

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME: Cortelyou Early Childhood Center

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

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

**DIRECTIONS:**

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

1. Receives Food Stamps
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR)
4. Currently has a foster child enrolled in day care

**Complete SECTION B if SECTION A does not apply:**

Sign, date and indicate the Social Security number of the adult signing the certification and return the completed form to the day care center.

SECTION A
Food Stamp Case Number _____
TANF Number _____
FDPIR Number _____
Foster Child's Name _____
Foster Child's Personal Monthly Income \$ _____
<p><b>An adult household member must sign the application before it can be approved.</b> After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that 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 laws.</p>
Signature: _____
Date: _____

SECTION B	
<p>List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received <b>last month</b> in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, welfare payments, child support and any other sources of income.</p>	
Name of Household Members	Monthly Gross Income
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

FOR SPONSOR USE ONLY
Sponsor Agreement Number <u>3409</u>
Total Household Members _____
Total Income \$ _____
Free _____ Reduced _____ Paid _____
Signature of Determining Official _____
Date Determined ____ / ____ / ____

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

I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that 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 laws.

Signature: \_\_\_\_\_

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

SS#            -            -            Date: \_\_\_\_\_

**DAY CARE CENTER ENROLLMENT FORM**

Center Name: CORTELYOU EARLY CHILDHOOD CENTER

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

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Parent/Guardian Address and Phone, if different \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Phone \_\_\_\_\_

Second person to notify \_\_\_\_\_ Phone \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

**TIME MEALS SERVED**

Breakfast \_\_\_\_\_ am to \_\_\_\_\_ am Lunch \_\_\_\_\_ am/pm and \_\_\_\_\_ pm Afternoon Snack \_\_\_\_\_ pm to \_\_\_\_\_ pm

If your child is in care during these times, he/she will receive the meal or snack that is being served.

What days will your child usually be at the center? M \_\_\_\_\_ Tu \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sat \_\_\_\_\_ Su \_\_\_\_\_

What hours will your child usually be at the center? Arrive \_\_\_\_\_ am pm

Depart \_\_\_\_\_ am pm

Signature of a parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



**After 1 year of care**

Is all the information above still correct? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, what has changed? \_\_\_\_\_

Signature of a parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

## **Section 9**

Unless you list the Food Stamp, TANF or FDPIR number for the child or a household member or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the Social Security Number of the household member signing the application or indicate that the household member signing the application does not have a Social Security Number. You do not have to list a Social Security Number, but if a Social Security Number is not listed or an indication is not made that the adult household member signing the application does not have a Social Security Number, CACFP cannot approve the application. The Social Security Number may be used to verify the correctness of the information stated on the application. This may include program reviews, audits and investigations and may include contacting employers to determine income, contacting a Food Stamp, TANF or FDPIR office to determine current certification for Food Stamp, TANF or FDPIR benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

### **Definition of Income**

*Income* means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) public assistance or welfare payments; (7) unemployment compensation; (8) government civilian employee or military retirement, or pensions or veteran's payments; (9) private pensions or annuities; (10) alimony or child support payments; (11) regular contributions from persons not living in the household; (12) net royalties; (13) military benefits received in cash, such as housing allowance; and (14) any other cash income.

### **Definition of Household**

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

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

### **Instructions for Parents or Guardians:**

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

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

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

**Foster children:** If your household includes a foster child who is in child care, complete Section A only. Write in the foster child's name and any income that the child receives from social services for his or her personal use. Write in 0 if the foster child does not receive any income. A separate application must be completed for each foster child. The foster parent or an official who represents the child must sign and date the form and then return it to the child care center.

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

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income. The signature and Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*.

### **Instructions for Centers and Sponsors:**

**The For Sponsor Use Only section is to be completed, signed and dated by child care center or sponsor staff.**

The sponsor/center representative must review the income eligibility application and ensure that it is completed as indicated in the instructions above. Then indicate the following:

#### **The sponsor agreement number.**

**Total household members** – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care.

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

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

Incomplete applications (missing signatures, income information, or Food Stamp, TANF or FDPIR numbers) are categorized in the paid category.

**The income eligibility application is valid until the last day of the month one calendar year from the date of submission.** For example, a form submitted on May 12, 2010 is valid until May 31, 2011.