



**BOYS & GIRLS CLUBS
OF CLEVELAND
Administrative Office
6114 Broadway Avenue
Cleveland, Ohio 44127**

MEMBER ORIENTATION LETTER

Dear Member and Parent:

Congratulations! You are now a part of a very special group. Welcome to the

Boys & Girls Clubs of Cleveland School Year Program

August 30, 2010 – June 3, 2011

The mission of Boys & Girls Clubs of Cleveland is ***“to inspire and enable young people who need us most, to realize their full potential as productive, responsible and caring citizens.”***

Any boy or girl age 6 to 18 can become a member of the Club. The fee is \$10.00 per child. There are several activities and programs available for children of all ages.

Your membership fee and your promise to respect yourself, your fellow members and your Club allow you to fully participate in the activities we have to offer. This is your Club, made possible by a lot of people who care for you. Please take care of your Club and all in it.

You're going to have a great time here. You've got something no other youth group offers. You can pick and choose among any of the activities that are going on in the Club. You don't have to participate if you don't want, but we think you will enjoy all of our activities if you give them a try. You'll never know if you don't try!

The Club has a “drop in” policy. This means members can come and go as they please. They are checked in, but may leave when they wish.* Parents should instruct their children to stay at the Club until it is time for them to be picked up or leave for home, if they do not want their children leaving the building.

*To discourage running in and out of the facility, youth may be denied re-entry after third entry at the discretion of the Club Staff. At any time you have questions or concerns regarding your child's experience or our programs, please call one of our professional staff at (216) 883-2106 and or the Club Director identified below. They will be glad to help with anything.

- | | | |
|--|---------------------------------|--------------|
| • Jeff Haynes, Broadway Club Director | 6114 Broadway | 216-883-4663 |
| • Will Irby, King Kennedy Club Director | 2561 E. 59 th Street | 216-881-4636 |
| • Hudson Lee, Mt. Pleasant Club Director | 3689 E. 131 Street | 216-752-2450 |
| • Sandra Del Valle, Westside Club Director | 3340 Trowbridge Ave. | 216-459-2697 |
| • Roscoe Morgan, Cleve. Hts. Club Director | 2065 Lee Road | 216-321-CLUB |

Our goal is to provide a safe, fun, learning environment. With your support this will happen!

Our hours of operation:

Schedule

Monday – Friday 3:30-7:30pm (Check with your club for changes)

Late Charges

A \$25 fee will incur after 15 minutes (7:45pm) and must be paid before the Child's next visit to the Club
Social Services will be called if you are 1 hour late or more.

Officially the Clubs are closed on the following holidays:

New Year's Eve
New Year's Day
Martin Luther King Day
President's Day
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Day after Thanksgiving
Christmas Eve
Christmas Day

Boys & Girls Clubs of Cleveland Board of Directors and Professional Staff are absolutely committed to your child's well being and doing all that we can to support your child's success in life. We want to hear from you if you have any concerns or if you're particularly pleased with us. Thank you for allowing us the opportunity to serve you.

Sincerely,

Ron Soeder
President

Allen Smith
Director of Operations

Mr. Kevin James
Director of School Based Initiatives

MEMBERSHIP APPLICATION

Boys & Girls Clubs of Cleveland

Unit Name: _____

First Name: _____ Middle: _____ Last: _____

Address: _____ At this Address Since: _____

City: _____ State: _____ Zip: _____ In Area Since: _____

Telephone: _____ Birth Date: _____ Childs SSN: _____

Ethnicity: _____ Gender: Male Female

Does the applicant have any impairment that would interfere with their ability to participate in activities?

No Yes If yes, please explain _____

Caution: If your child is diagnosed with any contagious condition, i.e. Ring worm, skin irritation or any other contagious condition he/she can not return to the Club with out a Doctor's statement.

PARENT/GUARDIAN INFORMATION:

Parent/ Guardian Last Name _____ First Name _____

Employer _____ Business Phone () _____

Marital Status: Married Single

Emergency contact: _____ Relationship: _____ Authorized to P/U _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Emergency contact: _____ Relationship: _____ Authorized to P/U _____

Phone: (Home) _____ (Work) _____ (Cell) _____

School Information:

Current School: _____ Current Grade: _____ Current GPA: _____

Current Reading Level (grade): _____

Current Teacher: _____ Food Program: _____

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Permission for Doctor/Hospital: Yes No

Does your family have health and/or accident insurance: Yes No

Insurance Carrier: _____

Policy #: _____ Group#: _____

General:

Birth Certificate on File: Yes No Birth City: _____ Birth State/Country: _____

Parent Understood Signed Insurance Disclaimer and Permission Statement: Yes No

My child has permission to be used in public relations materials: Yes No

My child may participate in all Boys & Girls Club activities: Yes No

Do You Belong to:

Boy Scouts or Girl Scouts School Club YMCA or YWCA Church Group

Religion: _____ Other: _____

How long a Member in Years: _____ Club Member Since: _____

Reason(s) for joining: Fun Learning Sports Other: _____

Household:

Annual household income? _____

Number of persons living in the household: _____

Do you live with your: Mom Step Mom Dad Step Dad Grandparent Other:

(Please check all that apply)

Is there a Member of the Household 65 years old or Older: Yes No

Current Head of Household: Female Male

Current Housing Area: _____

Current Single Parent: Yes No Current Number in Household: _____

Number of Brother: _____ Ages: _____ Number of Sisters: _____ Ages: _____

Physical:

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____

Height: _____ Weight: _____

Disclaimer:

The Boys & Girls Clubs of Cleveland is not responsible or liable in any way in the event of harm or injury occurring to the child. It is agreed that the parent or guardian will not hold Boys & Girls Clubs of Cleveland responsible for the welfare or whereabouts of the child. If the Parent or Guardian does file a complaint against the Club the Parent or Guardian agrees to pay for Boys & Girls Clubs of Cleveland legal fees.

Parents Signature: _____ Childs Signature: _____

Printed Name _____

Date _____

FOR OFFICE USE ONLY

Membership#: _____

Locker#: _____

Entry Date: _____ Expiration Date: _____

Status: _____

Type: _____ New or Renewal Member: _____

Processed by: _____

Boys & Girls Clubs of Cleveland

Club Rules

In order to maintain a fun and safe atmosphere, youth must abide by the following rules. Consequences for breaking club rules are as follows:

- 1st offense – Time out
- 2nd offense – Community Service (Cleaning, etc.)
- 3rd offense – Suspension (1-3 days) at Club Director's discretion.
- 4th offense – Termination of membership.

***The following is a list of circumstances that will cause membership to be terminated:**

<i>Stealing</i>	<i>Disrespecting Staff</i>	<i>Gambling</i>
<i>Fighting</i>	<i>Smoking</i>	<i>Damage to B&GCC property</i>

- 1) Bad language will not be tolerated. No cursing at Staff or members. Please respect yourself at all times.
- 2) No club card, no entry.
- 3) No loitering (hanging out) inside or outside the club.
- 4) The following cannot be worn inside of the B&GCC:

<i>Hats</i>	<i>Doo rags</i>	<i>Coats</i>
<i>Scarves</i>	<i>Hoods</i>	<i>Jackets</i>

- 5) Video games, CD Players and other electronic equipment are not permitted on the premises.
- 6) No cell phones or pagers are allowed in the club under any circumstances.

Note: The Boys & Girls Club will not be responsible for any items lost or stolen. Anything of value should be left at home.

I agree to abide by the rules of the Boys & Girls Clubs of Cleveland.

Member's Name

Date

Signature

Staff Signature

**OHIO CHILD AND ADULT CARE FOOD PROGRAM
CHILD CARE CENTER
SPONSOR INSTRUCTIONS FOR INCOME ELIGIBILITY APPLICATION**

**FY 2011 Fiscal Year
Effective July 1, 2010 through June 30, 2011**

PURPOSE:

The Child and Adult Care Food Program (CACFP) recognizes the relationship between food and good nutrition and the capacity of children to develop and learn. CACFP reimbursement assists agencies participating in the program to provide children with well-balanced, nutritious meals and snacks. Three meal rate categories are: free (highest), reduced, and paid (lowest), have been established to direct greater assistance to sponsoring centers serving higher enrollments of needy children. Food reimbursement levels are affected by the number of children categorized as free, reduced, or paid enrollments.

**DISTRIBUTION OF INCOME ELIGIBILITY APPLICATION
FOR FREE AND REDUCED-PRICE MEALS:**

It is not a requirement to distribute the Household Letter and Income Eligibility Application for free and reduced-price meals for the following programs:

1. Homeless, Domestic Violence or Emergency Shelters;
2. After School At Risk Programs; and
3. Federally funded Head Starts

When receiving CACFP assistance, participating institutions must choose to either collect family size and income data for all members of the household or Food Assistance or Ohio Works First (OWF) case numbers from families of enrolled children OR not to collect this information. If the choice is made not to collect the information, the institution will automatically receive the reimbursement rate established for the paid (lowest) enrollment category for all enrolled children. If the choice is made to collect the information, the institution must give the Ohio Child and Adult Care Food Program Income Eligibility Application for Free and Reduced-Price Meals and Household Letter to the family of each enrolled child. Parents/guardians have the option to complete the application or not. In order for any child to be claimed for free or reduced-price benefits, the institution must have a completed application containing all required information on file with the agency. Any family whose income is above the reduced-price guidelines, an application does not need to be returned.

In other words, CACFP sponsors cannot require parents/guardians to complete the Income Eligibility Application. Parents have the option to complete the application. However, the CACFP sponsor must provide the form to all families if the center will be claiming any child in the free or reduced enrollment categories. If parents choose not to complete and return the application, the child is claimed in the paid enrollment category.

CATEGORIZING INCOME ELIGIBILITY FORMS AS FREE, REDUCED OR PAID:

Free or reduced forms are qualified by having parents or guardians complete PARTS 1, 2, and 5 or PARTS 1, 3, and 5 of the Ohio Child and Adult Care Food Program Income Eligibility Application for Free and Reduced Price Meals. The asterisks (*) on the form indicate information that must be completed.

PART 1: Child Information - List only the child(ren) who is enrolled for child care at the center.

PART 2: Food Assistance- A household receiving Food Assistance need only provide the current 10 to 12-digit case number and the signature of an adult member of the household in Part 5. A child qualifying

in this manner must be a member of the Food Assistance household. The child is then approved in the free category.

Ohio Works First (OWF) - The OWF 10 to 12-digit case number of the enrolled child and the signature of an adult household member in Part 5 are required. The child is then approved in the free category.

NOTE: The case number or identification number on county payment rosters or vouchers may not be Food Assistance or OWF case numbers. It is recommended that sponsors contact their county Job & Family Services specialist to determine the validity of Food Assistance or OWF case numbers.

PART 3: Household Size and Household Income

Household Size - List the names of all household members. Household is defined as a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit. As one economic unit, they would share housing and/or significant income and expenses of its members. Generally, individuals residing in the same house are one economic unit. However, if more than one economic unit resides together in the same house, they are usually characterized by prorating expenses and having economic independence from one another.

Household Size Special Situations:

- Adopted child: an adopted child is one for whom a household has accepted legal responsibility, and is considered to be a member of the household.
- Child attending an institution: a child who attends but does not reside in an institution is considered a member of the household in which he/she resides.
- Child away at school: a child who is temporarily away at school (e.g., boarding school or college) should be counted as a member of the household.
- Child living with one parent, relative or friends: in cases where no specific welfare agency or court is legally responsible for the child or where the child is living with one parent, other relatives or friends of the family, the child is considered to be a member of the household with whom he/she resides.
- Children of parent who are foster parents: when foster parents apply for benefits for their own children, they should not include foster children as household members. Additionally, the payments provided for the care of the foster child should be excluded as income to the household.
- Family members living apart: family members living apart on a temporary basis are considered household members. Family members living away from the household for an extended period of time are not considered members of the household for purposes of determining eligibility. Any money made available by family members living outside of the household, or on their behalf for the household, is included as income to the household.
- Institutionalized family members: an institutionalized spouse or other member of the household away for extended periods should not be considered a member of the household.
- Joint custody: in cases where joint custody has been awarded, and the child physically changes residence, the child is part of the household where he/she resides. Therefore, the child's eligibility could change depending on the rotating time periods of each household.

Household Income – Households must report their current income on the application for free and reduced-price meals. Current income means income received by any member of the household during the month prior to application. If this income is higher or lower than usual, and does not accurately represent the household's actual circumstances, the household may project its annual rate of income based on the following conversions: When households have multiple sources of income paid on different schedules, the following income conversions must be used: Weekly income X52, Bi-weekly income X26, Semi-monthly income X24, Monthly income X12.

Income is defined as any money received on a recurring basis, including gross earned income (unless specifically excluded by legislation). Gross earned income means all money earned before such deductions as income taxes, employee's social security taxes, insurance premiums and bonds.

Income that must be reported includes:

- Earnings from work: Wages, salaries, tips, commissions, net income from self-owned businesses and farms, strike benefits, unemployment compensation, and worker's compensation.
- Welfare/child support/alimony: Public assistance payments, welfare payments, alimony, and child support payments. Food Assistance benefits should not be reported.
- Pensions/retirement/social security: Pensions, retirement income, social security, supplemental security income, and veteran's payments.
- Other income: Net rental income, annuities, net royalties, disability benefits, interest, dividend income, cash withdrawn from savings, income from estates, trusts, and/or investments, regular contributions from persons not living in the household, and any other money that may be available to the family.

Income Exclusions:

- Student financial assistance: Provided for the costs of attendance at an educational institution, such as grants and scholarships, awarded to meet educational expenses.
- Loans: Such as bank loans, since these funds are only temporarily available and must be repaid.
- The value of in-kind compensation: Such as military on-base housing or any other noncash benefit.
- Occasional earnings: Received on an irregular basis and not recurring. Examples include occasional babysitting, mowing lawns and tax refunds.
- Federal programs which are excluded by legislation: Including the value of assistance to children and their families under the National School Lunch Act, the Child Nutrition Act of 1966, and the Food Stamp Act of 1977.

Household Income Special Situations:

- Alimony and child support: Any money received by a household in the form of alimony or child support is considered income by the receiving household. However, any money paid out for alimony or child support may not be deducted from a household's reported gross income.
- Child's income: The earnings of a child who is a full-time or regular part-time employee must be listed on the application as income. However, occasional earnings such as income from occasional babysitting or mowing lawns should not be listed on the application as income.
- Garnished wages and bankruptcy: Income is the gross income received by a household before deduction. In the case of garnished wages and income ordered to be used in a specified manner, the total gross income must be considered regardless of whatever portions are garnished or used to pay creditors.
- Lump sum payments: Lump sum payments or large cash settlements are not counted as income since they are not received on a regular basis. These funds may be provided as compensation for a loss that must be replaced, such as an insurance settlement. When lump sum payments are put into a savings account and the household regularly draws from the account for living expenses, the amount withdrawn is counted as income.
- Military benefits: If housing is part of the Military Housing Privatization Initiative and Family Subsistence Supplemental Allowance is received, do not include these as income when determining household eligibility for free and reduced-price meals. This income exclusion is not an allowable exclusion for households living off-base in the general commercial/private real estate market. "Privatized housing" refers to the Military Housing Privatization Initiative which puts the operation of military owned housing under private contractor and a housing allowance would appear on the leave and earnings statement of service members living in privatized housing. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household can be counted as income to the household. All other allowances must be included in gross income.

PART 4: Foster Children - In those cases where the human service agency is legally responsible for the child and the foster home is, in fact, an extension of the agency, the foster child is considered as a household of one. A separate income eligibility application form is to be completed for each foster child. For purposes of determining eligibility, the following guidelines are to be used:

1. The foster child is considered a household of one; and the foster parents' household size or income is not used to determine eligibility.
2. Funds provided by the welfare agency which are specifically identified by category for personal use of the child for items such as clothing, school fees, and allowances are counted as income. Funds identified for shelter, care, medical and therapeutic needs are not considered as income for the child. Where welfare funds cannot be identified by category, no portion of the provided funds is considered as income.
3. Funds personally received by the child, such as funds received from trust accounts, monies provided by the child's family for personal use and earnings from full-time and regular part-time employment, are to be considered as income for the child. Occasional earnings should not be considered as income.
4. The application must be signed by an adult member of the foster home; however, a social security number is not needed for the foster child's application.

In those cases where the human service agency has placed a child in a permanent home and/or subsidizes the adoption of the child, the child is considered as a member of the family household with whom he or she resides. If this describes the foster child, TOTAL family size, including the child, and TOTAL gross family income, including subsidy from the human service agency should be used.

PART 5: Signature and Social Security Number - An adult member of the household must sign his/her name. If the adult does not have a social security number, "none" should be entered in the space. No social security number is required if a Food Assistance number or OWF number has been listed in Part 2, or in the case of a student under 21 who lives alone (emancipated student), or when an individual under 21 signs the application as the parent, guardian, or oldest member of a child's household. A social security number is required only when the monthly household income is used to determine enrollment category. The sponsor must compare income for the household size to the 2010-2011 Income Eligibility Guidelines for free and reduced price meals on page 8 to determine the meal enrollment category.

PART 6: Racial/Ethnic Identity - The Civil Rights question on PART 6 of the Income Eligibility Application for Free and Reduced Price Meals is optional and need not be answered in order for the application to be considered complete. However, Civil Rights regulations do require CACFP sponsors of center based and after school programs to maintain information about the racial/ethnic background of all enrolled children. All sponsors must record this information annually, preferably using the "racial/ethnic data" column on the Master List form that can be found on the CACFP web site. All income and racial/ethnic information is confidential and protected by law. Sponsors are to limit the use of this information to people directly connected with administering the CACFP. The racial/ethnic categories are defined as:

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American".
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

5. **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
6. **Other.** Determined by respondent.
7. **Ethnic Identities.** Check the box that best describes the participant.

HEALTHY START & HEALTHY FAMILIES:

Families with children eligible for free or reduced-price meals may be eligible for FREE health care coverage through Ohio's Healthy Start & Healthy Families programs. These programs include coverage for doctor visits, immunizations, physicals, prescriptions, dental, vision, mental health, substance abuse and more. Please call 1-800-324-8680 for more information or to request an application. If a family already has an Ohio Medicaid Card, they are already getting these services. Information can also be found on the web at:

<http://jfs.ohio.gov/OHP/bcps/FactSheets/hshf.pdf>

UPDATING FORMS:

A new Income Eligibility Application for Free and Reduced-Price Meals **must** be completed by parents or guardians once every twelve (12) calendar months in order for the child care program to claim a child in the free or reduced-price category. Please keep expired forms on file. The form and its information are invalid after twelve months. For example, an application that was signed and submitted on May 12, 2010 and used by the sponsor to categorize a child in the free category would be valid from May 2010 through May 31, 2011. A new application would need to be completed prior to the month of June 2011.

If the parent/guardian has not listed any Food Assistance or OWF case number and has listed zero (0) for income, the sponsor may temporarily approve the application for the first month as free. The sponsor must contact the parent/guardian within 45 days to determine if the household income has changed. If the income remains at zero, the sponsor can document the contact on the application form and may again temporarily approve the application as free. Instead of documenting contact on the form every 45 days, it is highly recommended that the sponsor have the parent complete a new application form each month. If the income changes (is no longer zero or the household obtains a Food Assistance or OWF case number), the sponsor must have the parent/guardian complete a new application form and categorize it appropriately.

The state agency has developed a Master List Form that center-based programs can use to simplify completing the monthly claim for reimbursement. A copy may be downloaded from our web site at: <http://www.education.ohio.gov>

MAINTAINING RECORDS:

The Income Eligibility Application must be kept by the sponsor for at least three (3) years plus the current fiscal year, or longer if income forms are part of an unresolved audit.

INCOME ELIGIBILITY GUIDELINES:

Free and reduced income eligibility guidelines are updated by the Federal government on July 1 of each year. Prior to completing the July claim for reimbursement, the sponsor must apply the new guidelines to current applications and re-categorize any application where necessary. **The guidelines effective July 1, 2009 and extended through June 30, 2011 are on page 8. You must use this 2-part chart when categorizing and approving the Income Eligibility Application for Free and Reduced Price Meals.**

HOUSEHOLD LETTER TO PARENTS/GUARDIANS:

Sponsors must distribute a Household Letter to parents/guardians along with the Income Eligibility Application for Free and Reduced Price Meals. The Household Letter is on the reverse side of the application. If you choose to develop your own letter, it must include the following types of information:

1. Sponsors of centers distributing the Income Eligibility Application for Free and Reduced Price Meals must distribute a Household Letter describing CACFP benefits to the parents/guardians of enrolled children. Child care centers claiming all enrolled children in the paid income category do not have to meet this requirement.
2. The nondiscrimination statement: "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, gender, age or disability. To file a complaint, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 800-795-3272 or 202-720-6382 (voice and TTY). USDA is an equal opportunity provider and employer."
3. Instructions on making application for free and reduced price meals.
4. An explanation that an application must contain complete information to be considered eligible for free or reduced price meals.
5. A statement that in certain cases, foster children are eligible.
6. A statement that children of parents or guardians who become unemployed are eligible for meal reimbursement during periods of unemployment provided the loss of income during this time causes the family to be within eligibility standards for meals.

NOTE: CACFP Regulation 226.23(e): The eligibility application and household letter given out to parents or guardians shall contain only the income levels for reduced price meal eligibility.

**USDA
INCOME ELIGIBILITY GUIDELINES
FY2011
Effective July 1, 2010 through June 30, 2011
(Extended from FY2010)**

**Households with total incomes less than or equal to the values below
are eligible for free or reduced-price meals.**

HOUSEHOLD SIZE	FREE - 130%					REDUCED - 185%				
	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	14,079	1,174	587	542	271	20,036	1,670	835	771	386
2	18,941	1,579	790	729	365	26,955	2,247	1,124	1,037	519
3	23,803	1,984	992	916	458	33,874	2,823	1,412	1,303	652
4	28,665	2,389	1,195	1,103	552	40,793	3,400	1,700	1,569	785
5	33,527	2,794	1,397	1,290	645	47,712	3,976	1,988	1,836	918
6	38,389	3,200	1,600	1,477	739	54,631	4,553	2,277	2,102	1,051
7	43,251	3,605	1,803	1,664	832	61,550	5,130	2,565	2,368	1,184
8	48,113	4,010	2,005	1,851	926	68,469	5,706	2,853	2,634	1,317
For each additional family member, add	4,862	406	203	187	94	6,919	577	289	267	134

**INCOME CONVERSION: Weekly Income by 52
Bi-weekly Income (received every two weeks) by 26
Semi-monthly Income (received twice a month) by 24
Monthly Income by 12**

THIS CHART IS TO BE USED BY INSTITUTIONS, SCHOOLS, CENTERS AND SPONSORING ORGANIZATIONS TO APPROVE AND CATEGORIZE COMPLETE INCOME ELIGIBILITY APPLICATIONS FOR FREE AND REDUCED-PRICE MEALS.

**CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED PRICE MEALS FY2011**

FY2010 – FY2011 INSTRUCTIONS: To apply for free and reduced price meals, read the Household Letter and instructions on backside of this form. Complete application and return to the center. In accordance with the NSLA, information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure. *Part 1* is to be completed by all households. *Part 2* is to be used only for a child living in a household receiving Food Assistance or Ohio Works First (OWF) benefits. *Part 3* is only for children NOT receiving Food Assistance or OWF benefits. *Part 4* is to be completed for foster children.
* Asterisks indicate information that must be completed. Form must be updated annually and is valid for only 12 months.

PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER			PART 2 – LIST EACH CHILD’S FOOD ASSISTANCE OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 10 OR 12 DIGITS. DO NOT USE SWIPE CARD NUMBER.
CHILD(REN) NAME	AGE	BIRTH DATE*	Circle type of benefit FOOD ASSISTANCE OR OWF
1.			CASE NUMBER: _____
2.			CASE NUMBER: _____
3.			CASE NUMBER: _____
4.			CASE NUMBER: _____

PART 3 – HOUSEHOLD SIZE AND HOUSEHOLD INCOME: If Part 2 is completed skip to Part 5.
Income Conversion: Weekly x 52, Bi-weekly (every 2 weeks) X26, Semi-monthly (twice a month) X24, Monthly X12.

*LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1	*Gross MONTHLY Earnings (before deductibles)		*MONTHLY Welfare Payments, Child Support, Alimony	*MONTHLY Pensions, Retirement, Social Security	*ANY OTHER MONTHLY Income
	Job 1	Job 2			
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$

PART 4 – FOSTER CHILD: (check if yes) List foster child’s monthly personal use income. Enter “0” if none. \$ _____

PART 5 – SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of federal funds; that program officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal statutes.

* _____ SIGNATURE OF ADULT HOUSEHOLD MEMBER	* _____ DATE	* _____ SOCIAL SECURITY NUMBER (SSN) Required only for Part 3 Write “None” if adult signer doesn’t have a SSN.
Print Name:	Daytime Phone Number:	Work Phone Number:
Street / Apt:	City / State / Zip:	County:

PART 6: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race or ethnicity of your child(ren).

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other

Please mark one of the following ethnic entities: Hispanic or Latino Not Hispanic or Latino

Privacy Act Statement: Section 9 of the National School Lunch Act (NSLA) requires that, unless your child’s Food Assistance or OWF case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application or shared with other persons directly connected with the administration or enforcement of the program under the NSLA or Child Nutrition Act of 1966 to determine program eligibility. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Assistance or welfare office to determine current certification for receipt of Food Assistances or OWF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal action if incorrect information is reported.

State Distribution: Week of 6/16/10

-----FOR CENTER USE ONLY-----

Zero Income Temporary Free Approval Until: _____ Must be reviewed again in 45 days.	Total from Part 3, if applicable: Total Household Size _____ Total Monthly Income \$ _____	<input type="checkbox"/> Free	<input type="checkbox"/> Food Assistances/OWF
		<input type="checkbox"/> Reduced <input type="checkbox"/> Paid	<input type="checkbox"/> Foster Child <input type="checkbox"/> Household Size & Income Reason: <input type="checkbox"/> Income Too High <input type="checkbox"/> Invalid <input type="checkbox"/> Incomplete

Signature of Center Official _____	Today’s Date _____	Effective Date _____	Expiration Date _____
(No earlier than first of current month)			

HOUSEHOLD LETTER

Dear Parent or Guardian:

Please help us comply with the requirements of the United States Department of Agriculture's Child and Adult Care Food Program (CACFP) administered through the Ohio Department of Education by completing the attached Income Eligibility Application for free and reduced price meals. All information will be treated with strict confidentiality. The CACFP allows our center to receive reimbursement for meals served to eligible children in our program. The completion of the Income Eligibility Application is optional. Complete the application on the reverse side using the instructions below for your type of household. Households with incomes less than or equal to the reduced price values are eligible for free meal benefits. An application must contain complete information to be considered for free or reduced price meals. Households are no longer required to report changes regarding the increase or decrease of income or household size or when the household is no longer certified eligible for Food Assistance or Ohio Works First (OWF). Once properly approved for free or reduced price benefits, a household will remain eligible for these benefits for a period not to exceed 12 months. During periods of unemployment, your child(ren) is eligible for meal reimbursement provided the loss of income during this time causes the family to be within eligibility standards for meals. In operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability §226.23(e)(2)(iv). We have included information about free medical benefits through Ohio's Healthy Start & Healthy Families programs.

PART 1 – CHILD INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART

- a) Print the name of the child(ren) enrolled at the child care center. Children from the same household (except foster children) may be listed on the same application.
- b) List their age and birthday.

PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCES OR OWF: COMPLETE THIS PART AND PART 5 – If a child is a member of a Food Assistance or OWF household, the child is automatically eligible to receive free CACFP benefits subject to application completion.

- a) Circle the type of benefit receiving.
- b) List a current Food Assistance or OWF case number for each child. This will be a 10 or 12-digit number.
- c) Sign the application in PART 5. An adult household member must sign.

SKIP PART 3 – Do not list names of household members or income if you list a Food Assistance or OWF case number for each child.

PART 3 – ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 5

- a) Write the names of all household members including yourself and the child(ren) that attends the child care center, whether they receive income or not. A household is defined as a group of related or unrelated individuals who are living as one economic unit that share housing and/or significant income and expenses of its members. Attach another piece of paper if you need more space to list all household members.
- b) Income is any money received on a recurring basis, including gross earned income. Write the amount of income each household member received the previous month, before taxes or anything else is taken out, in the appropriate column. If any amount during the previous month was more or less than usual, write that person's usual monthly income. To calculate household income paid on different schedules, use these income conversions: Weekly X52, Bi-weekly X26, Semi-monthly X24 and Monthly X12. Examples of household sources of income may include: Earnings from work such as wages, salaries, tips, strike benefits, unemployment compensation, worker's compensation, net income from self-owned business or farm; welfare, public assistance, child support payments, and alimony; pensions, retirement income, social security, veteran's payments, or supplemental security income; other income such as disability benefits, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, regular contributions from persons not living in the household, net royalties/annuities, net rental income, or other income.
- c) **An adult household member must sign the application and give his/her social security number (SS#) or indicate that they do not have a SS# in PART 5.**

PART 4 – HOUSEHOLDS WITH A FOSTER CHILD: COMPLETE THIS PART AND PART 5 – In certain cases, foster children are eligible for free or reduced price meals regardless of the income of the household with whom they reside. If you are completing the application for a foster child living with you, complete the application as a family of one since a foster child is the legal responsibility of a welfare agency or court. Complete a separate application for each foster child.

- a) List the foster child's monthly "personal use" income. Write "0" if the foster child does not receive "personal use" income.
- b) An adult member of the foster home or case worker must sign the application in PART 5.
- c) A social security number is not needed for the foster child's application.

"Personal use" income is: (1) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (2) all other money the child receives, such as money from his/her family and money from the child's full-time or regular part-time jobs.

PART 5 – SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART

- a) All applications must have the signature of an adult household member.
- b) An application that lists monthly income must have the social security number of the adult who signs. If the adult does not have a social security number, write "none" or something else to show that the adult does not have a social security number. If you listed a Food Assistance or OWF number for each child or if you are applying for a foster child, a social security number is not needed.

PART 6 – RACIAL/ETHNIC IDENTITY – OPTIONAL

You are not required to answer this question to be eligible to get free or reduced price meals. This information is collected to make sure that everyone is treated fairly and will be kept confidential. No child will be discriminated against because of race, color, national origin, gender, age or disability.

HEALTHY START AND HEALTHY FAMILIES

Families with children eligible for free or reduced price meals may be eligible for FREE health care coverage through Ohio's Healthy Start & Healthy Families programs. These programs include coverage for doctor visits, immunizations, physicals, prescriptions, dental, vision, mental health, substance abuse and more. Please call **1-800-324-8680** for more information or to request an application. Information can also be found on the web at <http://jfs.ohio.gov/OHP/bcps/FactSheets/hshf.pdf> "Note: If you have an Ohio Medicaid Card, you are already getting these services.

NON-DISCRIMINATION STATEMENT: "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, gender, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 800-795-3272 or 202-720-6382 (voice and TTY). USDA is an equal opportunity provider and employer.