

2021

Youth EmpowerHouse

Private Intake Packet

Youth EmpowerHouse
7 William Street
Haverhill, MA 01832
(978) 372-0771
(978) 945-0306
WWW.YEH.CENTER

GROUP DAY CARE AND SCHOOL AGE CHILD CARE

Child's Name _____ SS # _____

Racial Ethnicity (please circle) White African American Hispanic Asian Other

Eye Color _____ Skin Color _____ Hair Color _____ Height _____ Weight _____

Home Address _____

Telephone _____ Email Address (if any) _____

Date of Admission _____ Age at Admission _____

Date of Birth _____ Primary Language _____

Identifying Marks _____

Allergies/Special Diets _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name _____ Parent/Guardian Name _____

Date of Birth _____ Date of Birth _____

Relationship to child _____ Relationship to child _____

Home Address _____ Home Address _____

City, State & Zip _____ City, State & Zip _____

Home Telephone # _____ Home Telephone # _____

Cell Phone # _____ Cell Phone # _____

Email Address _____ Email Address _____

Work Name _____ Work Name _____

Work Address: _____ Work Address: _____

Work Telephone # _____ Work Telephone # _____

Hours at Work _____ Hours at Work _____

School Name _____ School Name _____

Hours at School _____ Hours at School _____

YOUTH EMPOWERHOUSE

FIRST AID AND EMERGENCY MEDICAL CARE
CONSENT FORM 102 CMR 7.09(3)

Child's Name _____ Date of Birth _____

I authorize the staff at Youth EmpowerHouse who are trained in First Aid and/or CPR to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Youth EmpowerHouse to transport my child to the nearest medical facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name _____ Phone _____
Address _____
Chronic Allergies _____
Chronic Health Conditions _____

Emergency Contacts (In order to be contacted)

Name _____ Phone _____
Address _____ Relationship to child _____
Do you give permission for child to be released to this person? Yes ___ No ___

Name _____ Phone _____
Address _____ Relationship to child _____
Do you give permission for child to be released to this person? Yes ___ No ___

Name _____ Phone _____
Address _____ Relationship to child _____
Do you give permission for child to be released to this person? Yes ___ No ___

Health Insurance Information _____
Policy # _____
Parent(s) Name _____
Parent(s) Name _____

Parent/Guardian Signature _____ Date _____

YOUTH EMPOWERHOUSE

EMERGENCY CARD INFORMATION

Child's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

INSTRUCTIONS TO REACH PARENT / GUARDIAN:

Name, Address, Work Phone Number, Cell Phone

Name, Address, Work Phone Number, Cell Phone

PEDIATRICIAN OR SOURCE OF HEALTH CARE:

Doctor's Name, Address, Phone Number

EMERGENCY CONTACT PERSON(S):

Name, Address, Phone Number

Name, Address, Phone Number

Name, Address, Phone Number

MEDIAL EMERGENCY TREATMENT:

I hereby give Youth EmpowerHouse permission to administer basic First Aid and/or CPR to my child _____, and/or take my child to a hospital and secure medical treatment when I cannot be reached or when a delay would be dangerous to my child's health.

ALLERGIES OR CHRONIC HEALTH CONDITIONS:

HEALTH INSURANCE INFORMATION:

Company Name _____ Policy # _____

Participating Hospitals (if applicable) _____

Special Instructions _____

Parent/Guardian Signature

Date

YOUTH EMPOWERHOUSE

HOUSEHOLD INFORMATION

Please list all household members below. Include yourself and all adults and children.

NAME	AGE	RELATIONSHIP TO CHILD
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all income your family receives each month before deductions including earnings from work, pensions, retirement, Social Security, child support and any other source of income (please check one):

- | | | |
|---|---|---|
| <input type="checkbox"/> Under \$2,840 | <input type="checkbox"/> \$2,841 to \$3,508 | <input type="checkbox"/> \$3,509 to \$4,178 |
| <input type="checkbox"/> \$4,179 to \$4,844 | <input type="checkbox"/> \$4,845 to \$5,513 | <input type="checkbox"/> \$5,514 to \$5,636 |
| <input type="checkbox"/> \$5,637 to \$5,763 | <input type="checkbox"/> More than \$5,764 | |

ADDITIONAL INFORMATION:

Child’s Physician/Clinic Name: _____

Address: _____

Phone # _____

Chronic Health Conditions _____

Special Limitations or Concerns: _____

School Age ONLY: Current School _____ School Address _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child’s school.

Parent/Guardian Signature

Date

YOUTH EMPOWERHOUSE

TRANSPORTATION PLAN AND AUTHORIZATION
7.09(3) AND 7.12(1)

CHILD'S NAME: _____

Transportation from school to Youth EmpowerHouse will be provided for all children registered in the program. Your child is the responsibility of the school and the transportation company while at school or in transit to the center. Youth EmpowerHouse does not assume liability until child enters the center located at 7 William Street, Haverhill, MA 01830.

Please write a note to your child's school indicating your consent for him/her to be transported by Coppola Bus Company, NRT or Haverhill Public Schools at the end of the school from _____ (school name).

My child will arrive at Youth EmpowerHouse by

School Year:

- Parent Drop off
Other (Describe: NRT)

Other (Describe: Coppola)

Non School Days/Summer:

- Parent Drop off
Youth EmpowerHouse Van (Only for contracted slots which provide for such)
Other (Describe: A Family Cab)

My child will depart from Youth EmpowerHouse by:

School Year:

- Unsupervised Walk
Parent or Authorized Adult Pick Up
Youth EmpowerHouse Van (Only for contracted slots which provide for such)
Other (Describe: A Family Cab)

Non School Days/Summer:

- Unsupervised Walk
Parent or Authorized Adult Pick Up
Youth EmpowerHouse Van (Only for which slots which provide for such)
Other (Describe: A Family Cab)

I give permission for my child to be released from Youth EmpowerHouse at the end of the day as stated above and/or I give my permission for the following people to receive my child at the end of the day. If no one is authorized, please indicate below by writing NO ONE.

Name _____ Phone _____
Address _____ Relationship to child _____

Name _____ Phone _____
Address _____ Relationship to child _____

Name _____ Phone _____
Address _____ Relationship to child _____

ANY OTHER TRANSPORTATION REQUEST MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF THE SIGNATURE.

Parent/Guardian Signature

Date

TRANSPORTATION PLAN AND AUTHORIZATION CONTINUED
7.09(3) AND 7.12(1)

Transportation from school to Youth EmpowerHouse will be provided for all children registered in the program who attend Haverhill Public or Private Schools. Your child is the responsibility of the school and the transportation company while at school or in transit to the center. Youth EmpowerHouse does not assume liability until your child enters the center located at 7 William Street, Haverhill, MA 01830.

Please write a note to your child’s school indicating your consent for him/her to be transported by the Coppola Bus Company, NRT or Haverhill Public Schools at the end of the school from _____ (school name). We will also contact the school and the bus company to confirm your child’s transportation from school to the program.

Parent/Guardian Signature

Date

LATE FEE POLICY AND PROCEDURE

The program closes at **5:00 PM** unless an earlier time is specified. Anyone who is late in picking up their child will be charged a late fee per child. If you arrive between **5:01-5:05 PM** your fee will be **\$5.00**; for every **5** minutes after that the fee will rise by **\$5.00**. For any child remaining at **6:00PM** (one hour after closing time), whose parent or emergency contact person has not been reached, the Department of Children and Families will be contacted as well as the Haverhill Police Department.

PLEASE KEEP IN MIND, ONCE THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES AND THE HAVERHILL POLICE DEPARTMENT ARE CALLED, WE ARE NOT ALLOWED TO RELEASE YOUR CHILD UNTIL THE DEPARTMENT OF CHILDREN AND FAMILIES AND THE HAVERHILL POLICE DEPARTMENT AUTHORIZE THE RELEASE.

This fine is charged regardless of the reason for lateness or prior notification from the parent that they will be delayed. A late fee can only be waived at the discretion of the Center Director. Excessive late pick-ups will warrant a meeting with the Child Care Coordinator, and may result in termination from the program.

Please keep in mind we need to pay our staff over time to stay with your child after closing time.

I have read the above notice and agree to comply in full with this policy.

Parent/Guardian Signature

Date

YOUTH EMPOWERHOUSE

PERMISSION TO WALK HOME UNSUPERVIZED

I _____ give my child _____
Parent /Guardian Child's Name

permission to walk home from Youth EmpowerHouse at _____ PM on these days
(specify time)

_____. I understand that when my
(specify days)

child leaves the program at the designated time, I release Youth EmpowerHouse from any legal responsibility.

I will contact Youth EmpowerHouse prior to the departure time if my child will be picked up or with any other unplanned changes.

Parent/Guardian Signature

Date

I release Youth EmpowerHouse from all liability upon the departure of my child each day.

Parent/Guardian Signature

Date

APPEARANCE TO BE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL

The policy of our agency regarding parents or authorized adults who appear to be under the influence of drugs or alcohol picking up a child from Youth EmpowerHouse is as follows:

- We will offer to call another authorized person to pick up you and your child.
- We will offer to call a taxi to pick up you and your child

If you refuse the above options, Youth EmpowerHouse will call the police and give them your name and phone number and advise them of the situation. Youth EmpowerHouse will not release a child to anyone who appears to be under the influence of drugs or alcohol. This is to ensure the safety of your child.

Parent/Guardian Signature

Date

SNOW DAY POLICY

In compliance with EEC and Child Care Circuit regulations, Youth EmpowerHouse will follow the following procedure for snow days or weather emergencies:

- During snow days or other weather emergencies, Youth EmpowerHouse **MAY BE OPEN**. If the Governor of Massachusetts declares a state of emergency, Youth EmpowerHouse **WILL BE CLOSED**. Additionally, if conditions in Haverhill warrant closure, Youth EmpowerHouse **WILL BE CLOSED**. A message will be posted on the Youth EmpowerHouse website by **7:30 AM** with information about opening/delayed opening/early closure/closing.

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- In order to determine staffing needs on snow days and other weather emergency days, please complete the following:

I, _____, **will/will not** (please circle one) be bringing my child to Youth EmpowerHouse. I understand that I am responsible for transportation both ways on these days and must be available to receive a call from Youth EmpowerHouse should weather-related concerns cause a change in closing time.

Parent/Guardian Signature

Date

PUBLICITY AND REPRODUCTION OF IMAGES

I grant Youth EmpowerHouse permission to use any images of my child for the purpose of informing the public about Youth EmpowerHouse. I further grant them the right to exhibit these as they see fit, including newspaper coverage by the Haverhill Gazette, Eagle Tribune, United Way, Twitter, Facebook, printed brochures or video productions.

I grant permission for my child, _____, images to be used for the purpose of informing the public about Youth EmpowerHouse.

Parent/Guardian Signature

Date

I **DO NOT** grant permission for my child, _____, images to be used for the purpose of informing the public about Youth EmpowerHouse.

Parent/Guardian Signature

Date

TOILETING

All children are allowed to use the bathroom when needed. Staff will encourage children to use the bathroom regularly (i.e. before going to the playground, before lunch, before going in the van, after rest, etc.) **Any child soiled or wet will not be able to be transported in the van.** A parent/guardian will be called to pick up the child from the program. Any child soiled or wet will be made more comfortable using the Youth EmpowerHouse toileting procedure. Soiled items will be sent home daily, and a replacement set should be sent to Youth EmpowerHouse the next day. Children who are toilet training must be wearing clothing that they can pull off and on easily by themselves

Toilet training will never be coerced and will be done in accordance with a family's request and will be consistent with the child's physical and emotional abilities.

Toileting Procedures

- All children will be allowed to use the toilet when needed.
- Children will be supervised during toileting but allowed as much privacy as is appropriate.
- No child will be punished for soiling, wetting, or not using the toilet.
- Children will be changed in to a clean set of cloth provided by Youth EmpowerHouse if available.
- Children must wash their hands with soap and running water after toileting and before snacks, meals, or meal preparation.
- All educators must wash their own hands after assisting a child with toileting. Individual paper towels will be used to dry hands.
- Disposable gloves will be used whenever cleaning feces, urine, blood, or vomit.
- Contaminated areas will be cleaned and sanitized with bleach to water solution EEC approved disinfectant solution.
- Clothing or things soiled by any bodily fluid will be placed in a double plastic bag, sealed, labeled and stored apart from other items to be sent home.

Parent/Guardian Signature

Date

ORAL HEALTH NON-PARTICIPATION/PARTICIPATION FORM

In January 2010, EEC issued new regulations for child care programs that include a requirement that educators assist children with brushing their teeth if children are in care for more than four hours or if children have a meal while in care [606 CMR 7.11(11)(d)]. This regulation is intended to:

- Help children learn about the importance of good oral health.
- Provide information and resources regarding good oral health to child care programs and families.
- Help address the high incidence of tooth decay among young children in Massachusetts, which is associated with numerous health risks.

- I ***do not*** wish to have my child participate in tooth brushing while in care at Youth EmpowerHouse.
- I ***do wish*** to have my child participate in tooth brushing while in care at Youth EmpowerHouse. I understand that I must provide Youth EmpowerHouse with a tooth brush, storage and a tube of tooth paste very week.

Youth EmpowerHouse Participant Signature

Date

Parent/Guardian Signature

Date

Youth EmpowerHouse Staff Signature

Date

CELL PHONE POLICY

Cell phones/electronic devices and their use have become a huge issue at Youth EmpowerHouse. To respect the important work of the classroom and the teaching and learning environment, this document is to clarify the cell phone/electronic devices policy for the program. The policy is:

- Cell phones/electronic devices must be turned **OFF** before you enter the building.
- Cell phones and devices must not be visible under any circumstances - even though they are **OFF**.
- If a cell phones/ electronic device rings, vibrates, is used for any reason or is visible anytime during class time or you are caught using it during class time or while walking around the building, you will be asked to surrender it.
- Refusal to surrender your phone when asked is defiance. Defiance can result in suspension and your parent will be contacted.

- First Offense** ~ the device will be stored in the Child Care Coordinator’s office. Phone may only be picked up by a parent/guardian.
- Second Offense** ~ the device will remain with the Child Care Coordinator’s office, plus in-house suspension. Phone may only be picked up by a parent.
- Third Offense** ~ the device will be stored in the Child Care Coordinator. Phone may only be picked up by a parent/guardian and the cell phone will no longer be allowed on the premises under any circumstances. Should the cell phone be discovered after the third offense, the child will be terminated from the program.

The staff of Youth EmpowerHouse asks for your FULL co-operation with our policy. Children will not respect this policy if they believe their parents will bail them out of the consequence.

You can contact your child anytime by calling our main number at 978-372-0771 x 0.

I have read the Youth EmpowerHouse cell phone policy and fully intend to comply with the policy as it is written.

Youth EmpowerHouse Participant Signature

Date

Parent/Guardian Signature

Date

PARENTS/GUARDIANS ANTI-BULLYING PLEDGE

We the Parent(s)/Guardian(s) of _____ agree to join together to stamp out bullying at our Youth EmpowerHouse center.

We believe that everyone should enjoy our program equally, and feel safe, secure, and accepted regardless of color, race, ethnic identity, nationality, gender, gender identity, specials needs, popularity, economic status, athletic ability, intelligence, and/or religion.

Bullying occurs in many different forms, with varying levels of severity including but not limited to:

- 1. Physical Bullying- poking, pushing, hitting, kicking, beating up**
- 2. Verbal Bullying- yelling, teasing, name-calling, insulting, threatening to harm**
- 3. Indirect Bullying- ignoring, excluding, spreading rumors, telling lies, getting others to hurt someone**

Bullying causes pain and stress to victim(s) and is never justifiable or excusable as “kids being kids”, “just teasing”, or any other rationalization. The victim(s) is never responsible for being a target of bullying.

By signing this pledge, we the Parent(s)/Guardian(s) agree to:

- Keep my child and ourselves informed and aware of Youth EmpowerHouse’s bullying policy for which I have received a copy.
- Work in partnership with Youth EmpowerHouse to encourage positive behavior, valuing differences and promoting sensitivity toward others.
- Discuss regularly with my child their feelings about Youth EmpowerHouse Programs, friendships, and relationships.
- Inform Youth EmpowerHouse Program Staff of changes in my child’s behavior or circumstances at home that may change their behaviors at program.
- Alert Youth EmpowerHouse Program Staff if any bullying has occurred.
- Report all incidents of bullying to Youth EmpowerHouse Program Staff.
- Participate fully and contribute to help stamp out bullying at Youth EmpowerHouse.
- The policy that any child who engages in bullying may be subject to disciplinary action up to and including expulsion.

Youth EmpowerHouse Participant Signature

Date

Parent/Guardian Signature

Date

GOALS

Youth EmpowerHouse inspires children to be enriched, inspired and empowered. We empower children by encouraging the use of good listening and communication skills, positive peer interactions, self-esteem building, and independent creative thinking. Attention is also given to academic special needs and we encourage communication between families, schools and any counseling agencies that might be involved. Because we want this to be a positive growth experience, we encourage our enrollees, and all concerned to select three goals (or as many you see fit) to work on while in our care.

Youth EmpowerHouse Participant Signature

Date

Parent/Guardian Signature

Date

Youth EmpowerHouse Staff Signature

Date

Social Worker Signature (If applicable)

Date

CONDUCT AND DISCIPLINE CONTRACT

Goals:

- Fulfillment of Youth EmpowerHouse’s mission statement – to provide informal education, social and recreation activities designed to enrich, inspire and empower.
- Transforming the concepts of Patience, Obedience, Attentiveness and Self-Control into tangible lessons for daily application.
- Ensuring all enrollees who participate in Youth EmpowerHouse activities will have the opportunity to achieve some of personal success and fulfillment.
- To ensure the safety of all participates and staff at all times.

Expectations:

Every child who enters Youth EmpowerHouse, along with their parent(s)/guardian(s) will be asked to sign this conduct and discipline contract and agree to adhere to the following:

- Respect authority at all times. All enrollees are expected to follow adult directions without argument or question.
- Excellent manners are expected at all times: i.e. “please”, “thank you”, “excuse me” will be heard regularly and will not be the exception.
- Cleanliness and orderliness, to the best of each child’s ability, is expected. All children will be both encouraged and expected to pick-up after themselves.
- All enrollees must politely respond to an adult or peer when addressed. Sarcastic or unkind comments may lead to disciplinary action.
- During class time children should politely and with a calm voice ask for assistance.
- There is absolutely NO hitting, kicking, biting, punching, pushes, slaps, even when “fooling around”. Violation of this will result in immediate suspension.
- Poking fun, making fun, mocking, or laughing at another child or anyone else will not be tolerated and may result in suspension.
- All children are expected to treat ALL others with respect and courtesy: i.e. waiting your turn, helping others.
- Running is allowed in the gym ONLY.
- Gum, candy and ANY OTHER FOOD is prohibited when not part of a Youth EmpowerHouse activity
- All enrollees will follow behavior guidelines posted in every room.
- All enrollees are expected to adhere to the above while on Youth EmpowerHouse field trips or off-site activities.

Discipline Procedures:

The discipline procedures can be found in the Parent Handbook. This contract will supersede the handbook procedures and will serve as an amendment.

- When behavior is not acceptable, child will be asked to discontinue behavior, directed to another more acceptable behavior and reminded of group rules.
- When a child’s behavior becomes harmful to others, this child will be asked to leave the activity under the supervision of a staff member until ready to return. At this time, the child and staff member will discuss the behavior and possible alternatives and solutions will be explored.
- If negative behavior continues after the child has rejoined the group, additional consequences as deemed appropriate by Youth EmpowerHouse staff will be initiated. These consequences will be progressive in nature, beginning with additional time away from the activity, behavioral contracts, loss of a privileged activity, or an assigned task of responsibility.
- Parent(s)/Guardian(s) will be notified immediately, and a conference time scheduled when behavior has caused another child or adult serious injury or hurt (physically and/or emotionally), or if child has been a persistent source of disruption (i.e. having to be removed from regular activities more than two times in any given week, or more than five times over any two-week period.) When the behavior is dangerous to self or others, child will be suspended from the program and a parent(s)/guardian(s) conference scheduled to assess whether the child may or may not return. A 24-hour notice will be offered to accommodate parent needs and schedules. If a 24-hour “grace period” is used, child will be monitored during their activities and may be separated from all other participants.
- When the behavior of a parent(s)/guardian(s) is seen as threatening or dangerous towards staff and/or children, Administrative Staff will call the proper authorities. Termination of child care may result due to parental behavior.

(Note: This policy also applies to behavior on Youth EmpowerHouse vans or contracted buses while in the care of Youth EmpowerHouse staff.)

Youth EmpowerHouse Participant Signature	Date
Parent/Guardian Signature	Date
Youth EmpowerHouse Staff Signature	Date

Rev. 4/18

YOUTH EMPOWERHOUSE

MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

If any member of the household gets SNAP or TAFDC, follow these instructions:

Part 1: List all enrolled children and household members. For any person, including children, with no income, you must check the “No Income Box”.

Part 2: List the case number for any household member receiving SNAP or TAFDC benefits.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your Child Care Sponsor for further instructions. If not, skip this part.

Part 4: Skip this part

Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 6: Answer this question if you choose.

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If all children you are applying for are foster children, or if you are only applying for benefits for the foster child:

Part 1: List all foster children. Check the box indicating that the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

If some of the children in the household are foster children.

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the “No Income Box.” Check the box if the child is a foster child.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your Child Care Sponsor for further instructions. If not, skip this part.

Part 4: Follow these instructions to report total household income for this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

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Box 1: List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you.

Box 2: List the amount each person got for the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. Report income after expenses in Box 1 only if self-employed. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

Part 2: Skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your Child Care Sponsor for further instructions. If not, skip this part.

Part 4: Follow these instructions to report total household income form this month or last month.

Column A – Name: List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your paystub or your boss can tell you.

Box 2: List the amount each person got from the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

YOUTH EMPOWERHOUSE

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. Report income after expenses in Box 1 only if self-employed. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

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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"/>

Part 2. Benefits: If any member of your household received SNAP or TAFDC 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 the Child Care Sponsor 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)	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
<i>(Example)</i> Jane Smith	\$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 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the “I do not have a Social Security Number” box.** (See Privacy Act Statement on the back of this page.)

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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

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

Mark one ethnic identity:

Mark one or more racial identities:

- Hispanic or Latino
 Not Hispanic or Latino

- Asian American Indian or Alaska Native
 White Native Hawaiian or Other Pacific Islander
 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: ____ Eligibility: Free ____ Reduced ____ Denied ____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

YOUTH EMPOWERHOUSE

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.

Effective July 1, 2015 to June 30, 2016	
Household size	Yearly
1	21,775
2	29,471
3	37,167
4	44,863
5	52,559
6	60,255
7	67,951
8	75,647
Each additional person:	+ 7,696

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price 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 apply on behalf of a foster child or 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.

Non-discrimination Statement: The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). Persons with disabilities, who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). USDA is an equal opportunity provider and employer.



SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children qualify for free or reduced-price meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to become sick.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced-price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children in this health insurance program. Filling out the CACFP Meal Benefit Income Eligibility Forms does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send it with your Income Eligibility Form to **Youth EmpowerHouse** by []. (Sending in this form will not change whether your children get free or reduced-price meals.).

No! I DO NOT want information from my CACFP Meal Benefit Income Eligibility Form shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Signature of Parent/Guardian: _____

Today's Date: _____

Print Your Name: _____

Address: _____

For more information, you may call **Youth EmpowerHouse** at **978-372-0771 EXT. 0**