will need a water bottle labeled with their name.
- Handwashing will be encouraged and enforced frequently throughout the program day.
- Facility, materials and activity equipment will be cleaned and sanitized frequently throughout the program day.
- Children will be kept in small groups with 1:15 (1 adult to 15 children) for children ages 5 and up and 1:7 for 3 to 4 year old. Groups will not intermix due to health concerns and to avoid additional potential exposure
- No visitors or parents will be permitted in the program.
- If your child becomes sick, refuses to wear a mask, or needs to go home for the day for any reason someone on the approved pick up list must pick them up from 30 minutes of the call placed.
- Parents must sign a Release of Liability waiver.

Inability to abide by these procedures will result in your child being removed from the program.

CHILD’S NAME _____ PARENTS NAME _____

DATE _____ PARENT’S SIGNATURE _____

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Cumberland Cape Atlantic YMCA School Age Child Care Programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in Cumberland Cape Atlantic YMCA School age child care activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with summer school age child care participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with summer school age child care participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in summer school age child care programs or accessing Cumberland Cape Atlantic YMCA facilities could increase the risk of contracting COVID-19.** Cumberland Cape Atlantic YMCA in no way warrants that COVID-19 infection will not occur through participation in Cumberland Cape Atlantic YMCA school age child care programs of accessing Cumberland Cape Atlantic YMCA facilities.

Initial

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in Cumberland Cape Atlantic YMCA school age child care programs, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, **HEREBY DO RELEASE** Cumberland Cape Atlantic YMCA, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Cumberland Cape Atlantic YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Cumberland Cape Atlantic YMCA facilities/equipment or participation in Cumberland Cape Atlantic YMCA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in summer school age child care, I, the undersigned parent/guardian of the named minor, agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's summer school age child care participation.

Initial

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in summer school age child care participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in summer school age child care programs and that by signing this agreement I, on behalf of myself and the named minor, **HEREBY**

RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in summer school age child care programs.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)

**2022 NEW JERSEY CHILD AND ADULT CARE FOOD PROGRAM
ELIGIBILITY APPLICATION**

NAME(S) & AGE(S) OF ENROLLED PARTICIPANT _____
(Name) (Age) (Name) (Age)

OPTION 1: RACIAL/ETHNIC IDENTITY OF PARTICIPANT

Check one **ETHNIC** identity:
 Hispanic or Latino Not Hispanic or Latino

Mark one or more **RACIAL** identity (ies):
 American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Enrollment Information

Check (✓) each day the above participant is enrolled for care, the hours of care each day, and the meal type(s) served:

DAYS OF CARE: MON TUES WED THURS FRI SAT SUN

HOURS OF CARE: 3-00 3-00 3-00 3-00 3-00 - -
 Swing / Rotating Shifts: (If Applicable) 6-00 6-00 6-00 6-00 6-00 - -

MEAL TYPES SERVED: BREAKFAST A.M. SUPPLEMENT LUNCH P.M. SUPPLEMENT DINNER

CHILD DAY CARE FOOD PROGRAM PARTICIPANTS ONLY

OPTION 1A: BENEFICIARIES of Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR)

If you are now receiving SNAP, TANF or FDPIR for this child, complete one of the following numbers:
 SNAP CASE # _____ OR TANF CASE # _____ OR FDPIR CASE # _____

OPTION 1B: FOSTER CHILD

If you are applying for a foster child, check the box and list any personal income which has been identified by specific category such as clothing, school fees, allowances, etc.:
 FOSTER CHILD INCOME \$ _____

ADULT DAY CARE FOOD PROGRAM PARTICIPANTS ONLY

OPTION 2: BENEFICIARIES of SNAP, FDPIR, SSI or Medicaid

If you are now receiving SNAP, SSI, FDPIR or Medicaid complete one of the following numbers:
 SNAP # _____ OR FDPIR CASE # _____ OR SSI CASE # _____ OR MEDICAID CASE # _____

OPTION 3: HOUSEHOLD ELIGIBILITY - COMPLETE IF YOU DID NOT COMPLETE OPTION 1A, OPTION 1B, OR OPTION 2

Complete the following information: Household Members, Social Security Numbers and Income.

NAMES OF ALL OTHER HOUSEHOLD MEMBERS: (Related and Unrelated)	MONTHLY INCOME (Complete One Or More - Before Deductions)				
	MONTHLY (Gross Earnings) WAGES / SALARY	MONTHLY SOCIAL SECURITY PENSIONS RETIREMENT	MONTHLY UNEMPLOYMENT WORKMEN'S COMPENSATION	MONTHLY WELFARE CHILD SUPPORT ALIMONY	MONTHLY ANY OTHER INCOME
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	\$
7.	\$	\$	\$	\$	\$
8.	\$	\$	\$	\$	\$
9.	\$	\$	\$	\$	\$
10.	\$	\$	\$	\$	\$

TOTAL NUMBER IN HOUSEHOLD (INCLUDE ENROLLED PARTICIPANT): _____

TOTAL GROSS HOUSEHOLD INCOME: \$ _____

ADULT HOUSEHOLD MEMBER SIGNATURE and LAST FOUR DIGITS of SOCIAL SECURITY NUMBER: (See Privacy Act Statement below)

An Adult Household Member must sign and date this form, and list the last four (4) digits of his or her Social Security Number. If you do not have a social security number, mark the box (X) - "I do not have a Social Security Number".

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the Food Stamp, TANF, SSI, or Medicaid Number of the enrolled participant is correct, or that all income is reported. I understand that this information is being given for the receipt of Federal funds issued to the day care center based on the information I provide. I understand that CACFP officials may verify this information; and that deliberate misrepresentation may result in the participant losing meal benefits, and I may be prosecuted under the applicable State and Federal laws. *An Adult Household Member must complete the following:*

Signature: _____ Address: _____
 Print name: _____ City: _____ State: _____ Zip Code: _____
 Date: _____ Phone Number: _____

Last four (4) digits of Social Security Number: * * * - * * - _____ I do not have a Social Security Number

PRIVACY ACT STATEMENT: The National School Lunch Act requires that, unless the participant's 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 participant cannot be determined eligible for free or reduced priced meals. The Social Security Number may be used to identify you for verifying the correctness of information stated on the application. These verifications may include audits, investigations and may include contacting employers to determine income, contacting a Food Stamp or TANF office to determine current certification for receipt of Food Stamps or TANF benefits, contacting the State Employment Security office to determine the amount of benefits received and checking the documentation produced by household members to verify the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. These acts must be told to all household members whose Social Security Numbers are reported on this form.

TO BE COMPLETED BY DAY CARE AGENCY ONLY - DO NOT WRITE BELOW THIS LINE

Determination: Free _____ Reduced _____ Paid _____
 Signature of Determining Official: _____ Date: _____

TOTAL MONTHLY INCOME \$ _____
 Conversion factors to figure monthly income: Weekly x 4.33
 Twice a month x 2
 Every 2 weeks x 2.15

**2021-2022 CHILD AND ADULT CARE FOOD PROGRAM
LETTER TO PARENT/PARTICIPANT**

Dear Parent/Participant:

Our agency depends on Child and Adult Care Food Program funds to provide meals at no separate charge to all participants. Complete information is necessary in order to receive the maximum funds available through the United States Department of Agriculture. The information will serve as documentation that our enrolled participants are eligible for the Child and Adult Care Food Program. You may complete and submit one CACFP eligibility application for all participants from the same household that are enrolled for care with our agency.

Household members include everyone in your household (such as grandparents, other relatives, or friends who live with you) who share income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you. Once properly categorized for free or reduced price benefits, whether through income or by providing a current SNAP, FDIPIR, or TANF case number (SNAP, FDIPIR, SSI, or Medicaid case number for Adult Day Care Participants), you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within those eligibility standards.

The income that you report must be the total gross income received by all members of your household.

The "Eligibility Income Scale" for reduced-price meals is included in this letter for your information. If your income is less than or equal to these reduced-priced standards, the participant is eligible for free or reduced-price meals from the Child and Adult Care Food Program, which means increased reimbursement for our center and increased nutritional benefits for the participant.

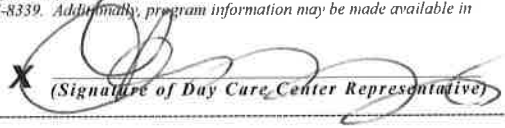
Please complete, sign and return the form so that our center may receive maximum reimbursement. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. This form will be placed in our files and treated as confidential information. Your cooperation is vital and appreciated.

The Child and Adult Care Food Program is available to all eligible participants regardless of 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. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.usda.gov/complaint_filing_cust.html, and at any USDA office. To request a copy of the complaint form, call (866) 632-9992. If you have questions about any of USDA's nutrition assistance programs, check the information on the FNS web site, <http://www.fns.usda.gov/cnd/>. USDA is an equal opportunity provider and employer.

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.

Cumberland Cape Atlantic YMCA-Spragg

(Name of Day Care Center)


(Signature of Day Care Center Representative)

TO APPLY, YOU MUST COMPLETE ONE OF THREE OPTIONS.

- List the Name of the participant (First and Last Names).
- Complete the Days, Hours of Care, and the meal types served to the enrolled participant. (One time requirement for Adult Day Care participants.)

Option 1A or 1B - CHILD CARE PARTICIPANTS ONLY:

If you receive SNAP, TANF, or FDIPIR benefits for the participant, list the SNAP, TANF or FDIPIR Case Number and Sign and Date the form. If you are applying for a Foster Child who is under the legal responsibility of the welfare agency or court, Check the Box and Sign and Date the form.

A FOSTER CHILD'S PERSONAL USE INCOME is defined as follows:

- Funds received from a welfare agency, which can be identified for personal use of the child. Where funds provided by the welfare agency are specified by agency, i.e., funds for shelter and care; special needs funds; and funds for personal needs such as clothing, school fees, allowances, etc., only those funds that can be identified as personal use funds shall be considered as income.
- Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time (e.g., paper routes, baby-sitting).

Option 2 - ADULT CARE PARTICIPANTS ONLY:

If you receive SNAP, FDIPIR, SSI or Medicaid benefits for the participant, indicate the SNAP, FDIPIR, SSI or Medicaid Case Number and Sign and Date the form.

Option 3 - CHILD CARE AND ADULT PARTICIPANTS:

If you do not receive SNAP, TANF, FDIPIR, SSI or Medicaid benefits for the participant, you must complete:

- Names of all (Related or Unrelated) household members
- List the household income (Monthly Gross Earnings) for each household member.
- Total number in household (#1 + #3 above).
- Total the gross income of all household members.
- Sign, Print and complete the full address of the Adult Household Member signing the application.
- Date the form and complete the telephone number of Adult Household Member signing the application.
- List the last four (4) digits of the social security number for the Adult Household Member signing the application or indicate that the Adult Household Member signing the application does not possess a social security number.

**ELIGIBILITY INCOME SCALE
Effective from July 1, 2021 to June 30, 2022**

HOUSEHOLD SIZE	REDUCED		
	ANNUAL	MONTHLY	WEEKLY
1	\$16,745 - \$23,828	\$1,397 - \$1,986	\$ 323 - \$ 459
2	\$22,647 - \$32,227	\$1,889 - \$2,686	\$ 437 - \$ 620
3	\$28,549 - \$40,626	\$2,380 - \$3,386	\$ 550 - \$ 782
4	\$34,451 - \$49,025	\$2,872 - \$4,086	\$ 664 - \$ 943
5	\$40,353 - \$57,424	\$3,364 - \$4,786	\$ 777 - \$1,105
6	\$46,255 - \$65,823	\$3,856 - \$5,486	\$ 891 - \$1,266
7	\$52,157 - \$74,222	\$4,348 - \$6,186	\$1,004 - \$1,428
8	\$58,059 - \$82,621	\$4,840 - \$6,886	\$1,118 - \$1,589
Each Additional Family Member	+8,399	+700	+162