



Metropolitan YMCAs of Mississippi

2022-2023 CHILDCARE REGISTRATION

Child is NOT ENROLLED and CANNOT ATTEND until all items are completed!
 _____ REGISTRATION FORM (ALL PORTIONS SIGNED & DATED)
 _____ NON-REFUNDABLE REGISTRATION FEE _____ 1ST WEEK'S TUITION
 _____ AUTHORIZED PICK UP/EMERGENCY CONTACT INFORMATION
 _____ FINANCIAL ASSISTANCE PACKET INCLUDING USDA ENROLLMENT FORM
 _____ SCANNED IN _____ ENTERED INTO DAXKO ID # _____

CHILD INFORMATION

FIRST NAME		LAST NAME		LAST FOUR OF SS NUMBER	
ADDRESS		CITY/STATE/ZIP		CELL/HOME PHONE	
GENDER		DATE OF BIRTH		AGE	
SCHOOL		GRADE ENTERING FALL '22		HEIGHT	WEIGHT
RESPONSIBLE PARTY NAME			RESPONSIBLE PARTY DATE OF BIRTH		
EMAIL		MOTHER'S NAME		FATHER'S NAME	

ETHNICITY/RACE (optional reporting information only)

CAUCASIAN AFRICAN AMERICAN HISPANIC ASIAN AMERICAN INDIAN/ALASKA NATIVE HAWAIIAN/PACIFIC ISLANDER OTHER

PARENT'S MARITAL STATUS

MARRIED SINGLE DIVORCED SEPARATED WIDOWED

PERSONS AUTHORIZED to act for the parent in case of an emergency and/or authorized to sign child into/out of program.

Please list name and contact information below. Indicate authorization(s) by checking Yes or No.

NAME OF ADULT (include yourself)	CONTACT PHONE NUMBERS	RELATIONSHIP TO CHILD	AUTHORIZED TO ACT FOR PARENT IN EMERGENCY		AUTHORIZED TO SIGN CHILD INTO/OUT OF PROGRAM	
			YES	NO	YES	NO

The YMCA limits the number of people who can make changes to the above-authorized sign in/sign out/emergency contact list. **Unless state otherwise, the individual completing the registration form will be viewed as the only individual authorized to make changes to the list above.** As parent/guardian of the above child, I also give the following person the authority to modify information on the above authorized form: _____ (Enter N/A if none)

AUTHORIZATION TO TRANSPORT: The parents/guardians of the above registered child give authorization allowing the child to be transported from school to the YMCA; to and from YMCA scheduled field trips; and to transport the child to Inclement Weather scheduled locations and other situations requiring the transport of children to alternate locations as necessary. **Parent Signature:** _____ **Date:** _____

AUTHORIZATION TO TAKE PICTURES/VIDEOS: The parents of the above registered child give authorization allowing the child to be photographed/videotaped and the photos/videos to be used in the promotion of the YMCA. **I understand that as a parent/guardian, I am not allowed to take pictures of children attending the YMCA as a safety measure.**
Parent Signature: _____ **Date:** _____

MOTHER INFORMATION

DRIVER'S LICENSE: (STATE AND LICENSE #)		PLACE OF EMPLOYMENT	
WORK ADDRESS	BUSINESS PHONE	CELL PHONE	

FATHER INFORMATION

DRIVER'S LICENSE: (STATE AND LICENSE #)		PLACE OF EMPLOYMENT	
WORK ADDRESS	BUSINESS PHONE	CELL PHONE	

RESPONSIBLE PARTY INFORMATION: I hereby assume the responsibility to pay the cost of all services provided by the YMCA for the above child regardless of any change in family status, in any court ordered or mediated payment plan between parents, or changes in the state's childcare certificate program as applies to my situation. I understand that it is my responsibility to ensure that childcare fees are paid to the YMCA according to the childcare policy.

Responsible Party Name(s) Printed: _____
Responsible Party #1 Signature: _____ **Date:** _____ **Responsible Party #2 Signature:** _____ **Date:** _____

WAIVER OF LIABILITY AND DISCLAIMER: I hereby forever release, acquit, discharge and agree to indemnify and hold harmless the YMCA and all event sponsors and volunteers, as well as any officers, directors, agents, employees, successors or assigns of the aforementioned parties, in addition to all other persons who are either directly, or indirectly involved with the activity in which the participant is registering (collectively the "Released Parties"), from any and all liabilities, claims, damages and demands and all other liabilities or whatever kind of nature arising from or related to the Y activity, including, but not limited to, any and all liabilities, claims damages and demands arising from any personal injuries, loss or death occurring as a result of the Y activity. I further agree that I will never institute any action or suit, at law, in equity or otherwise, against any of the Released Parties, and will not aid in the institution or prosecution of any such action or suit against the Released Parties which in any way involves or relates to the Y activity. I further state that my child is in proper medical condition to participate in and complete the YMCA activity and is not participating against doctor's advice, nor is my child taking medications which would deter my child's health in the participation of the YMCA activity. I understand that registration fees are non-refundable and that a two-week written notice must be provided in order to terminate services. I understand that failing to provide a two-week written notice will result in my being responsible for up to two weeks of childcare payments based on the child's last day of attendance in the program. This Release shall be binding upon the executors, administrators, personal representatives, heirs, successors and assigns of the undersigned.

Parent Signature: _____ **Date:** _____

MEDICAL RELEASE AND INSURANCE UNDERSTANDING: I understand that the YMCA does not provide insurance for participants in its programs and it is my responsibility to provide for medical/dental insurance and/or expenses. I, _____ hereby give my permission to the YMCA staff to seek medical treatment (private physician or hospital) and/or transportation for my child should any emergency arise. I understand that a conscientious effort will be made to locate me or my spouse before any action will be taken. **Parent Signature:** _____ **Date:** _____

MEDICAL INFORMATION

DOCTOR'S NAME		DOCTOR'S PHONE NUMBER	
ADDRESS	CITY/STATE	ZIP CODE	
DENTIST'S NAME		DENTIST'S PHONE NUMBER	
ADDRESS	CITY/STATE	ZIP CODE	

MEDICAL/ALLERGY INFORMATION:

List any medication prescribed, allergies or conditions pertaining to your child. When listing medications, please indicate if prescribed or if an allergy.

MEDICATION REQUEST: We can only administer medication prescribed by a licensed physician. Medication must be in original container and written information authorizing medication dispensing must be provided. Does your child require prescription medication? YES NO

If yes, please complete a MEDICATION AUTHORIZATION FORM to provide us with necessary information.

INSURANCE INFORMATION

MEDICAL INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
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YMCA MEALS & SNACKS: I understand that the YMCA provides meals and snacks in accordance with USDA guidelines and that special arrangements for meals/snacks are not made unless there is a medical condition that prevents my child from eating certain food or there is a recognized religions reason for not consuming certain foods. I understand that should my child have an allergy to a particular food item or a condition that prevents my child from eating particular foods, I must have a written doctor's statement indicating the nature of the allergy/condition and a listing of foods that are to be avoided. When a child has an extreme allergic reaction, a medical alert bracelet should be worn by the child at all times. The YMCA does not alter USDA meal patters based on the personal preference/tastes of the parent and/or child.

My child may need the following meals/snacks (PLEASE CHECK ALL THAT APPLY)	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING SNACK:					
AFTERNOON SNACK:					

RESERVOIR AND CLINTON YMCA: The Y provides a morning and afternoon snack on full-day care days and an afterschool snack for children in our care part-time. I understand that when my child attends full-day care that I must provide a **HEALTHY** lunch (**RESERVOIR ONLY**, Clinton will be provided a lunch) that meets the nutritional requirements of USDA. I understand that **SOFT-DRINKS** are **NOT** to be sent to the Y.

Parent Signature: _____ **Date:** _____

YMCA CHILDCARE PROGRAM AGREEMENT: Please initial each statement confirming you have read, understand and agree to the following:

_____ **FINANCIAL ASSISTANCE:** Limited Financial Assistance is available and is based on individual need and available scholarship funds. A Financial Assistance form and required documentation (most recent 1 month's worth of check stubs, most recent IRS 1040 Federal Tax Return **and** USDA Free/Reduced Meals Family Application) must be completed in order to apply for financial assistance. Financial Assistance is not retroactive or guaranteed because an application is submitted. Before any financial assistance is provided, a complete Financial Aid packet must be approved. Financial Assistance provided according to the YMCA Financial Aid scale may be approved by the Childcare Director; however, any assistance provided beyond those guidelines must be approved by the branch director.

_____ **NON-REFUNDABLE REGISTRATION FEE & TWO-WEEK NOTICE REQUIREMENT:** I understand that the registration fee is **non-refundable** even if I decide not to enroll my child. I also understand that I must provide the YMCA two-week **written notice** of my child withdrawing from the Y. I understand that I will be held responsible for two-weeks of childcare fees if written notice is not provided, even if my child does not attend the program.

_____ **YMCA PAYMENT POLICY:** I understand that all payments must be made via weekly bank draft. Drafts will be processed the Friday before services are rendered. **ANY WEEKLY PAYMENT NOT RECEIVED ON TIME, FOR ANY REASON, WILL BE CHARGED A \$40 LATE FEE.** If you do not wish to pay via bank draft, payments must be made on a monthly basis. Monthly payments will be due on the first business day of the month by 6:00pm. **ANY PAYMENT MADE AFTER 6:00PM ON THE FIRST OF THE MONTH WILL BE ASSESSED A \$40 LATE FEE.** If payment is **NOT MADE ON TIME, YMCA SERVICES MAY BE SUSPENDED IMMEDIATELY** until my account is brought current. Partial payments of fees are not accepted. Payments are due in full when payable.

_____ **CHECK POLICY:** Your personal checks are welcome here with valid identification. If your check or automatic draft is returned NSF, it may be re-presented electronically and you will be assessed a processing fee of **\$30** or the maximum amount allowed by law. The check writer is also responsible for all other check recovery costs, including all attorney's fees, court costs and taxes. **I understand that in the event I present an NSF check, I must make payment in cash or certified funds.**

_____ **LOST, DAMAGED OR STOLEN ITEMS:** I understand that the YMCA is not responsible for any items that are lost, damaged or stolen at the YMCA. Please mark your children's names on all clothing, backpacks, swimsuits and towels. Please provide your child with a water bottle EVERY DAY during summer/holiday camps. Children **may not bring** toys, phones, electronic games or other such items. I understand that I am responsible for any damages my child causes to YMCA property/facilities.

_____ **WATER SAFETY REQUIREMENT:** The YMCA has implemented a "Pass the Test or Wear the Vest" policy to increase safety of all non-swimmers. Children who cannot pass the swim test must wear a Coast Guard approved personal floatation device (life-vest) to be provided by the parent and kept at the YMCA for swim times in order for the child to attend the program each day during our summer camp program. The parent is responsible for provided a life-vest for the child when special swimming activities are scheduled during the school year. Due to pool regulations, life vests must be worn by all non-swimmers at all swim times whether the child is in the pool or on the pool deck.

_____ **APPLICATION OF SUNSCREEN:** According to the Mississippi State Department of Health, sunscreen is considered a medication. **I understand that sunscreen will be administered, unless a written statement of decline is submitted, to children before swim time** in accordance to Mississippi State Department of Health regulations pertaining to medicine and sun safe practices (sec 105.07, 108.05). Please send your child to the YMCA with sunscreen already applied to face, neck, shoulders and any other area on your child in danger of burning.

_____ **PARENT HANDBOOK AND MISSISSIPPI STATE CHILD CARE REGULATIONS:** I understand that the YMCA's Parent Handbook including discipline policies and a summary of the Mississippi State Child Care Regulations is located on the YMCA's website at www.metroYMCAms.org. **A hard copy of the YMCA's Parent Handbook is available upon request.** I understand that these policies apply to all children programs at the YMCA. I understand that changes in policy will be posted at the site and that posted policies apply to all childcare programs at the YMCA.

_____ **YMCA FAMILY MEMBERSHIP DISCOUNT:** I understand that I must have a YMCA FAMILY MEMBERSHIP and my child must be listed on my YMCA Family Membership in order to receive a discount on childcare fees. Individual YMCA memberships are not eligible for this discount. I must maintain my YMCA Family Membership at all times. I understand that childcare service fees will revert to the higher non-YMCA Family Member rate effective the first week during which my YMCA Family Membership is deactivated.

_____ **FULL-TIME CARE FEE:** I understand that the YMCA charges a full-time care fee when full day care is provided 3 or more days in a given week. When school is out, such as parent teacher conferences, teacher in-services or one-day breaks, the YMCA provides full-time care for that day at no additional charge.

_____ **CREDITS:** I understand that the YMCA does not credit accounts for missed days. The YMCA provides childcare services by the week and holds a childcare spot for your child while enrolled in the program; therefore, tuition is due regardless of child's attendance at the program. I understand that I am still responsible for childcare fees even though my child may not participate in the YMCA childcare program while suspended from school/suspended from the YMCA childcare program. To ensure your child's place in our programs, payments must be made on their account. If your child is absent for more than 2 weeks, the child will be dropped from the YMCA's roll if payment has not been received. You will be held responsible for those two weeks. Once dropped, you will be required to pay another registration fee.

_____ **HOLIDAY CAMPS:** I understand that Thanksgiving, Christmas and Spring Break Camps are separate programs and my child must be enrolled in each program in order to attend. Separate fees apply to these specialty camps and are not included in the YMCA Childcare payment schedule. There is a minimum number of participants required in order for camps to be held. **There are no vacation weeks available for the school age program because fees are not assessed for holiday weeks unless your child attends the program.**

_____ **STATE CHILDCARE CERTIFICATE PROGRAM REQUIREMENTS:** If my child is enrolled or should become enrolled in the State's Childcare Certificate Program, I understand that I am responsible for making my required co-pay by the 5th of each month and that failure to make the required co-payment on time will be reported to my case manager which may result in the termination of my certificate. I understand that the co-payment is based on either full-time or part-time care and I will be charged accordingly. **I am responsible for field trip fees and any registration fees required.** My child receives 15 vacation days each certificate year (Oct. 1 to Sept. 30) in which my childcare provider is paid for these absences by the state. I understand that once my child has used all available vacation days, **I am responsible for paying the Y the daily reimbursement rate for my child since the state will not reimburse the Y for these missed days.** Payment for these unreimbursed days will be due by the 15th of the following month. Failure to comply with this requirement will be reported to my case manager, which may result in the termination of my certificate. If my childcare certificate is terminated, I am responsible for the full childcare fee due unless I apply for financial assistance and enroll my child in the YMCA's Weekly Payment Program. Any outstanding co-payment not received before the 5th of each month, and any unreimbursed fees not received by the 15th of the following month, are subject to a \$40 late payment fee. **MSDH Certificate # _____**

_____ **SAFE DROP OFF/PICK UP:** I understand that I am not to leave my child at the YMCA program center unless a YMCA staff is there to receive and supervise my child and that when full day care is provided, I must sign my child in. I understand that should a person arrive to pick up my child who appears to be under the influence of drugs/alcohol, for the child's safety, staff have no recourse but to contact the police. (Please do not put staff in a position where they have to make this call.)

_____ **CHILD ABUSE:** I understand that the YMCA is mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation. **Corporal punishment is not allowed on the YMCA property or in the YMCA facility.**

_____ **Y BABY SIT:** I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program unless I have completed the "Acknowledgement of Outside Relationship" form and it has been submitted to the YMCA Childcare program director. The YMCA will take immediate staff and volunteer disciplinary action (including up to termination of employee or volunteer) if a violation occurs.

_____ **TERMINATION:** I understand that the YMCA may terminate my child's enrollment for any of the following reasons: Emergency names and phone numbers are incorrect; Parent is late picking up child after Program Center closes; Non/late/NSF payment of fees; Failure to adhere to the sign-in/sign-out policies; Failure to notify the YMCA that child will be absent; Behavior that is continually disruptive or dangers to others and/or self; Behavior that is destructive to property and/or refusal to replace said property; Any single incident that is deemed by the Childcare Director to be dangerous, harmful or disruptive; Harassment, violent behavior or threat of such behaviors against a staff person or other member by parent/guardian or persons associated to the child (family member, family friend, etc.).

_____ **NON-PAYMENTS:** I understand that non-payment of fees will result in my child not being allowed to participate in the program and could result in legal referral with additional costs to myself. I understand that if my child has an outstanding balance from a previous YMCA childcare program, my child will not be allowed to attend any current YMCA childcare program until the outstanding balance is paid in full. I further understand there is an administrative processing fee for any payment returned by my bank or credit account.

I have read, understand and agree to abide by the YMCA Childcare Program as stated above.

Parent Signature: _____ Date: _____

WEEKLY BANK DRAFT INFORMATION

PARENT NAME		NAME ON CHECK/CREDIT CARD	
ADDRESS	CITY/STATE		ZIP CODE
BANK NAME		CITY/STATE	

WEEKLY DRAFT – DRAFT WILL OCCUR FRIDAY PRIOR TO THE WEEK SERVICES ARE RENDERED (ONLY FILL OUT ONE OPTION)**OPTION 1: CHECK**

ACCOUNT TYPE _____ CHECKING _____ SAVINGS	ROUTING NUMBER	ACCOUNT NUMBER
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OPTION 2: CARD

CARD TYPE ___ VISA ___ MC ___ DISCOVER ___ AMEX	CARD NUMBER	EXPIRATION DATE	CVC
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Advance childcare payments are required. Registration fee and first week's fees are due at registration. All subsequent fees draft weekly. Drafts will occur the Friday prior to the week services are provided.

AUTOMATIC DRAFT & CHECK POLICY: If your Automatic Draft or Personal Check is returned NSF, it may be re-presented electronically and you will be assessed a processing fee of \$30 or the maximum amount allowed by law. You will also be responsible for all other recovery costs, including all attorney's fees, court costs and taxes. You will also be responsible for any uncollected childcare fees. I hereby authorize the YMCA to initiate debits on the above named Financial Institution to pay my weekly YMCA childcare services bill. This authorization is to remain in full force and effect until the YMCA has received a 30 day written notification from me, or until the YMCA or Financial Institution has sent me a 30 day written notice as to the YMCA's or Financial Institution's termination of the agreement. I understand that my weekly draft is subject to change should my membership status change or should the YMCA change its childcare billing rate.

Parent Signature: _____ Date: _____

**ATTACH VOIDED CHECK/COPY OR SAVINGS ACCOUNT CARD
OR
COPY OF CREDIT/DEBIT CARD TO THIS PAGE**

WATER SAFETY REQUIREMENT: My child, _____, has permission to be transported by counselors and/or Director to the YMCA swimming pool as determined by the counselors and Directors of the YMCA Afterschool Program. The YMCA has implemented a "Pass the Test or Wear the Vest" policy to increase safety of all non-swimmers. Children who cannot pass the swim test must wear a Coast Guard approved personal flotation device (life-vest) to be provided by the parent and kept at the YMCA for swim times in order for the child to attend the program. Due to pool regulations, life vests must be worn by all non-swimmers at all swim times whether the child is on the pool or on the pool deck. **Parent Signature:** _____

Emergency Contact Number: _____ **Medication to Bring on Trips:** _____

AFTERSCHOOL PERMISSION SLIP FOR ON-SITE AMENITIES: My child, _____, has permission to be transported by counselors and/or Director to various programming areas of the YMCA location as determined by the counselors and Directors of the YMCA Afterschool Program.

My child attends the: (please check box for your YMCA location)

_____ Clinton Family YMCA: Areas include Indoor Soccer Arena, Group Fitness Room(s), Indoor Track and Sports Fields located behind the main building.

_____ Reservoir YMCA: Areas include Zip Line, Group Fitness Room(s), Tennis Courts PRV Pavilion/Playgrounds and Sports Fields located in front of main building.

Parent Signature: _____ Emergency Contact Number: _____

Medication to Bring on Trips: _____

Family Meal Application for Child and Adult Care Food Program 2022-2023

Part 1. All Household Members		
Name of Enrolled Child(ren):		
Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits: If any member of your household received [MS SNAP], [FDPIR], or [MS TANF cash assistance], provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**
 NAME: _____ CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [Your School, Homeless Liaison, Migrant Coordinator at Phone #] Homeless Migrant Runaway

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

A. Name (List only household members with income) <i>(Example)</i> <i>Jane Smith</i>	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/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 3 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 Statement on the back of this 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

Family Meal Application for Child and Adult Care Food Program 2022-2023

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

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

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: _____

Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

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

The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Household Size	Yearly
1	\$25,142
2	\$33,874
3	\$42,606
4	\$51,338
5	\$60,070
6	\$68,802
7	\$77,534
8	\$86,266
Each additional person:	+\$8,732

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 meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) 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 eligibility information.

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.

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.

Dear Parent/Guardian:

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

1. Do I need to fill out a Meal Benefit Form for each of my children in day care? You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in childcare in **your household only** if the children in childcare are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to: [(Name of Center, address, phone number)].**

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

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

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

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

6. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced-price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

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

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

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

10. (Pricing program only) Will the information I give be verified? Maybe. We may ask you to send written proof to verify the information you submitted on the form. What if I disagree with the decision about the information I complete on this form? You can talk to the Food Program Director, either in person or by telephone 601-948-0818. You may ask for a hearing by calling or writing to: Metropolitan YMCAs of MS, 690 Liberty Road Flowood, MS 39232.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability.

If you have other questions or need help, call 601-948-0818

Sincerely,
Metropolitan YMCAs of MS