



KidStop

Daycare & Learning Center

"Where Kids Can Be Kids"



DEAR PARENT(S) OR GUARDIAN(S):

THIS LETTER IS INTENDED FOR PARENT(S) OR GUARDIAN(S) OF CHILDREN ENROLLED IN A CHILD CARE CENTER.

KIDSTOP DAYCARE AND LEARNING 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 CHILD CARE. 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 CHILD CARE IN YOUR HOUSEHOLD ONLY IF THE CHILDREN IN CHILD CARE 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: **[KIDSTOP DAYCARE AND LEARNING CENTER | 2395 CAMPBELLTON RD ATLANTA, GA 30311]**.

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 (FDPRI) BENEFITS CAN GET FREE MEALS. FOSTER CHILDREN AND CHILDREN ENROLLED IN HEAD START ARE ALSO ELIGIBLE FOR FREE MEALS. CHILDREN IN HOUSEHOLDS PARTICIPATING IN WIC MAY BE ELIGIBLE FOR FREE MEALS.

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 FEDERAL INCOME CHART, SHOWN ON 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 CHILD CARE 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, FDPRI 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 SHOULD CONTACT **BRIGHT FROM THE START**

404-656-5957

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 SHOULD TALK TO BRIGHT FROM THE START. 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 404-629-3747

T. Robinson





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**BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING
CHILD ADULT CARE FOOD PROGRAM
INCOME ELIGIBILITY STATEMENT**

PART I: Child(ren) or Adult enrolled to receive day care-					
Name: (Last, First and Middle Initial)	Food Stamp, TANF, or FDIIR case number, Assistant Unit (AU), or Client ID number for <u>children only</u> . All the above, or SSI or Medicaid case number for <u>Adults</u> . Note: Do not use EBT numbers.			Head Start Participant	Foster Child
				<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 II A:		B. Gross income and how often it is received Example: \$100/monthly, \$100/twice a month, \$100/every other week, \$100/weekly				C. Check if NO income
A. Name (List everyone in household, including foster and non-foster children)		1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement	4. All other income	
1. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
2. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
3. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
4. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
5. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
6. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
7. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>

PART III: ENROLLMENT INFORMATION: Children Only

My child is normally in attendance at the facility between the hours of _____ [am/pm] to _____ [am/pm] on the following days:
☐ Check here if only before/after school care is provided.

(Circle all that apply). Sunday Monday Tuesday Wednesday Thursday Friday Saturday

My child will normally receive the following meals while in care:
(Circle all that apply): Breakfast AM Snack Lunch PM Snack Supper Evening Snack

PART IV: Signature and Social Security Number (Adult must sign).

An adult household member must sign this form. If Part II is completed the adult signing the form must also list his or her Social Security number or mark the "I don't have a Social Security Number" box. (See Privacy Act Statement on 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 purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) listed on the form in Part I are enrolled for care.

Signature: X _____ Print Name _____ Date _____

Address: _____ City _____ State: GA Zip _____ Phone _____

Last four Digits of Social Security Number XXX-XX _____ ☐ I do not have a Social Security Number

PART V: Participant's ethnic and racial identities (optional)

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

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 _____ Paid _____ Tier I _____ Tier II _____

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

Determining Official's Signature: _____ Date _____

Confirming Official's Signature: _____ Date _____

Follow Up Official's Signature: _____ Date _____