Commercial Township
VIRTUAL SUPPORT LEARNING PROGRAM

STEM

HEALTHY U

CHARACTER DEVELOPMENT

SOCIAL EMOTIONAL LEARNING
Cumberland Cape Atlantic YMCA
2020-2021 School Aged Child Care
Virtual Learning Registration Packet
Port Norris

Child’s Last Name: ___________________________ First Name: ___________________________

Address: ______________________________________________________________

City, State, Zip: __________________________________________________________

Birth Date: _____ / _____ / ______  Home Phone: ____________________________

Cell Phone: ___________________________  □ Male  □ Female  Grade Entering Sept. ’19

Convenient, easy payment scheduling for you!

<table>
<thead>
<tr>
<th>Location</th>
<th>Before Care (6:45 to 8:30 AM)</th>
<th>Virtual Day (8:30 – 12:30 PM)</th>
<th>After Care (12:30 – 3:30 PM)</th>
<th>Extended After Care (12:30 – 6:00 PM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Port Norris School</td>
<td>☐ Before Care (6:45 to 8:30 AM)</td>
<td>☐ Virtual Day (8:30 – 12:30 PM)</td>
<td>☐ After Care (12:30 – 3:30 PM)</td>
<td>☐ Extended After Care (12:30 – 6:00 PM)</td>
</tr>
</tbody>
</table>

Hybrid School (2 days per week)* - Registration is two week sessions
Rates subject to change as school moves to full week/normal in-school sessions

**DAYS REQUIRED:** ☐ Monday  ☐ Tuesday  ☐ Wednesday  ☐ Thursday  ☐ Friday

☐ Before $18.00 bi-weekly  
☐ Virtual Day $57.60 bi-weekly
☐ After $43.20 bi-weekly
☐ Extended After $79.20

Sessions are for 2 weeks (bi-weekly)
Registration for the next session must be made prior to Wednesday of the child’s last week. Registering after Wednesday will result in a late enrollment for of $20.
Bi-Weekly automatic payment available.

Hybrid School – (3 days per week)* Registration is two week sessions
Rates subject to change as school moves to full week/normal in-school sessions

**DAYS REQUIRED:** ☐ Monday  ☐ Tuesday  ☐ Wednesday  ☐ Thursday  ☐ Friday

☐ Before $27.00 bi-weekly
☐ Virtual Day $86.40 bi-weekly
☐ After $64.80 bi-weekly
☐ Extended After Care $118.80

Sessions are for 2 weeks (bi-weekly)
Registration for the next session must be made prior to Wednesday of the child’s last week. Registering after Wednesday will result in a late enrollment for of $20.
Bi-Weekly automatic payment available.

Hybrid School – (5 days per week)* Registration is two week sessions
Rates subject to change as school moves to full week/normal in-school sessions

☐ Before $45.00 bi-weekly
☐ Virtual Day $144.00 bi-weekly
☐ After $108.00 bi-weekly
☐ Extended After $198.00

Sessions are for 2 weeks (bi-weekly)
Registration for the next session must be made prior to Wednesday of the child’s last week. Registering after Wednesday will result in a late enrollment for of $20.
Bi-Weekly automatic payment available.


<table>
<thead>
<tr>
<th>Parent/Guardian Information</th>
<th>Parent 2 or Legal Guardian Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td>Last Name:</td>
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<tr>
<td>First Name:</td>
<td>First Name:</td>
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<tr>
<td>Relationship:</td>
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<td>Address:</td>
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<td>Work Phone:</td>
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<tr>
<td>Employer:</td>
<td>Employer:</td>
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<tr>
<td>Email:</td>
<td>Email:</td>
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</tbody>
</table>

**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
  - Name: ___________________________
  - Relationship: ___________________
  - Cell Phone: _____________________
  - Work Phone: _____________________
  - Address: _________________________

- Emergency Contact #2
  - Name: ___________________________
  - Relationship: ___________________
  - Cell Phone: _____________________
  - Work Phone: _____________________
  - Address: _________________________

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

- Has your child been diagnosed or treated for the following:
  - □ Asthma
  - □ Allergies
  - □ Special Dietary Needs
  - □ Allergies to Insect Stings
  - □ Seizures
  - □ Spectrum Disorder
  - □ Allergy to Poison Ivy
  - □ ADD/ADHD
  - □ Other

- Please provide details for any of the above checked boxes:

**Emergency Medical Information**

- Insurance Carrier: __________________________
- Policy Number: _____________________________
- Group Number: _____________________________

**Signs or symptoms to watch for:**

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

**Parent/Guardian Signature:** _____________________________
**Before and After Rules**

In order for all participants to have the best possible experience, all participants and parents need to be aware of the rules and agree to follow them. If a participant or parent 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 or parent 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 & Bois) _______ 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 in and 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 have read and signed the Parent Understanding Statement _______ Initial Here

I have read, agree and signed the Covid Waiver _______ 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 from the Department of Children & Families (found in the Parent Handbook).

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 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 to and 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 at least 18 years of age required by the 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 use 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 infringement.

Parent Signature ________________________________ Date __________
Cumberland Cape Atlantic YMCA
Checklist

<table>
<thead>
<tr>
<th>Membership Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ $30/Youth Program Member □ $55/Family Program Member □ Current Program Member □ Current Full Facility Member</td>
</tr>
<tr>
<td>All participants must be YMCA members. Membership fees are non-transferable and non-refundable</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Financial Assistance</th>
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<tbody>
<tr>
<td>Third party Rutgers Southern Regional Child Care Resource &amp; 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, <a href="http://www.ccaymca.org">www.ccaymca.org</a>.</td>
</tr>
<tr>
<td>Funds are limited – APPLY EARLY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent Paperwork Acknowledgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian please initial next to each item that you are handing in today. No check marks please.</td>
</tr>
<tr>
<td>______ Completed Registration Form</td>
</tr>
<tr>
<td>______ Photo Release (see page 3)</td>
</tr>
<tr>
<td>______ Signed Medical Information – including insurance carrier, policy and group number</td>
</tr>
<tr>
<td>______ Expulsion Policy</td>
</tr>
<tr>
<td>______ Any notes or information to be filed on your child (optional)</td>
</tr>
<tr>
<td>______ Correct payment and/or deposit amount</td>
</tr>
<tr>
<td>______ Automatic bank draft form is completed (if using automatic monthly payment option)</td>
</tr>
<tr>
<td>______ Covid Waiver</td>
</tr>
</tbody>
</table>

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<tr>
<th>Parent Signature</th>
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<tbody>
<tr>
<td>Parent is to sign off that all paperwork is filled out completely.</td>
</tr>
<tr>
<td>Parent Signature: ___________________________ Date: ___________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff member receiving the paperwork is to sign off that all papers are filled out completely and correct money is remitted.</td>
</tr>
<tr>
<td>Staff Signature: ___________________________ Date: ___________________________</td>
</tr>
</tbody>
</table>
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 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 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 1:10 (1 adult to 10 children) for children ages 5 and up and 1:7 for 3 to 4 year olds. 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 ___________________________ PARENT’S 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.

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, 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.

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)
# 2021 NJDA Child and Adult Care Food Program Eligibility Application

## 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 currently receiving SNAP, TANF, or FDPIR for this child, complete the following numbers:

- SNAP Case #
- TANF Case #
- 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 currently receiving SNAP, SSI, FDPIR, or Medicaid, complete one of the following numbers:

- SNAP #
- FDPIR Case #
- SSI Case #
- 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.

<table>
<thead>
<tr>
<th>Names of All Other Household Members: (Related and Unrelated)</th>
<th>Monthly Income (Complete One Or More - Before Deductions)</th>
<th>Monthly Income (Complete One Or More - Before Deductions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MONTHLY</td>
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<td>WAGES / SALARY</td>
<td>SOCIAL SECURITY PENSIONS</td>
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<td>10.</td>
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</table>

**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 (D - "I do not have a Social Security Number").

**Privacy Act Statement:** I certify that all of the above information is true and correct and that the Food Stamp, TANF, SSI, or Medicaid Number of the adult participant is correct, or that all incomes reported: I understand that this information is being given to the recipient of Federal funds to be used in the determination of the day care center based on the income information. I understand that OACF staff may verify this information; and that deliberate misrepresentation may result in the participant being denied benefits, and may be prosecuted under the applicable State and Federal Laws. An Adult Household Member must complete the following:

- **Signature:**
- **Address:**
- **City:**
- **State:**
- **Zip Code:**
- **Phone Number:**

Last four (4) digits of Social Security Number: [ ] [ ] [ ] [ ]  

**I do not have a Social Security Number.**

**To Be Completed by Day Care Agency Only - Do Not Write Below This Line:**

- **Total Monthly Income:** $  
  Conversion factors to figure monthly income: Weekly x 4.33  
  Twice a month x 2  
  Every 2 weeks x 2.15
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, FDPIR, or TANF case number (SNAP, FDPIR, 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” is set up 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 retraining 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.ascr.usda.gov/complaint_filing_cust.html, and 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.

Catherine Capron, Manager/P.A.

( Name of Day Care Center )

X Theresa Beath

TO APPLY, YOU MUST COMPLETE ONE OF THREE OPTIONS.

1. List the Name of the participant (First and Last Names).
2. Complete the Days, Hours of Care, and the meals 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 FDPIR benefits for the participant, list the SNAP, TANF, or FDPIR 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:

a) 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.

b) 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, babysitting).

Option 2 - ADULT CARE PARTICIPANTS ONLY

If you receive SNAP, FDPIR, SSI or Medicaid benefits for the participant, indicate the SNAP, FDPIR, 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, FDPIR, SSI or Medicaid benefits for the participant, you must complete:

3. Names of all (Related or Unrelated) household members
4. List the household income (Monthly Gross Earnings) for each household member
5. Total number in household (R1 + R3 above)
6. Total the gross income of all household members
7. Sign, Print and complete the full address of the Adult Household Member signing the application
8. Date the form and complete the telephone number of Adult Household Member signing the application
9. 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, 2020 to June 30, 2021

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>ANNUAL</th>
<th>MONTHLY</th>
<th>WEEKLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$16,589 - $23,606</td>
<td>$1,384 - $1,968</td>
<td>$320 - $454</td>
</tr>
<tr>
<td>2</td>
<td>$22,413 - $31,994</td>
<td>$1,869 - $2,658</td>
<td>$432 - $614</td>
</tr>
<tr>
<td>3</td>
<td>$28,237 - $40,182</td>
<td>$2,354 - $3,349</td>
<td>$544 - $773</td>
</tr>
<tr>
<td>4</td>
<td>$34,061 - $48,470</td>
<td>$2,840 - $4,040</td>
<td>$656 - $933</td>
</tr>
<tr>
<td>5</td>
<td>$39,885 - $56,758</td>
<td>$3,325 - $4,730</td>
<td>$768 - $1,092</td>
</tr>
<tr>
<td>6</td>
<td>$45,709 - $65,046</td>
<td>$3,810 - $5,421</td>
<td>$880 - $1,251</td>
</tr>
<tr>
<td>7</td>
<td>$51,533 - $73,334</td>
<td>$4,296 - $6,112</td>
<td>$992 - $1,411</td>
</tr>
<tr>
<td>8</td>
<td>$57,357 - $81,622</td>
<td>$4,781 - $6,802</td>
<td>$1,104 - $1,570</td>
</tr>
</tbody>
</table>

Each Additional Family Member: +8,288 +691 +160