



# YCARE BEFORE & AFTER SCHOOL

**FALL  
2023**

**REGISTRATION IS OPEN!**

ROME, ONEIDA,  
SVCS. NY MILLS, VVS  
& WHITESBORO

**NYS LICENSED CHILD CARE  
GRADES K-6  
ONEIDA NOW OFFERING PRE-K!**

**OUR PROGRAMS FOCUS ON PROVIDING YOUR CHILD WITH A SAFE PLACE BEFORE & AFTER SCHOOL, WHILE YOU ARE ABLE TO WORK, BUT ALSO GIVE THEM THE SOCIALIZATION & ENRICHMENT THEY NEED TO BE SUCCESSFUL.**

**DAILY HOMEWORK ASSISTANCE, PHYSICAL ACTIVITY, ARTS & HUMANITIES AND MORE!**

**MOST OF OUR PROGRAMS ARE LOCATED DIRECTLY IN YOUR CHILD'S SCHOOL FOR AN EASE OF TRANSITION BETWEEN YOUR CHILD'S SCHOOL DAY AND CONVENIENCE FOR YOU.**

**FOR REGISTRATION & MORE INFORMATION  
[WWW.YMCATRIVALLEY.ORG](http://WWW.YMCATRIVALLEY.ORG)**

**HOLLY PANEBIANCO, REGIONAL CHILD CARE DIRECTOR  
[HOLLYP@YMCATRIVALLEY.ORG](mailto:HOLLYP@YMCATRIVALLEY.ORG)**



# Select Your Child's Schedule

We offer flexible scheduling options to meet your unique family needs and budget!



## WE OFFER FINANCIAL ASSISTANCE TO QUALIFYING FAMILIES!

The YMCA also accepts child care subsidies from Oneida & Madison Counties!

NEW ENROLLMENT: \_\_\_\_\_

SCHEDULE CHANGE: \_\_\_\_\_

## Rates:

### Before School

1st Child: \$66/week or Pay in Full \$2,640  
 2nd Child: \$55/week or Pay in Full \$2,200  
 1 Day/week: \$35                      2 Days/week: \$70

### After School

1st Child: \$92/week or Pay in Full \$3,680  
 2nd Child: \$70/week or Pay in Full \$2,800  
 1 Day/week: \$35                      2 Days/week: \$70

### Before & After School

1st Child: \$140/week or Pay in Full \$5,600  
 2nd Child: \$98/week or Pay in Full \$3,900  
 1 Day/week: \$35                      2 Days/week: \$70

### Drop-In No-School Days (Snow Days and Single Holidays)

Full-Time Attendees: FREE  
 Part-Time Attendees: \$35/day  
 Non-Participants: \$60/day

Please place a check to select your child's schedule:

	FULL TIME	1 DAY PER WEEK	2 DAYS PER WEEK
BEFORE SCHOOL			
AFTER SCHOOL			
BEFORE & AFTER			
DROP-IN ONLY		N/A	N/A

CHILD'S NAME: \_\_\_\_\_

SCHOOL SITE: \_\_\_\_\_

DAY(S) ATTENDING (PART-TIME):

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

- Payment in full includes 3 vacation weeks. December, February and April.
- Part-time spots (1 or 2 days/week) are limited and are on a first-come, first-serve basis.
- Once payment is made for the week of care, you will not be able to make changes throughout the week, we will be staffing based on the selections parents have made. Changes can only take place with writing notice, two weeks prior to care being provided.
- The YMCA will accept Department of Social Services Funding for participants who are enrolled in the YCare program.
- YCare programs are licensed by NYS Office of Children and Family Services.
- Minimum of 5 children enrolled in each program to operate.



# YMCA OF THE GREATER TRI-VALLEY - YCare SCHOOL AGE CHILD CARE

To comply with state licensing laws, all sections of this form must be completed before we can accept any child for care.

**\*\*\* PLEASE PRINT \*\*\* PLEASE PRINT \*\*\* PLEASE PRINT \*\*\***

## REGISTRATION DETAILS

**Home Branch:** \_\_\_ Oneida                      \_\_\_ Rome                      \_\_\_ Whitesboro/NYMills  
**Schedule:** \_\_\_ AM Only                      \_\_\_ PM Only                      \_\_\_ AM and PM                      \_\_\_ Drop In Days Only  
 PreK only at Willard Prior Elementary

## PARTICIPANT INFORMATION:

Child 's Name: \_\_\_\_\_ Sex: [M] [F] [Pronoun: \_\_\_\_\_]

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's School: \_\_\_\_\_

Grade Attending: \_\_\_\_\_ **\*\*ALL PARTICIPANTS MUST BE ENTERING AT LEAST KINDERGARTEN TO BE ELIGIBLE TO ATTEND\*\***

## PARENT/GUARDIAN INFORMATION:

(Person listed as **Primary Guardian** will be the sole person authorized to request changes to information and/or cancel care.)  
 E-MAIL IS THE PRIMARY METHOD OF COMMUNICATION -PLEASE PROVIDE YOUR UP TO DATE E-MAIL

**Primary Guardian [Mother] [Father] [Other: \_\_\_\_\_] Parent DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ (ext) \_\_\_\_\_ Cell \_\_\_\_\_

**Secondary Guardian [Mother] [Father] [Other: \_\_\_\_\_] Parent DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ (ext) \_\_\_\_\_ Cell \_\_\_\_\_

\*When a parent is NOT authorized to pick-up, we must have a copy of court documentation. Please provide copies of court documentation with registration.\*

## EMERGENCY CONTACT/AUTHORIZED PICK-UPS (OTHER THAN PARENTS):

Must list at least one additional emergency contact. No one under the age of 18 is permitted. Full Address must be included.  
 Photo ID will be required for pick-up.

1.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_  
 2.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 3.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please note: We are not holding child care on the following days: Labor Day, Thanksgiving, Black Friday, Christmas Eve, Christmas Day, New Years Eve, New Years Day, July 4th, or Memorial Day. Program fees are not adjusted for these days.

Parents will need to find alternative child care for the listed dates. Summer Day Camp will begin on June 26, 2023 and cease on September 1, 2023.

### FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_ Entered By: \_\_\_\_\_ Red Flag \_\_\_ Y \_\_\_ N \_\_\_ F/A \_\_\_ DSS \_\_\_ FEE



# YMCA OF THE GREATER TRI-VALLEY - YCare SCHOOL AGE CHILD CARE AUTHORIZATION FOR EMERGENCY MEDICAL CARE/ HEALTH CARE REC-

Child Name: \_\_\_\_\_

In the event that I cannot be reached to make arrangements for emergency medical attention, I hereby authorize the YMCA of the Greater Tri-Valley Program staff to administer and authorize emergency medical treatment:

Insurance Carrier: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ Policy# \_\_\_\_\_  
 Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
 Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_ Address \_\_\_\_\_

**Parental Consent –Please circle yes or no for the following (if no selection is made, it is assumed that the answer is “yes”)**

Yes	No	CONSENT FOR TREATMENT: I give consent for any and all necessary treatment when my child is in the care of this physician or hospi-
Yes	No	AUTHORIZATION: In case of sickness or accident, I hereby give my permission to the medical personnel selected by the YMCA of the Greater Tri-Valley to order and/or perform any medical attention deemed necessary, if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither the YMCA nor its workers can be held responsible in the
Yes	No	CONSENT FOR SUNSCREEN, BUG SPRAY: I give consent for my child to wear and be assisted by staff to apply as directed:
Yes	No	CONSENT FOR SWIMMING AND WATER BASED PLAY: I give consent for my child to participate in swimming and water-based activi-

**HEALTH HISTORY - PLEASE INDICATE IF YOUR CHILD HAS A HISTORY OF ANY OF THE FOLLOWING: YES/NO/DESCRIPTION**

Asthma \_\_\_\_\_ Mononucleosis \_\_\_\_\_ Physician Diagnosed Allergies: \_\_\_\_\_  
 Food Sensitivity \_\_\_\_\_ Hypertension \_\_\_\_\_  
 Diabetes \_\_\_\_\_ Fainting \_\_\_\_\_ (will need a OCF5 6029 filled out by health care provider)  
 Epilepsy \_\_\_\_\_ Menstruation (female) \_\_\_\_\_  
 Convulsions \_\_\_\_\_ Hay Fever \_\_\_\_\_ Other: \_\_\_\_\_  
 Heart Disease/Defect \_\_\_\_\_ Insect bite reactions \_\_\_\_\_  
 Bleeding/clotting \_\_\_\_\_

Current Medications: \_\_\_\_\_

Will your child need to take medications during program? \_\_\_\_ Y \_\_\_\_ N

\_\_\_\_ Yes, I understand that if my child needs medication during the School Age Child Care program, I will be required to provide additional medication consent forms completed by both myself and my child’s physician.

**\*\*Participants with a history of medical conditions may be required to have additional medical action plans completed by their physician before attending to ensure proper medical care during School Age Child Care.\*\***

\*\*All medications (including over-the-counter medications, epi-pens and inhalers) administered during program must be authorized by the child’s physician prior to being administered. If you have indicated your child requires medication during the School Age Child Care program, the Program Director will provide you with the required forms and a copy of the YMCA’s Medication Administration Policy. **All Participants medications must be stored by the YCare staff (including emergency medications). Participants are**

**Waiver, release, Indemnification and Hold Harmless Agreement:** I acknowledge and understand that participating in the YMCA of the Greater Tri-Valley activities involves physical activity and inherent risk of bodily injury or damage to my property, and I do hereby agree, to the fullest extent permitted by law, to release, protect, indemnify, hold harmless, and covenant not to sue, the YMCA of the Greater Tri-Valley, it’s organizers, employees, volunteers, officers, representatives and agents, from and against any and all losses, injuries, harm, claims, and damage, including attorneys’ fees and court costs, causes of action or suits in equity of whatsoever kind or nature, arising out of, predicated up, or in any way resulting from participating in YMCA of the Greater Tri-Valley activities, other use or occupancy of the YMCA of the Greater Tri-Valley facilities and equipment, or while traveling to off-site activities, whether caused directly or indirectly by the YMCA of the Greater Tri-Valley, it’s organizers, employees, volunteers, officers, representatives and agents, acts or omissions, including but not limited to the YMCA of the Greater Tri-Valley’s own negligence or gross negligence, I expressly assume all such dangers, risks and hazards to me and all the minors in my care.

I HAVE READ AND AGREE TO THE ABOVE WAIVER, RELEASE, IDEMNIFICATION, AND HOLD HARMLESS AND PARTICIPATION AGREEMENT.

LARGE GROUP FORMAT: I understand that due to large group format of our program, we are unable to provide one-on one care for any child except on a intermittent basis. Such instances include: injuries, immediate disciplinary issues, and certain personal care needs customarily provided to other children.

\_\_\_\_ YES, I UNDERSTAND HOW TO OBTAIN A WRITTEN COPY OF THE YMCA PARENT HANDBOOK BY EMAIL, IN PERSON, OR BY VISITING THE YMCA WEBSITE ([www.ymcatrivalley.org](http://www.ymcatrivalley.org)). NOTE: Failure to sign this parent agreement does not nullify this agreement.

X \_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# YMCA OF THE GREATER TRI-VALLEY - YCare SCHOOL AGE CHILD CARE

## GETTING TO KNOW YOUR CHILD

**Self help skills:** ( ) Dresses independently ( ) Needs partial assistance ( ) Needs total assistance

**Toileting:** ( ) Uses toilet independently ( ) Needs toileting assistance ( ) Wears diapers/ pull- ups

Can the child be included in 1:10 ratio?	YES	SOMETIMES	NO
Does the child require 1:1 care?	YES	SOMETIMES	NO
Has the child ever required physical restraints?	YES	SOMETIMES	NO
Has the child become aggressive towards others?	YES	SOMETIMES	NO
Does the child run away from groups?	YES	SOMETIMES	NO
Does the child play with toys appropriately?	YES	SOMETIMES	NO
Does the child attempt to hide?	YES	SOMETIMES	NO
Does the child need assistance participating in activities?	YES	SOMETIMES	NO
Does your child have an education modification	Yes		No

**THE MORE INFORMATION YOU SHARE, THE MORE WE CAN HELP PROVIDE**

**APPROPRIATE ACCOMMODATIONS FOR YOUR CHILD!!**

Is your child excited / cautious about attending the program? \_\_\_\_\_

What is your child's personality? \_\_\_\_\_

Does your child have any fears/phobias? \_\_\_\_\_

What is one goal you have for your child? \_\_\_\_\_

What can we do to ensure your child has a fun experience? \_\_\_\_\_

Please list ANY challenging behaviors (i.e.: hitting, kicking, biting, tantrums, screaming, etc.) \_\_\_\_\_

Are there situations in which the child is more likely to engage in the above behavior? \_\_\_\_\_

What is the response to these behaviors at school or home? \_\_\_\_\_

Child's motivating rewards or rein-forcers : \_\_\_\_\_

**PARENT AND PARTICIPANT STATEMENT OF AGREEMENT**

- I understand that I may not leave my child at the YMCA locations unless there is a YMCA staff member present.
- I understand that my child will not be allowed to leave the program with an unauthorized person or staff member. Only adults with valid photo ID and who are over the age of 18 can be authorized to pick up my child.
- I understand that the YMCA staff may not baby-sit, transport, or care for children other than during YMCA program hours.
- I understand that the YMCA staff are not responsible for any issues that occur on the bus prior to the release of the children to the YMCA staff or after the YMCA staff has released care to the transportation company. The issues must be brought to the transportation company's attention.
- I understand that my child may be removed from the YMCA program for any of the following reasons: Sponsor Initial
  - 1) Failure to pay program fees by designated deadlines.
  - 2) Inappropriate behavior of a child/parent that compromises the YMCA's core values or endangers anyone involved with the YMCA.
  - 3) Failure to observe any of the conditions listed in the Parent Handbook.
- I authorize for my child to participate in the following activities while enrolled in YMCA Programs:
  - Swimming / Water Activities    - Travel on YMCA arranged transportation    - Participate in photos or videos for the YMCA publications
  - View a G or PG rated film        - Participate in activities (including field trips and outdoor hiking excursions)

**YMCA CHILD BEHAVIOR CONTRACT:** Good behavior is important to everyone in daily life. Certain behaviors are expected from children involved in the YMCA Programs, and following rules promotes a good learning experience that is safe and secure. When a child ignores or disregards rules, everyone's experience is diminished. A Behavior Contract is the first formal step to help solve rule violations. The Behavior Contract involves parents, child and staff and it requires the participation of all parties. If your child's behavior becomes an ongoing problem, then the Behavior Contract will be issued. A sample contract is available in the program office. Failure to correct behavior may result in suspension or dismissal.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# YMCA OF THE GREATER TRI-VALLEY - YCare SCHOOL AGE CHILD CARE FEES AND PAYMENT GUIDELINES / PARENT AGREEMENT STATEMENT

Child's Name: \_\_\_\_\_

## REGISTRATION AND PAYMENT INFORMATION

1. Your School Age Child Care fee is payable in two options (Payments are no longer accepted weekly at the Front Desk):
  1. In full at the time of registration.
  2. By Electronic Funds Transfer (EFT) weekly beginning with the initial draft on August 26th. This is an automatic draft through \_\_\_\_\_ checking/ savings account or credit/debit card account. (The YMCA does not accept American Express.)
2. For families applying for Financial Assistance towards their costs, all applications are due by the 15th of the prior month to qualify.
  - \$10 processing fee is require for all Financial Assistance application.
  - Returned EFT payments or non-sufficient funds returns will be imposed a \$35.00 fee.
  - Any payments not received in full by the YMCA are subject to being submitted to collections.
  - Children will not be allowed to attend child care unless payment for the week has been received in full.

## FOR COUNTY DSS PARTICIPANTS

- 1) Complete a registration form for each child you are registering.
- 2) If the YMCA *is* your current approved child care center, submit your registration form to the YMCA Front Desk.
- 3) If the YMCA is *not* a currently approved child care center, contact your Case Worker to have the YMCA approved.
- 4) Once the YMCA receives a written approval letter for the County, you are able to submit your child's registration form to the YMCA of the Greater Tri-Valley location where your child is attending program.
- 5) All Parent Fees are due by the payment and registration deadlines and are subject to late fees if not paid by designated deadlines. Late fees may be paid at the member service desk at the Rome or Oneida YMCA branches.

Name of Caseworker: \_\_\_\_\_ County: \_\_\_\_\_

## YMCA CREDIT/REFUND/CANCELLATION POLICY

Sponsor Initial

The YMCA of the Greater Tri-Valley does not issue credits or refunds except under the following conditions:

1. A program is cancelled by the YMCA.
2. A payment error is made by the YMCA.

The YMCA does not give credits for illnesses, holidays, or family vacations taken during school days.

### Cancellations

After your initial enrollment, NO REFUNDS will be given. All cancellations to your child's enrollment MUST be received from the Primary Guardian, to the Program Director in writing a minimum of 30 days in advance from your payment due date, no exceptions will be given to the cancellation guide-

## CHARGE PERMISSION FORM

To participate in the weekly EFT payment plan for the Before and/or After School Program, please fill out the bottom section. We accept Visa, Discover, and Mastercard. (Please note that the YMCA no longer accepts American Express)

Debit/Credit Card Number or Checking/Savings Account Number  
Expiration Date

Checking/Savings Routing Number

Name Printed

Type of Card

I authorize the YMCA of the Greater Tri-Valley to charge my account above on each Monday prior to my child's attendance at the before and after school program in the amount of \$ \_\_\_\_\_ each week.

**I understand that any returned payments or insufficient funds drafts or late payments will result in a \$25 fee.**

My signature verifies that I have read and received a copy of the Fees and Payments Guidelines and agree to all as described above.

X \_\_\_\_\_

My signature verifies that I have read and received a copy of the Fees and Payments Guidelines and agree to all as described above.

X \_\_\_\_\_



**YMCA OF THE GREATER TRI-VALLEY - YCare SCHOOL AGE CHILD CARE  
PHOTO RELEASE AUTHORIZATION FOR CHILDREN**

**THE YMCA OF THE GREATER TRI-VALLEY PHOTO RELEASE FORM**

I hereby grant the YMCA OF THE GREATER TRI-VALLEY permission to use my child’s likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the YMCA OF THE GREATER TRI-VALLEY and will not be returned.

I hereby irrevocably authorize the YMCA OF THE GREATER TRI-VALLEY to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the YMCA OF THE GREATER TRI-VALLEY from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

**I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM GIVING CONSENT FOR MY CHILD BY SIGNING BELOW:**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If opting out. Please initial and date here: \_\_\_\_\_



YMCA OF THE GREATER TRI-VALLEY - YCare SCHOOL AGE CHILD CARE
Additional Permissions AUTHORIZATION FOR CHILDREN

THE YMCA OF THE GREATER TRI-VALLEY Additional Permissions FORM

I hereby grant the YMCA OF THE GREATER TRI-VALLEY permission to:

\_\_\_\_\_ Speak with my child's teacher or school officials to assist with homework assistance

\_\_\_\_\_ Speak with my child's teacher or school officials about health concerns

\_\_\_\_\_ Speak with my child's teacher or school officials about behavior concerns or to ensure continuation of education modifications plans

\_\_\_\_\_ Speak with my child's health care provider in regards to written medication forms or allergy and ana-phylaxis forms

\_\_\_\_\_ Go on walking field trips around the YMCA program area (Ie: walk around the block). Any off grounds trips to specific destinations will require additional permission slip to be signed.

(initial and write yes or no for each response)

I understand and agree with the above statements and have indicated my agreement to those statements I feel are necessary to assist my child. I understand that I can revoke permissions with a written statement at any time.

I also understand that the YMCA of the Greater Tri-Valley staff will hold all information obtained confidential and only those persons in the need to know will be notified of any relevant information.

I also understand that if I leave a line blank that I am agreeing with the above statement.

I HAVE READ AND UNDERSTAND THE ABOVE RELEASE. I AFFIRM THAT I AM GIVING CONSENT FOR MY CHILD BY SIGNING BELOW:

Print Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_



See INSTRUCTIONS on reverse.

**CHILD CARE CENTER NAME** \_\_\_\_\_

Print the name of the child(ren) enrolled in this child care center

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**DIRECTIONS**

**Complete SECTION A if anyone in your household**

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

**SECTION A**

SNAP Case # \_\_\_\_\_

TANF # \_\_\_\_\_

FDPIR # \_\_\_\_\_

Names of \_\_\_\_\_  
 Foster Children \_\_\_\_\_

**An adult household member must sign the application before it can be approved.** After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR SPONSOR USE ONLY**

CACFP Agreement # \_\_\_\_\_

Total Number of Household Members \_\_\_\_\_  
(INCLUDING FOSTER CHILDREN, IF APPLICABLE)

Total Household Income \$ \_\_\_\_\_

Free \_\_\_\_\_ Reduced \_\_\_\_\_ Paid \_\_\_\_\_

Date of Determination \_\_\_\_\_

Signature of  
 Center Staff \_\_\_\_\_

**Complete SECTION B if no one in your household** participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

**SECTION B**

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

**An adult household member must sign the application before it can be approved.** After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER

DATE \_\_\_\_\_

USDA is an equal opportunity provider and employer.

**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give the information, but if you do not, we cannot approve the participant 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 form. The Social Security Number is not required when you: apply on behalf of a foster child; provide a SNAP, TANF or FDPIR number; or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

### **INSTRUCTIONS FOR COMPLETING DOH-3688**

#### **Definition of Income**

*Income* means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

#### **Definition of Household**

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

#### **INSTRUCTIONS FOR PARENTS OR GUARDIANS**

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

**Section A:** If anyone in your household participates in the Supplemental Nutrition Assistance Program (SNAP), receives Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the SNAP, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

**Foster children:** If your household includes a foster child who is in child care, write in the names of the foster children.

**Section B:** Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*. The form must be signed by an adult member of the household.

#### **INSTRUCTIONS FOR CENTERS AND SPONSORS**

**The For Sponsor Use Only section is to be completed, signed and dated by center or sponsor staff.** The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

##### **The CACFP Agreement Number.**

**Total Number of Household Members** – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

**Total Household Income** – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as *paid*.

**Number of Free, Reduced or Paid** – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced or Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, last four digits of Social Security Number or SNAP, TANF or FDPIR numbers) are categorized in the paid category.

**The income eligibility form is valid until the last day of the month one calendar year from the date it is signed by the household member.** For example, a form signed on May 12, 2014 is valid until May 31, 2015.