

# Childcare Enrollment Form

REGISTRATION DATE: \_\_\_\_\_ START DATE: \_\_\_\_\_

CIRCLE THAT APPLIES: CHILD CARE DOWNTOWN CHILD CARE SOUTH CHILD CARE MITCHELL SCHOOL AGE CARE (SAC)

Parent/Guardian First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

### Child Information

Child's First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender M / F

Birthdate \_\_\_\_\_ Current Age: \_\_\_\_\_ School (if applicable) \_\_\_\_\_ Grade \_\_\_\_\_

Allergies or Medical Need \_\_\_\_\_

Normal days of care: M T W Th F Normal hours of care: \_\_\_\_\_ Meals eaten while in care: B L S

Child's First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender M / F

Birthdate \_\_\_\_\_ Current Age: \_\_\_\_\_ School (if applicable) \_\_\_\_\_ Grade \_\_\_\_\_

Allergies or Medical Need \_\_\_\_\_

Normal days of care: M T W Th F Normal hours of care: \_\_\_\_\_ Meals eaten while in care: B L S

Child's First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender M / F

Birthdate \_\_\_\_\_ Current Age: \_\_\_\_\_ School (if applicable) \_\_\_\_\_ Grade \_\_\_\_\_

Allergies or Medical Need \_\_\_\_\_

Normal days of care: M T W Th F Normal hours of care: \_\_\_\_\_ Meals eaten while in care: B L S

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**Emergency Contacts:** Parents are always our first contact. In the event a parent cannot be reached, please list additional individuals we may call.

1<sup>st</sup> Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2<sup>nd</sup> Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Authorized Pick-up:

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

### Person(s) who MAY NOT PICK UP YOUR CHILD:

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

**CIRCLE THAT APPLIES:**

Full-Time M-F (4-5 days)    Childcare    Jr KinderCollege    KinderCollege    Spanish Immersion    School Age

Part-time M-F (0-3 days)    Childcare

School Age Option #1    School Age Option #2    Site \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

School Age Summer Program:     Full-time  Part-time    Site \_\_\_\_\_

**Photographs:** May we take photos of your child(ren) for EmBe newsletters and promotions?  Yes  No

**Field Trips:** May we take your child(ren) on field trips out of the center?  Yes  No

**Treatment of a Minor:** Do you authorize employees of the EmBe Childcare Center into whose care your child(ren) has been entrusted, to secure and authorize such emergency medical care and/or treatment as your child (above named) might require while under supervision of said EmBe personnel as well as pay all of the costs and fees associated with any emergency medical and/or treatment as secured or authorized under this consent?  Yes  No

**Immunization Records:**

My child's immunization records are attached.

I do not wish to have my child immunized. A statement is attached.

**Enrollment Agreement:**

I (we) understand and agree to pay for Option #1 (before & after school care, no school day care, planned early and late starts).

I (we) understand and agree to pay for Option #2 (before & after school care, planned early and late starts).

I (we) understand and agree to provide tuition express form prior to starting.

I (we) understand and agree to give a two week notice or EmBe will continue to bill me.

**Tuition Amount:** \_\_\_\_\_

Person Responsible for Payment: \_\_\_\_\_

Other-Please define  
\_\_\_\_\_

I (we) the undersigned, have received and read the Center's handbook. I (we) understand and do agree to abide by Center policies as stated. I (we) also understand that from time to time new policies may be implemented as needed and as determined by the CEO, the EmBe Childcare Center, South Dakota childcare licensing laws, or other official governing bodies. Prior parental notification of policy changes can be expected. I (we) understand and agree to pay the fees due each week, and will give two week notice before leaving the Center.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Credit Card Authorization, complete and return to EmBe management.**


**CREDIT CARD PAYMENT AUTHORIZATION**

I (we) hereby authorize \_\_\_\_\_ (called "EmBe" in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced "EmBe". I (we) authorize EmBe to utilize Tuition Express\* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between EmBe and the below signed cardholder.

**I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give EmBe written notice of revocation. A minimum of 5 business days is required to affect revocation.**

\_\_\_\_\_  
 Cardholder Name Phone

\_\_\_\_\_  
 Cardholder Billing Street Address City State Zip

Please mark payment option:   or  **VISA**

\_\_\_\_\_  
 MasterCard or Visa Account Number Expiration Date

\_\_\_\_\_  
 Cardholder Signature Date

\*Tuition Express is an assumed business name of Blum Investment Group, Inc.

For Official Use Only:

Date Received \_\_\_\_\_

Employee Signature: \_\_\_\_\_

**Record Retention Notice:** EmBe shall retain all parent (client) authorization form at a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.



## Automatic Payments

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the checking account or credit card option of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit [www.tuitionexpress.com](http://www.tuitionexpress.com).

**For Bank Account Authorization, complete and return to EmBe management.**

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize \_\_\_\_\_, EmBe to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize EmBe to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize EmBe to use the third party sender, Tuition Express\* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

**Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.**

_____ Your Name		_____ Phone #	_____ DEPOSITORY - Bank or Credit Union Name		
_____ Address			_____ Bank or Credit Union Address		
_____ City	_____ State	_____ Zip	_____ City	_____ State	_____ Zip
			Type: <input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
_____ <b>Routing Transit Number</b> (see sample below)			_____ <b>Account Number</b> (see sample below)		

This authorization will remain in full force and effect until I (we) notify the EmBe in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

_____ Signature	_____ Date
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Record Retention Notice: EmBe shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.



Need: Routing Transit Account Check Number

**Please attach a copy of a voided check here.  
Deposit slips not accepted.**

2017-2018 Application for Free and Reduced Price Meals

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

New Applicant  Previous Applicant

**STEP 1:** List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

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

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

Child's Name	Age	Write name of child's school, or "not in school"	If student write in the grade	Foster Child	Homeless, Migrant, Runaway
				<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"/>

Check all that apply

**STEP 2:** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? (NOT Medicaid)

Case Number:

If you answered NO > Complete STEPS 3 and 4. If YES > Write your 9-digit SNAP, TANF, or FDPIR case number here then go to STEP 4

(Do not complete STEP 3)

Write only one case number in this space.

**STEP 3:** Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

**Flip the page** and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

**A. Child Income**

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children listed in STEP 1 here.

Child income	How often?				Child income	How often?			
	Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
\$ [ ][ ][ ][ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [ ][ ][ ][ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B. All Adult Household Members (including yourself)**

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Farming/ Pensions/ Retirement/Other Income	How often?				
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly	Annually
	\$ [ ][ ][ ][ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [ ][ ][ ][ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [ ][ ][ ][ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ [ ][ ][ ][ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [ ][ ][ ][ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [ ][ ][ ][ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ [ ][ ][ ][ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [ ][ ][ ][ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [ ][ ][ ][ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ [ ][ ][ ][ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [ ][ ][ ][ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [ ][ ][ ][ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ [ ][ ][ ][ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [ ][ ][ ][ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [ ][ ][ ][ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Total Household Members (Children and Adults)</b>	[ ][ ]	<b>Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member</b>				X X X	X X	[ ][ ][ ]	Check if no SSN <input type="checkbox"/>							

**STEP 4:** Contact information and adult signature.

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

[ ][ ][ ][ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ]
Street Address (if available)	Apt#	City	State	Zip	Daytime Phone and Email (optional)
[ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ]
Printed name of adult completing the form	Signature of adult completing the form	Signature of adult completing the form	Signature of adult completing the form	Signature of adult completing the form	today's date

**INSTRUCTIONS: Sources of Income**

Sources of Income for Children	
Sources of Child Income	Example(s)
• Earnings from work	• A child has a regular full or part-time job where they earn a salary or wages
• Social Security <ul style="list-style-type: none"> <li>○ Disability Payments</li> <li>○ Survivor's Benefits</li> </ul>	• A child is blind or disabled and receives Social Security benefits • A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
• Income from person outside the household	• A friend or extended family member regularly gives a child spending money
• Income from any other source	• A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses</li> <li>• Net income from self-employment (farm or business)</li> </ul> If you are in the U.S. Military: <ul style="list-style-type: none"> <li>• Basic pay and cash bonuses (do NOT include combat pay, F SSA or privatized housing allowances)</li> <li>• Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>• Unemployment benefits</li> <li>• Worker's compensation</li> <li>• Supplemental Security Income (SSI)</li> <li>• Cash assistance from State or local government</li> <li>• Alimony payments</li> <li>• Child support payments</li> <li>• Veteran's benefits</li> <li>• Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security (including railroad retirement and black lung benefits)</li> <li>• Private pensions or disability benefits</li> <li>• Regular income from trusts or estates</li> <li>• Annuities</li> <li>• Investment income</li> <li>• Earned interest</li> <li>• Rental income</li> <li>• Regular cash payments from outside household</li> </ul>

**OPTIONAL: Children's Racial and Ethnic**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino

Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

**Civil Rights: Information if you have a complaint**

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410  
fax: (202) 690-7442; or  
email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

**Do Not Fill Out: FOR SCHOOL / CENTER USE ONLY**

**Do not convert if only one income frequency reported.** Annual Income Conversion: Weekly x 52, Bi - Weekly x 26, Twice a Month x 24, Monthly x 12.

Total income:

How Often?

Weekly	Bi-Weekly	2xMonth	Monthly	Annual

Household Size:

Categorical Free Eligibility: (Select 1)

Foster	Homeless	Runaway	Migrant	SNAP/TANF /FDPIR

Income Eligibility: (Select 1)

Free	Reduced	Denied

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date



Dear Parent/Guardian:

Children need healthy meals to learn. EmBe offers healthy meals to all enrolled children at no additional cost. USDA provides reimbursements for healthy meals and snacks served to children enrolled in the school/center. Please help us comply with the requirements of the Program by completing the attached Application for Free/Reduced Price Meals. By filling out this form, we will be able to determine if we can claim meals served to your child (ren) at the free or reduced price rate. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from SNAP, the Food Distribution Program on Indian Reservations (FDPIR) or TANF are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in a Head Start program are eligible for free meals, with documentation from the Head Start office..
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household’s income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART (Program Year 2017-2018)			
Household size	Yearly	Monthly	Weekly
1	22,311	1,860	430
2	30,044	2,504	578
3	37,777	3,149	727
4	45,510	3,793	876
5	53,243	4,437	1,024
6	60,976	5,082	1,173
7	68,709	5,726	1,322
8	76,442	6,371	1,471
Each additional person:	7,733	645	149

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven’t been told your children will get free meals, please call EmBe at 336-3660.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price Meal Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to your site director.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER FROM THE SCHOOL THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact EmBe right away so those children get benefits, too. If your child is enrolled at a child care facility, contact the staff at the center to ask what to do.
5. MY CHILD’S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. There are specific timeframes that schools and centers must follow regarding the collecting of new applications. You must send in a new application unless you have been told that your child is eligible for the new year.

6. I GET WIC OR MEDICAID. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC or Medicaid may be eligible for free or reduced price meals. Please send in an application.
7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
9. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
10. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
11. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
12. WHAT IF MY INCOME CHANGES DURING THE YEAR OR MY SNAP, TANF, OR FDPIR BENEFITS CHANGE? If your application for free or reduced price benefits was properly approved, you will remain eligible for those benefits for an allotted time period. You may visit with a school/center official to get the exact date the meal benefits will expire.
13. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Family Subsistence Supplemental Allowance (FSSA) payments and any additional combat pay resulting from deployment are also excluded from income.
14. IS COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to the basic pay because of deployment and it was not received before deployment, combat pay is not counted as income. Contact your school/center for more information.
15. WILL YOU TELL ANYONE ELSE ABOUT THE INFORMATION ON MY FORM? We will use the information on your form to decide if your children should get free or reduced price meals. We may inform officials associated with other child nutrition, health, and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.
16. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? Contact your local Department of Social Services assistance office to find out how to apply for SNAP or TANF.
18. WHAT IF MY CHILD NEEDS SPECIAL FOODS? The school/center will make substitutions to the regular meal for children whose disability restricts their diet when a physician certifies that disability. If the parent requests, the staff may choose to make substitutions for individual children who do not have a disability, but who cannot drink regular milk due to medical or other special dietary needs that are supported by a certified medical authority. These requests will be handled on a case-by-case basis. Please call the school/center food service department for further information to request the special meals or milk.

If you have other questions or need help, call EmBe at 336-3660.



## **HOW TO APPLY FOR FREE AND REDUCED PRICE MEALS**

Please use these instructions to help you fill out the application for free or reduced price meals. You only need to submit **one** application per household, even if your children attend more than one school/center. The application must be filled out completely to certify your children for free or reduced price meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact EmBe at 336-3660.

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.**

### **STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12**

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?** When filling out this section, please include **ALL** members in your household who are:

- Children age 18 or under **AND** are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending EmBe *regardless of age*.

**A) List each child's name.** For each child, print their first name, middle initial and last name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

**B) How old is the child? Is the child a student? What school/center does the child attend?** Fill in the information for the center or school to use.

**C) Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. **Foster children who live with you may count as members of your household and should be listed on your application.** If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions. If you are applying for both foster and non-foster children, go to step 3.

**D) Are any children homeless, migrant, or runaway?** If you believe any child listed in this section may meet this description, please mark the "Homeless, Migrant, and Runaway" box next to the child's name and **complete all steps of the application.**

### **STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?**

**If anyone in your household participates in the assistance programs listed below, your children are eligible for free meals:**

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR)

**A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**

- *Leave STEP 2 blank and go to STEP 3.*

**B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**

- *Write a case number for SNAP, TANF, or FDPIR.* You only need to write **one** case number. If you participate in one of these programs and do not know your case number, contact your local assistance office. **You must provide a case number on your application.**
- *Go to STEP 4.*

### **STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

**A)** Use the charts titled "**Sources of Income for Adults**" and "**Sources of Income for Children**," printed on the back side of the application form to determine if your household has income to report.

#### **REPORT INCOME EARNED BY CHILDREN**

- **Report all income earned or received by children.** Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.
- **What is Child Income?** Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

**REPORT INCOME EARNED BY ADULTS**

**Who should I list here?**

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
  - People who live with you but are not supported by your household's income AND do not contribute income to your household.
  - Infants, Children and students already listed in **STEP 1.**

**a) List adult household members' names.** Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**

**b) Report earnings from work.** Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

**What if I am self-employed?** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

**c) Report income from public assistance/child support/alimony.** Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

**d) Report income from pensions/retirement/all other income.** Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

**e) Report total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in **STEP 1** and **STEP 3.** If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

**f) Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

**B) Report all amounts in GROSS INCOME ONLY.** Report all income in whole dollars. Do not include cents.

- Gross income is the total income received before taxes
- Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

**C) Write a "0" in any fields where there is no income to report.** Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.

**D) Mark how often each type of income is received using the check boxes to the right of each field.**

**What if I am self-employed?**

If you are self-employed, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

To figure monthly income for farm/self-employed: The information to figure income from private business operation is to be taken from your U.S. Individual Income Tax Return – Form 1040. Write the numbers from the corresponding tax form lines in the spaces below. Write it on the application in the earnings column as yearly. If it is a negative number, write it as zero on the application. All other income on lines 7 through 22 of the tax form must be listed separately for the person who earned it. Net loss carryover cannot be used to decrease the household income.

<u>Proprietorship Income</u>	<u>Farm Income</u>	<u>Partnership Income</u>
Line 12 \$ _____	Line 13 \$ _____	Line 13 \$ _____
Line 13 \$ _____	Line 14 \$ _____	Line 14 \$ _____
Line 14 \$ _____	Line 17 \$ _____	Line 17 \$ _____
TOTAL \$ _____	Line 18 \$ _____	TOTAL \$ _____
	TOTAL \$ _____	

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**E) Report income from Farming/Pensions/Retirement/All other income.** Include farming in this box for annual income.

**F) Report total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced price meals.

**G) Provide the last four digits of your Social Security Number.** The household's primary wage earner or another adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number mark the box to the right labeled "Check if no SSN."

#### **STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE**

*All applications must be signed by an adult member of the household. **By signing the application, that household member is promising that all information has been truthfully and completely reported.** Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.*

**A) Provide your contact information.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

**B) Sign and print your name.** Print your name in the box "Printed name of adult completing the form." Sign your name in the box "Signature of adult completing the form."

**C) Write Today's Date.** In the space provided, write today's date in the box.

**D) Share children's Racial and Ethnic Identities (optional).** On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price meals.