

# ADMISSION INFORMATION

Operation Name <b>Blue Bird Kids Academy</b>		Director's Name <b>Kimberly Chavis</b>	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal	Email Address	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
Name:		Address:	#:
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			
Name:	#:	Name:	#:
Name:	#:	Name:	#:

<b>CHECK ALL THAT APPLY:</b>		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		-- consent for my child to be transported and supervised by the operation's employees:	
1. <input type="checkbox"/> TRANSPORTATION:		Walk home <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips		<input type="checkbox"/> to and from home <input type="checkbox"/> to and from school	
2. <input type="checkbox"/> FIELD TRIPS:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		-- my consent for my child to participate in Field Trips:	
3. <input type="checkbox"/> WATER ACTIVITIES:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		-- my consent for my child to participate in Water Activities:	
		<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:		I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:					
<input type="checkbox"/> None <input checked="" type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input checked="" type="checkbox"/> Lunch <input checked="" type="checkbox"/> PM Snack					
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:					
<input type="checkbox"/> Mondays	from:		to:		
<input type="checkbox"/> Tuesdays	from:		to:		
<input type="checkbox"/> Wednesdays	from:		to:		
<input type="checkbox"/> Thursdays	from:		to:		
<input type="checkbox"/> Fridays	from:		to:		

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
Resolute Hospital ER	555 Creekside Crossing New Braunfels TX78130	830-500-6000
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of: **PLEASE DO NOT LEAVE BLANK: LIST ALLERGIES OR PUT "NONE"**

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0363 (TTY).

Signature - Parent or Legal Guardian

Date

# ADMISSION INFORMATION

Form 2935  
Aug 2010 / Pg 2 of 3

## SCHOOL AGE CHILDREN:

☐ My child attends the following school:

Name of School and Address

School Ph.#

### CHECK ALL THAT APPLY:

☐ His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to:

☐ ride a bus, and/or

☐ walk to or from school or home,

☐ be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s):

## IMMUNIZATION RECORD:

☐ I have provided the childcare operation with a copy of my child's most current immunization record.

**ADMISSION REQUIREMENT:** If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. ☐ **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature

Date

2. ☐ A signed and dated copy of a health care professional's statement is attached.

3. ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. ☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

Signature - Parent or Legal Guardian

Date

VISION		R 20/	L 20/	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE		DATE		
HEARING		1000 Hz	2000 Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
R			4000 Hz	
L				
SIGNATURE		DATE		

Signature - Parent or Legal Guardian

Date





## OPERATIONAL DISCIPLINE AND GUIDANCE POLICY

**Purpose:** This form provides the required information per minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

**Directions:** Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

### DISCIPLINE AND GUIDANCE POLICY

**Discipline must be:**

- 1) Individualized and consistent for each child;
- 2) Appropriate to the child's level of understanding; and
- 3) Directed toward teaching the child acceptable behavior and self-control.

**A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:**

- 1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) Reminding a child of behavior expectations daily by using clear, positive statements;
- 3) Redirecting behavior using positive statements; and
- 4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

**There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:**

- 1) Corporal punishment or threats of corporal punishment;
- 2) Punishment associated with food, naps, or toilet training;
- 3) Pinching, shaking, or biting a child;
- 4) Hitting a child with a hand or instrument;
- 5) Putting anything in or on a child's mouth;
- 6) Humiliating, ridiculing, rejecting, or yelling at a child;
- 7) Subjecting a child to harsh, abusive, or profane language;
- 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

### ADDITIONAL DISCIPLINE AND GUIDANCE MEASURES (ONLY APPLIES TO BAP/SAP PROGRAMS THAT OPERATE UNDER CHAPTER 744)

**A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:**

- Ensure that the measures are considered commonly accepted teaching or training techniques;
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
  - (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  - (B) What behaviors would warrant the use of these measures; and
  - (C) The maximum amount of time the measures would be imposed;
- Inform parents that they have the right to ask for additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).



### SIGNATURE

This policy is effective on the following date:

Signed by:

X

Role:

- ☐ Parent ☐ Caregiver/Employee  
☐ Household Member (Ch. 747 only)

### MINIMUM STANDARDS RELATED TO DISCIPLINE

- Title 40, Chapter 746 Subchapter L:  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=40&pt=19&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=746&sch=L&rl=Y)
- Title 40, Chapter 747 Subchapter L:  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=40&pt=19&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=747&sch=L&rl=Y)
- Title 40, Chapter 744 Subchapter G:  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=40&pt=19&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=744&sch=G&rl=Y)

WE ARE TO BE DIFFERENT



## BLUE BIRD KIDS' ACADEMY

### ENROLLMENT AGREEMENT

This Agreement is between Blue Bird Kids Academy (the "Center"), and

\_\_\_\_\_ (the "Parents"),

The parents or guardians of \_\_\_\_\_ (the "Child").

Enrollment will continue until terminated in accordance with Section "C" of this Agreement.

This Agreement becomes effective upon execution.

#### A. BASIC SERVICES

- The Center will provide a child care and enrichment program of play and learning experiences appropriate for the ages of the children enrolled. A balance of active and quiet play will be established, with individual and group activities geared toward the emotional, social, and physical growth of young children. Each child will be placed in a group of peers based on age, level of development, and special needs as determined by the staff of the Center.
- Regular operating hours will be from 6:00am-6:00pm, Monday through Friday throughout the year, except closing holidays and inclement weather as described in the Parent Handbook.
- Children in attendance will have a nap or rest time each day, and will receive breakfast in the morning, mid-morning snack, lunch and a mid-afternoon snack. Meals provided are prepared under USDA guidelines.
- Children will receive assistance with personal care as needed. Please notify your child's teacher if they are potty trained and require assistance. Teachers will assume potty trained children are self-sufficient unless notification is given.
- The Center will notify Parents of suspected exposure to any communicable illness through postings or notes sent home.
- The Center will make reasonable efforts to safeguard children's personal belongings, but will not be responsible for lost or broken items. Items must be labeled. Please check lost and found bins frequently.

- The Center or any staff member will report any suspicion of child abuse, neglect or endangerment to appropriate authorities.

### PAYMENT PROVISIONS

Tuition is due and payable on the first day of the month. A late charge of \$25.00 is due if payment is received after the 3<sup>rd</sup> day of the month. Enrollment is terminated if payment is not received by the 10<sup>th</sup> day of the month. If the 3<sup>rd</sup> of the month falls on a Saturday, payment is due on Friday. Some parents choose to pay twice a month. For parents that take this option the same grace period applies. You have the 3-day grace period and then a late fee and if the 3<sup>rd</sup> day is on the weekend it is due on Friday. *Tuition WILL NOT be refunded for any reason under any circumstances.*

- \$25 non-refundable waiting list fee if the classroom is full and you want to wait for a spot
- \$50 non-refundable enrollment fee required in order to hold a spot in a classroom at the time of enrollment.
- Payments are due on the first of each month. After the 3<sup>rd</sup>, there will be a \$25 late fee and \$5 for each additional day until tuition is paid. There is an option of paying tuition twice a month is needed.
- If a child leaves the Center after 6:00 pm for any reason, a Late Pick-up Charge of \$5.00 and \$1.00 PER MINUTE will be due and payable. Late Pick-up charges are calculated to the time the Child actually leaves the Center.
- There are NO REFUNDS OR CREDITS allowed for time missed from school for any reason.

### B. OBLIGATIONS OF PARENTS

The Parents will:

- Furnish required medical information within fourteen (14) days of enrollment and regularly thereafter;
- Bring the Child to a teacher each day, staff will sign your child IN and upon pick-up, staff will sign OUT your child on the class attendance register.
- Notify the Center when a person not previously authorized in writing or not known to the staff will pick up the Child.
- Dress the Child appropriately following guidelines in the Parent's Handbook.
- Abide by "Illness Exclusion" and "Arrival Time" policies.
- Notify the Center if the Child contracts or is exposed to any communicable illness or is absent for any other reason.
- Immediately pick up the Child when notified of illness.
- Attend Parent conferences when requested
- Keep ENROLLMENT RECORD information current
- Give the Center written notice of withdrawal two weeks in advance.
- Refrain from reprimanding or disciplining child of other families while on the Center premises.
- Abide by all rules and policies in the Parent Handbook.

C. TERMINATION OF ENROLLMENT

Enrollment will be considered terminated if:

- Payment is delinquent beyond the 3<sup>rd</sup> day of the week.
- The Parent fails to comply with this Agreement, the Parent Handbook, or any other rules of the Center.
- The Center, in its sole discretion, determines it is unable to meet the needs of the Child, or that it is not in the best interest of the Center or other children enrolled to have the Child continue in attendance.
- There is serious illness or death of the Child.
- The Center and its staff retain the sole right and responsibility to determine any dispute factual matters regarding termination of enrollment.

D. MEDICAL TREATMENT AUTHORIZATION

- The Center is authorized to secure such emergency medical treatment as may be required.
- The Parent agrees to pay all expenses incurred in connection with such emergency medical treatment.
- The Center will use its best efforts to immediately notify a parent or a person designated to be called in case of an emergency.
- The Parents authorize any licensed physician or medical center to treat the Child in case of an emergency.

E. HEALTH CERTIFICATION

- The Child has been examined within the past year by a licensed physician and is able to participate in the early childhood program at the Center.
- The Center will be provided with a "Medical Information/Immunization Record" form within two weeks, completed and signed by the Child's physician.
- The Director or Supervisor of the Center is authorized, as necessary, to administer an aspirin substitute (Tylenol, ect.) which the Parent will provide in its original container.

F. PARENT'S HANDBOOK/GUIDE TO DAY CARE

- The Parents have received the Center's Parent Handbook.

G. CHILD RELEASE PROCEDURE

- The Center will release the Child only to those parents and others the Parents designate in writing, along with positive identification, by any person picking up the Child.
- The Parents will notify The Center, in advance, if a person not previously authorized in writing or not known to the staff will be coming for the Child. This person will be required to provide photo identification.

H. PHOTOGRAPHS RELEASE

- The Center is authorized to photograph the Child and use the resulting photographs for any school related use, including but not limited to news media or promotion, and the Parents release all rights, title, and interests in the finished photographs and negatives.

I. MODIFICATION OF THIS AGREEMENT

- This Agreement may be modified by the Center, by written notice to the Parents, whenever any circumstances covered by the Agreement change.



J. OTHER TERMS/SIGNATURES

- The Parents will cooperate with the policies of the Center, perform the obligations of the parents set forth in this Agreement, and abide by the rules, regulations, and policies provided by the Center.
- The Parents will not employ or attempt to employ any person employed by the Center for a period of twelve months after their employment by the Center terminates.
- The Parents have read the terms of this Agreement and all questions have been satisfactorily answered.
- The Parents release the Center, its owners, officers, and staff from any liability for injury or damages of any kind not resulting from gross negligence.

PARENT/GUARDIAN SIGNATURE:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Purpose:**

These questions are designed to give you the information needed to provide the best, most appropriate care for children. This information is confidential and parents must be reassured it will not be shared without their written permission.

Experts in the field recommend completing an assessment form for each child. It can help start mutual trust and respect that will develop into a strong, cooperative partnership between parents and caregivers.

The assessment should be completed prior to enrollment. Give parents an opportunity to review your enrollment forms and parent handbook before you complete the assessment form. The parent handbook or operational policies set forth your program's philosophy and values.

The enrollment interview is the time to obtain critical information about the child and provide information on your program's operational policies, such as health checks (if conducted), procedures for the release of children, and illness and exclusion criteria. It also provides parents an opportunity to assess your program and determine if it is best suited for their child's needs.

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# Child Assessment Form

Child Name (last, first, middle)		Social Security No.*	Enrollment Date	Date of Birth
Street Address (if rural, attach directions)		City	County	Zip
Mailing Address (if different) -- Street or P.O. Box		City	County	Zip
Telephone No. (include A/C)				

\* If applicable.

## 1. Health

Does your child have any allergies?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what allergies does your child have?			
How should we respond if he/she has an allergic reaction?			
Does your child have an existing illness?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any medication?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how is the medication administered, and will it need to be administered while he/she is in care?			
Is the medication prescribed for continuous use?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any side effects we should be alerted to?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 2. Toileting:

Does your child need assistance with toileting?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How can we best help?			
What are your ideas about toilet training?			
How can we best help?			

## 3. Behavior:

Does your child have any special fears?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How does your child communicate his/her needs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any special words that your child uses that might not be readily recognized?			
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?			
When your child gets upset, what helps him/her calm down?			
What is a good way to distract your child when he/she is having a temper tantrum?			
Are there any particular routines that are particularly helpful at naptime?			

## Child Assessment Form

What position is most comfortable for your child when he/she is napping?	
--	--

#### 4. Eating Preferences:

What are your child's favorite foods?	
---------------------------------------	--

Does your child use utensils, eat with fingers, feed self?	
--	--

Does your child choke easily while eating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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#### 5. Activities:

What activities do you like to do with your child?	
--	--

What activities does your child like to do when playing with other children?	
--	--

What does your child like to do when he is playing alone?	
---	--

#### 6. Family History:

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)	
---	--

I verify that the above assessment was discussed with the parent(s) of \_\_\_\_\_

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Date Signed

I verify that the director appropriately relayed the information concerning my child's assessment.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date Signed

#### Additional Comments:

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ADVANCE Child Care, Inc.

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. Your child is enrolled in a center that offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

1. Do I need to fill out a Meal Benefit Form for each of my children in day care? You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household only if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. Return the completed form to the child care center's director.

2. Who can get free meals without providing income information? Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children (verify on question #8 for more information on foster children) and children enrolled in a Head Start Program (HSP), Early Head Start Program (EHS), or Even Start Program (ESP) and have not entered kindergarten) are also eligible for free meals. Households with children enrolled in a HSP, EHS, or ESP can provide a certification letter from the program of the child's enrollment and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

3. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Income Chart, sent with this application. Children in households participating in WIC may be eligible for reduced price meals.

4. May I fill out a form if someone in my household is not a U.S. citizen? Yes, You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

5. Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

6. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amount indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for these 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 the eligibility standards.

7. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

8. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children can provide the Texas Department of Family and Protective Services' Form 2085FC, Placement Authorization Foster Care/Residential Care, to their child's caregiver and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

9. We are in the military, do we include our housing and supplemental allowances as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Substance Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

10. (Filling program only) Will the information I give be verified? Maybe. We may ask you to send written proof to verify the information you submitted on the form. What if I disagree with the decision? All the information I complete on this form may be shared with the Texas Department of Family and Protective Services (DPS) for verification purposes. You can talk to Amy Pringle, either in person or by telephone at (832) 282-1351. You may also write to Amy Pringle at Alex Taylor, Advance Child Care, Inc., 523 West First Ave, Corsicana, Texas 75110, (800)972-5231. In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call Amy Pringle at (832) 282-1351.

Sincerely,

Advance Child Care, Inc.

July 2011

CACFP Meal Benefit Income Eligibility Form  
Letter to Households (Child Care Centers)

Texas Department of  
Agriculture

Form HTE55-A  
4-12-2015

Income Eligibility Guidelines  
for Determining Free and Reduced-Price Benefits  
July 1, 2018 - June 30, 2019

Ingresos máximos para determinar  
la elegibilidad para el programa de nutrición  
1 de julio de 2018 - 30 de junio de 2019

FAMILY SIZE	ANNUAL REDUCED	MONTHLY REDUCED	Twice Monthly Reduced	Biweekly Reduced	Weekly Reduced
1	\$22,459	\$1,872	\$366	\$364	\$492
2	\$30,451	\$2,508	\$1,269	\$1,172	\$568
3	\$38,443	\$2,204	\$1,022	\$1,479	\$740
4	\$46,435	\$2,870	\$1,595	\$1,765	\$833
5	\$54,427	\$4,206	\$2,208	\$2,094	\$1,047
6	\$62,419	\$5,502	\$2,801	\$2,401	\$1,261
7	\$70,411	\$6,853	\$2,634	\$2,709	\$1,535
8	\$78,403	\$8,534	\$3,297	\$3,016	\$1,508
For each additional family member add:	\$7,992	\$649	\$353	\$303	\$154

Children from households whose incomes are at or below the levels shown on this chart are eligible for free or reduced-price meals. Families (TANF) or Supplemental Nutrition Assistance Program (SNAP) benefits, are eligible for free or reduced-price meals.	Las personas que participan en programas de Cuidado Diario para Niños, en programas de asistencia social, o que reciben Asistencia Temporal para Familias Necesitadas (TANF), ayuda del Programa Suplementario de Asistencia Nutricional (SNAP) o del Programa de Distribución de Alimentos e Incentivos Pedagógicos (FDPIR) califican para recibir comidas gratuitas o a precio reducido. Las personas que participan en programas de Cuidado Diario para Niños, en programas de asistencia social, o que reciben Asistencia Temporal para Familias Necesitadas (TANF), TANF, o beneficios de SNAP o FDPIR califican para recibir comidas gratuitas o a precio reducido.
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# INSTRUCTIONS FOR CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (CHILD CARE)

Follow these instructions, if your household gets SNAP, TANF or FDIPIR:

- Part 1:** List all enrolled children and household members.  
**Part 2:** List the eligibility number for any household members (including adults) receiving SNAP or TANF or FDIPIR benefits. The SNAP or TANF number must be the 8 or 9 digit EDG# assigned by HHSC (see illustration).  
**Part 3:** Skip this part.  
**Part 4:** Skip this part.  
**Part 5:** Sign the form. The last four digits of a Social Security Number are not necessary.  
**Part 6:** Answer this question if you choose.  
**Part 7:** Answer this question if you choose.

The illustration shows a portion of the form with the Texas Health and Human Services Commission logo. A red circle highlights the 'Eligibility Determination Group #' field, which contains the number '2564123456'. Other fields visible include 'Name', 'DOB', 'Address', and 'Phone'.

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If all children you are applying for are foster children, or if you are only applying for benefits for the foster child:

- Part 1:** List all foster children. Check the box indicating that the child is a foster child.  
**Part 2:** Skip this part.  
**Part 3:** Skip this part.  
**Part 4:** Skip this part.  
**Part 5:** Sign the form. A Social Security Number is not necessary.  
**Part 6:** Answer this question if you choose.  
**Part 7:** Answer this question if you choose.

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

- Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.  
**Part 2:** If the household does not have an eligibility number, skip this part.  
**Part 3:** Applies only to parents/guardians of children in Tier II Day Care Homes. Sponsors must provide the List of Eligible Federal/State Funded Programs (H1660), with this form to households with children enrolled in Tier II Day Care Homes. Parents/Guardians can enter the program name and number as applicable.  
**Part 4:** Follow these instructions to report total household income from this month or last month.

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

**Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly. See next.

**Box 1:** List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

**Box 2:** List the amount each person got from the month from welfare, child support, alimony, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. *For ONLY the self-employed, report income after expenses in Box 1.* Box 4 is for your business, farm or rental property. Do not include income from SNAP, TANF, FDIPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

**Part 6:** Answer this question if you choose.

**Part 7:** Answer this question if you choose.

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

**Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.  
**Column A – Name:** List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

**Box 1:** List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

**Box 2:** List the amount each person got from the month from welfare, child support, alimony, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. *For ONLY the self-employed, report income after expenses in Box 1.* Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDIPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

**Part 6:** Answer this question if you choose.

**Part 7:** Answer this question if you choose.

**Privacy Act Statement:** This explains how we will use the information you give us.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly.



## CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

### Part 1. All Household Members

Name of Enrolled Child(ren): \_\_\_\_\_

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. Benefits:** If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_

**Part 3. (Applies only to parents/guardians with children enrolled in a day care home)** If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_  
Check here if no eligibility number ☐

### Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List <b>only</b> household members with income)	B. Gross income and how often it was received			
	Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Example) Jane Smith	\$200/weekly _____	\$150/twice a month _____	\$100/monthly _____	\$200/bi-monthly _____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

### Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the next page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of Social Security Number: \* \* \* - \* \* - \_\_\_\_\_ ☐ I do not have a Social Security Number

1251

Parent's First Name:

[illegible]

Parent's Last Name:

[illegible]

Parent's Phone Number:

[illegible]

Child's First Name:

[illegible]

Child's Last Name:

[illegible]

Child's Birthdate:

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**Special Needs:**

☐ YES      ☐ NO (Provide Professional Documentation)

**Foster Child:**

☐ YES    ☐ NO (Provide DFPS Form 2085FC)

Head Start / Early Head Start /  
Even Start:

☐ YES    ☐ NO (Provide HSP/ESP/EHSP Documentation)

**Ethnic Identity:** *(mark only 1)*

☐ Hispanic or Latino      ☐ Not Hispanic or Latino

**Racial Identity: (mark 1 or more)**

☐ White    ☐ Black/African American    ☐ Am. Indian/Alaskan Native  
☐ Asian    ☐ Native Hawaiian/Other Pacific Islander

**Gender:**

☐ Male    ☐ Female

Child Care Center Enroll Date:

 / 



 / 





**Child's Normal Days in Care:**

Center's Days of Operation  
M-F☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐ Fri ☐ Sat ☐ Sun

**Child's Normal Hours in Care:**

**Center's Hours of Operation**  
06:00 AM-06:00 PM

:   ☐ a.m. TO   :   ☐ a.m.  
☐ p.m. ☐ p.m.

**Meals/Snacks Child Receives:**Meals/Snacks Served at Center  
PM S LUN BRK

☐ BRK    ☐ AMS    ☐ LUN    ☐ PMS    ☐ SUP    ☐ EVS

## Times Child Attends Public

School  
(school age children only)

:   ☐ a.m. TO   :   ☐ a.m.  
☐ p.m. ☐ p.m.

- *My child may be in care on different days & hours than listed above.* ☐ Yes ☐ No
- *I certify the information on this form is true and correct to the best of my knowledge.*
- *I certify that I have received access to WIC and CACFP literature within the last 12 months.*

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Date of Parent/Guardian Signature

**Sponsor Use Only:**

**Non - Discrimination Statement:**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. 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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 696-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.



## Infant Declaration Form:

Child Care Center Name \_\_\_\_\_

### INSTRUCTIONS TO PARENTS:

Complete **BOTH** sections on this form. Sign and date where indicated. Submit to child care provider.

#### Section 1

Infant's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name \_\_\_\_\_

My Child is allergic to the following foods:

(A Doctor's note is required for any foods that cannot be substituted within the same food group.)

\_\_\_\_\_  
\_\_\_\_\_

#### Section 2

Your child care provider offers the following infant formula(s): \_\_\_\_\_

Parent Declaration - Select only **ONE** of the following options.

☐

Center will provide ALL meal components for infant named above.

OR

☐

Parent will provide ALL meal components for infant named above.

OR

☐

PARENT and CENTER will provide meal components for infant named above,  
as indicated below:

	0-5 Months	6-11 Months
( ) Center OR ( ) Parent will provide Iron Fortified Infant Formula / Breast Milk	( )	( )
( ) Center OR ( ) Parent will provide Iron Fortified Infant Cereal		( )
( ) Center OR ( ) Parent will provide Infant Fruits/Vegetables		( )
( ) Center OR ( ) Parent will provide Infant Meats		( )
( ) Center OR ( ) Parent will provide Crusty Bread/Crackers		( )

\*\*\* This form must be updated and submitted any time there is a change in Section 2.

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent Signature Parent Phone Number Date

Please include your phone number so our CACFP Sponsor can contact you if they have any questions.