TEXAS Health and Human Services

Form 2935
December 2025

Admission Information

Use this form to collect all required information about a child enrolling in day care. The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

Section 1 – General Information

Operation's Name	Director's Name	Owner's Name
KIDS AND TOTS UNLIMITED	Marissa Contreras	Yvette Alvar

Child's Full Name	Child's Date of Birth

Child Lives With: ○ Both parents ○ Mom ○ Dad ○ Guardian

Child's Home Street Address, City, State and ZIP Code

Date of Admission	Date of Withdrawal

Name of Parent or Guardian 1

Address of Parent or Guardian 1, if different from the child's

Name of Parent or Guardian 2

Address of Parent or Guardian 2, if different from the child's

List phone numbers below where parents or guardian may be reached while child is in care.

Parent 1 Area Code and Phone No.	Parent 2 Area Code and Phone No.	Guardian's Area Code and Phone No.

Custody documents on file? ○ Yes ○ No

In case of an emergency, when the parent or guardian cannot be reached, call:

Name of Emergency Contact	Relationship	Area Code and Phone No.

Street Address, City, State and ZIP Code

I authorize the child care operation to release my child to leave the child care operation only with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name	Area Code and Phone No.
Name	Area Code and Phone No.
Name	Area Code and Phone No.

Section 2 – Consent Information

1. Transportation

I give consent for my child to be transported and supervised by the operation's employees. Check all that apply.

☐ For emergency care ☐ On field trips ☐ To and from home ☐ To and from school

2. Field Trips

○ I give consent for my child to participate in field trips.

○ I do not give consent for my child to participate in field trips.

Comments

3. Water Activities

I give consent for my child to participate in the following water activities. Check all that apply.

☐ Water table play ☐ Sprinkler play ☐ Wading pools ☐ Swimming pools ☐ Aquatic playgrounds

1. Is your child a competent swimmer? ○ Yes ○ No If no, your child is required to wear a life jacket while in or near a swimming pool.

2. Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming? ○ Yes ○ No

If yes, your child is required to wear a life jacket while in or near a swimming pool.

Note: A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

4. Receipt of Written Operational Policies

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.

☐ Discipline and guidance
☐ Suspension and expulsion
☐ Emergency plans
☐ Procedures for conducting health checks
☐ Safe sleep
☐ Procedures for parents to discuss concerns with the director
☐ Procedures for parents to participate in activities
☐ Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions
☐ Procedures for release of children
☐ Illness and exclusion criteria
☐ Procedures for dispensing medications
☐ Immunization requirements for children
☐ Meals and food service practices
☐ Procedures to visit the center without securing prior approval
☐ Procedures for supporting inclusive services
☐ Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline and CCR website

5. Meals

I understand the following meals will be served to my child while in care. Check all that apply.

☐ None ☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack

6. Days and Times In Care

My child is normally in care on the following days and times.

Day of Week	A.M.	P.M.	Day of Week	A.M.	P.M.
Monday			Friday		
Tuesday			Saturday		
Wednesday			Sunday		
Thursday					

7. Receipt of Parent's Rights

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Parent or Legal Guardian Signature _____ Date Signed _____

8. Child's Special Care Needs

Check all that apply.

- ☐ Environmental allergies
- ☐ Food intolerances
- ☐ Existing illness
- ☐ Previous serious illness
- ☐ Injuries and hospitalizations in the past 12 months
- ☐ Other: _____
- ☐ Limitations or restrictions on child's activities
- ☐ Reasonable accommodations or modifications
- ☐ Adaptive equipment, include instructions below
- ☐ Symptoms or indications of complications
- ☐ Medications prescribed for continuous long-term use

Explain any needs selected above.

Does your child have diagnosed food allergies? ○ Yes ○ No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit www.ada.gov/resources/child-care-centers/. 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 800 514-0383 (TTY).

Parent or Legal Guardian Signature _____ Date Signed _____

9. School-Age Children

My child attends the following school	School Area Code and Phone No.

My child has permission to: ☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of their sibling younger than 18 years old

Authorized pick up or drop off locations other than the child's address.

☐ Child's required immunizations, vision and hearing screening are current and on file at their school.

Section 3 – Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Area Code and Phone No.

Street Address, City, State and ZIP Code

Name of Emergency Care Facility	Area Code and Phone No.
FORT DUNCAN MRH	830-773-5321

Street Address, City, State and ZIP Code

3333 N. FOSTER MALDONADO BLVD., EAGLE PASS, TX 78852

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent or Legal Guardian Signature _____ Date Signed _____

Section 4 – Requirements for Exclusion from Compliance

○ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Health and Safety Code Section 161.0041 submitted no later than the 90th day after the affidavit is notarized.

○ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Section 5 – Vision Exam Results

Right Eye 20/ Left Eye 20/ ○ Pass ○ Fail

Signature _____ Date Signed _____

Section 6 – Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right:				○ Pass ○ Fail
Left:				○ Pass ○ Fail

Signature _____ Date Signed _____

Section 7 – 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.

- ○ Health Care Professional's Statement: I have examined the above named child within the past year and find they are able to take part in the day care program.
- ○ A signed and dated copy of a health care professional's statement is attached.
- ○ 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.
- ○ 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 submit it to the child care operation.

If selected, Health Care Professional Name

If selected, Health Care Professional Street Address, City, State and ZIP Code

Health Care Professional Signature _____ **Date Signed** _____

Parent or Legal Guardian Signature _____ **Date Signed** _____

Section 8 – Vaccine Information

The following vaccines require multiple doses over time. Provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1 – 2 months (second dose)	
	6 – 18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15 – 18 months (fourth dose)	
	4 – 6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12 – 15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12 – 15 months (fourth dose)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6 –18 months (third dose)	
	4 – 6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12 – 15 months (first dose)	
	4 – 6 years (second dose)	
Varicella	12 – 15 months (first dose)	
	4 – 6 years (second dose)	
Hepatitis A	12 – 23 months (first dose)	
	The second dose should be given six to 18 months after the first dose.	

Section 9 – Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above.

Signature _____ Date Signed _____

Section 10 – Varicella for Chickenpox

Varicella, the vaccine for chickenpox, is not required if your child has had chickenpox disease. If your child has had chickenpox, complete the statement: My child had varicella disease, chickenpox, on or about [date] and does not need varicella vaccine.

Signature _____ Date Signed _____

Section 11 – Additional Information About Immunizations

For more information about immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

Section 12 – Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Section 13 – Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at https://hhs.texas.gov/policies-practices-privacy#security

Section 14 – Signatures

Child's Parent or Legal Guardian Signature _____ Date Signed _____

Center Designee Signature _____ Date Signed _____

TEXAS
Health and Human Services

Form 2987
October 2023

Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

Directions: Parents will review these rights upon enrolling their child.

Rights of Parent or Guardian

A parent or guardian of a child at a child care facility has the right to:

(1) enter and examine the child care facility during the facility's hours of operation without advanced notice;

(2) review the child care facility's publicly accessible records;

(3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;

(4) obtain a copy of the child care facility's policies and procedures;

(5) review, at the request of the parent or guardian, the facility's:

(A) staff training records; and

(B) any in-house staff training curriculum used by the facility;

(6) review the child care facility's written records concerning the parent's or guardian's child;

(7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:

(A) video recordings of the alleged incident are available;

(B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and

(C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;

(8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;

(9) be provided the contact information for the child care facility's local Child Care Regulation office;

(10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and

(11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

_____ _____

Signature of Parent or Guardian **Date**

Resources

Facility Information and Online Compliance History: http://txchildcaresearch.org

Child Care Regulation Contact Information: https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation

Kids and Tots Unlimited
1011 N. Bibb St.
Eagle Pass, TX 78852
(830) 758-1474

PARENT ORIENTATION

As a new family at our program, we want to ensure that you have all of the information you need. Please do not hesitate to contact us if you need additional information.

****

Tour will consist of an introduction to all administrative/office staff and your child's teaching staff.

The Parent Handbook is provided to all interested and enrolling parents, which details all of the program's policies and procedures. Acknowledgement of receipt of this handbook is required before, or on, the child's first day of enrollment.

Parent Handbook received:____(initial)

The following topics will be discussed during the tour or within the Parent Handbook, as applicable:

- ☐ Tuition fees
- ☐ Meals
- ☐ Daily schedules
- ☐ Arrival and late arrival policy/ procedures
- ☐ Texas Rising Star
- ☐ Importance of family involvement
- ☐ Family Resource Board and suggestion box (for comments, complains, and/or suggestions)
- ☐ Technology-free Zones

I acknowledge that I received a tour and that I was provided the above opportunities and/or information prior to completing enrollment for my child.

Parent signature: _____

Date: _____

KIDS A D TO S
UNLIMITED
Learning Center & Day care

(830) 758-1474
1011 N. Bibb Ave., Eagle Pass, Texas 78852

Discipline and Guidance Policy for _____

Name of operation

- 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 punishments;
  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, or closet with the door closed; and
  9. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

_____

☐ Parent ☐ Employee/caregiver ☐ Household member of child-care home

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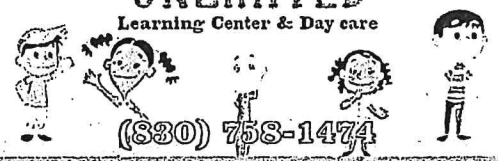
Learning Center & Day care



(830) 758-1474
1071 N Bibb Ave. Eagle Pass, Texas 78852

Child's Name _____

I _____ HAVE RECEIVED A COPY OF

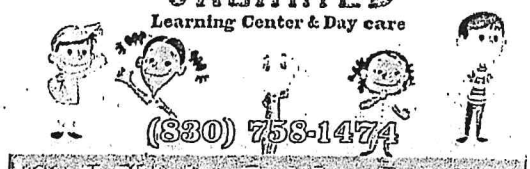
(FACILITY) Kids and Tots Unlimited OPERATIONAL POLICIES.

_____ _____

SIGNATURE OF PARENT OR STAFF DATE

DIRECTOR'S SIGNATURE _____

KIDS A D TO S
UNLIMITED
Learning Center & Day care



(830) 758-1474
1031 N. Bibb Ave. Eagle Pass, Texas 78852

AGREEMENT-CONTRACT

I _____, agree that _____ will
(Parent) (Director)

care for _____ beginning on:

_____, _____, _____
(Month) (Date) (Year)

Care will include the following meals and snacks

☐ Breakfast ☐ Lunch ☐ PM Snack ☐ Supper

I will pay a _____ weekly _____ Monthly _____ Biweekly fee of: $_____
(Payment is due in advance on Friday).

My child will be in care between the hours of:
_____ and _____ on _____
(Arrive) (Leave) (Days)

When I withdraw my child from care, I will give two weeks advice notice, otherwise I will be charged even if my child is not using the service.

_____ _____
Parent Signature Date

_____ _____
Director Signature Date

CONFIDENTIALITY FORM.

I _____ PARENT OF _____ HAVE BEEN MADE AWARE OF MY CONFIDENTIALITY RIGHTS.

Any information gathered for Kids and Tots Unlimited purpose will be kept strictly confidential. I have also been informed that if any information, regarding my child is requested by any other person or agency, I will be asked to sign a release of information form.

_____ _____

PARENT SIGNATURE DATE

_____ _____

DIRECTOR / OWNER SIGNATURE DATE

General Field Trip Permission Slip

Dear Parents

On occasion, groups of children will be taken off the grounds of Kids and Tots Unlimited for field trips, nature walks, etc. A specific field trip permission form will be required for any field trip requiring transportation on the center's van and you will be notified of these trips in advance.

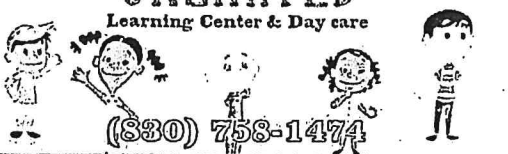
I hereby give permission for my child._____, to attend Kids and Tots Unlimited field trips whether by walking or riding the Center van. I understand that I will be notified in advance of any riding field trips and will be required to sing another permission slip at that time.

If normal precautions are taken, I do not hold Kids and Tots Unlimited or its staff responsible for any accidents that may occur.

_____ _____

Parent Signature Date

KIDS A D TO S
UNLIMITED
Learning Center & Day care



(830) 758-1474
1011 N Bibb Ave, Eagle Pass Texas 78852

Photography Consent Form

Dear Parent/Guardian
As the parent of a child/children at Kids and Tots Unlimited, I agree to the following:
I understand that my child(ren) whose name(s) are listed below may be photographed at Kids and Tots Unlimited during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet.

Parent/Guardian Name	Relationship To Child	
Child 1Name		
Child 2 Name		
Child 3 Name		
Address		
City	State	Zip
I give permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting our child care services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation.		
Parent/Guardian Signature	Date	

KIDS A D TO S
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Learning Center & Day care
(830) 758-1474
1011 N Bibb Ave, Eagle Pass Texas 78852

Television Viewing Policy

Dear Parents,

At Kids and Tots Unlimited we value learning over passive television watching. Children and teachers alike, however, enjoy an occasional "break" to relax and watch a movie. Movies (G-rated only) or short PBS programs (Barney, Sesame Street, etc.) are allowed for a short period of time (usually 30-45 minutes).

Please sign this Television viewing approval form if your child is permitted to watch movies or television programing as outlined above.

_____ _____

Parent Signature Date

Parent's Acknowledgement

This is to acknowledge that **Kids and Tots Unlimited** has provided me with a Parent's Handbook. I understand that if I have any questions in regards to anything contained within this Parent's Handbook, I must address them to the Director or person in charge of the center. I further agree to abide by the Center's Polices and Guidelines contained within the attached Parent's Handbook.

_____ _____

Parent's Signature *Date*

KIDS AND TOTS
UNLIMITED
Learning Center & Day care
(830) 758-1474
1011 N. Bibb Ave, Eagle Pass, Texas 78852

ENROLLMENT CONTRACT

It is my/our desire to have my/our child/children enrolled in the daycare program at Kids and Tots Unlimited

I/we have received a copy of the Kids and Tots Unlimited policy handbook. I/we have read, understand and agree to abide by the policies contained therein. I/we also understand that my/our child is being accepted on a two week trial basis. During this time, the staff will make observations and evaluations pertaining to the child's ability to adapt to the daycare surroundings. Unless otherwise notified, the child/children will be accepted and permanently enrolled. I/we further understand that if the policies outlined in this handbook were not adhered to, it would be sufficient cause for the removal of the child/children from the daycare program.

I/we also agree to give a minimum of two weeks written notice (ten full daycare days) of my/our intent to withdraw my/our child/children from the daycare program. If two weeks notice is not given, I/we agree to make full tuition payment for the final two weeks. Unpaid vacation/sick days cannot be applied to the final two-week period.

Please initial next to each item. We want to be sure you understand and agree to these policies.

_____ I/we understand that I/we must provide a completed medical form to the daycare.

_____ I/we understand the daycare fees are _____ for school weeks and _____ for vacation weeks.

_____ I/we understand there will be extra charges during school weeks if there is a snow day or late start or early dismissal.

_____ I/we understand daycare payment is due Monday.

_____ I/we have contracted for the hours of _____ to _____ .

_____ I/we understand the pick up policy for other than parental pick up.

_____ I/we understand the illness policy. _____ I/we understand the meal policy.

_____ I/we are contracting for (year round, school year only, summer only) arrangements.

_____ I/we understand the behavior policy and I/we have read and shared the daycare rules with my/our child/children.

_____ I/we understand the returned check policy.

_____ I/we agree to pay the last two weeks tuition during the first two weeks of enrollment.

_____ _____

Kids and Tots Unlimited Parent Date

KIDS AND TOTS
UNLIMITED
Learning Center & Day care
(830) 758-1474
1015 N. Bibb Ave, Eagle Pass, Texas 78852

Kids and Tots Unlimited
Challenging Behavior Policy

When a child demonstrates inappropriate or disruptive behavior, it becomes necessary for staff to intervene. The following actions will be taken in addressing challenging behaviors at our center to ensure the safety of everyone.

1. The child will be told that his behavior is inappropriate. The teacher will first talk to the child about the behavior and try to guide the child into using more appropriate ways to communicate.
2. The child will be redirected and, if necessary, given a short time away from the rest of the class.
3. Parents will be notified about the behavior. If repeated incidents occur, staff will develop a plan of intervention that includes shadowing the child and a conference with the parents.
4. For incidents involving biting or aggressive behavior, the staff follows detailed policies based on common methods to address these potentially harmful behaviors. For example:
    - Physical and Verbal Aggression
    - Noncompliance/Defiance
    - Self-injury
    - Disruptive vocal/motor responses (screaming, kicking, throwing items at teacher)
    - Destruction of property
5. Follow-up will be made with the parent daily until the issue is resolved.

If a pattern of challenging behavior persists or disrupts program operation, then Kids and Tots Unlimited staff will meet with the child's parent/guardian to find a solution together, including referral to outside services.

If the child's parent/guardian is not willing to participate in implementing the solutions recommended or Kids and Tots Unlimited has determined to not be the best placement, then ultimately, we will terminate services.

Please sign below acknowledging you have read our program's policy on addressing challenging behaviors.

Parent's name_____ Date:_____

FP Assistance

Feeding the Future

Enrollment Form

Center Name: Kids and Tots Unlimited Site Code: _____

Child's Name: _____ Date of Birth: ____/____/____

Admission date: ____/____/____ Withdrawal Date: ____/____/____ Classroom: _____

1. Circle the days that your child will normally attend the center:

Mon Tue Wed Thu Fri Sat Sun

2. Circle the meals normally served to your child in the center:

Breakfast AM Snack Lunch PM Snack Supper Evening Snack

3. What hours will your child normally be in the center:

____:____ to ____:____

4. Participant's ethnic and racial identities

Ethnicity (choose one ethnic identity):

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: (choose one or more racial identities):

☐ Asian ☐ American Indian or Alaska Native

☐ White ☐ Native Hawaiian or Other Pacific Islander

☐ Black or African American

	Parent Signature	Date of Signature	Day Time Phone Number
1)	_____	_____	(____)____-____
2)	_____	_____	(____)____-____
3)	_____	_____	(____)____-____
4)	_____	_____	(____)____-____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Updated 6-2022

F R P

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Name of Child Care Facility or Day Care Home Provider:

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) OR A HOMELESS CHILD * IF ALL CHILDREN LISTED BELOW ARE FOSTER OR HOMELESS CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR benefits, 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 or day care home provider households) 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 ☐

ADDITONALLY, PLEASE ATTACH OFFICIAL EVIDENCE OF ENROLLMENT IN THE LISTED PROGRAM. If you are not a day care home provider, do not have a child enrolled at a day care, and/or are not participating in a qualifying program, skip to **Part 4.**

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

A. Name (List only 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

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐ Asian ☐ White ☐ Black or African American	☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affe ct a child's eligibility.

☐ I do elect to allow my household information to be disclosed.

☐ I do not elect to allow my household information to be disclosed.

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income:_____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size:_____

Categorical Eligibility:___ Date Withdrawn:_____ Eligibility: Free___ Reduced___ Denied___ Tier I_____ Tier II___

Reason:_____

Determining Official's Signature:_____ Date:_____

Confirming Official's Signature:_____ Date:_____

Follow-up Official's Signature:_____ Date:_____

Privacy Act Statement:

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 the participant for free or reduced-price meal benefits. You must include the last four digits of the Social Security Number of the adult household member who signs the application; however, 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 Ne edy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR), or other qualifying program eligibility identifier, 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 the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

Non-discrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

(2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.