



# LifeSpan

Day Care You Can Trust For Children.

Dear Parent or Guardian,

Thank you for your interest in LifeSpan School and Day Care. As parents you know that nothing is more important than enrolling your child in a child care center that you can trust and that makes your child happy.

LifeSpan has been nurturing infants, toddlers, preschoolers, and kindergartners since 1985. We strive to ensure your child's safety in our clean, spacious and fun atmosphere. Our age appropriate classes will give your child properly focused care that inspires your child to learn and develop socially, physically, intellectually, and emotionally. Along with learning in our licensed centers, children can enjoy playtime indoors and outdoors. These areas are designed specifically to stimulate your child's imagination through exploration and the activities provided.

Our education programs and activities are designed with your child's needs in mind. Our infants and toddlers are captivated by our sensory awareness and hands-on educational approach. LifeSpan's Preschool and Kindergarten get acquainted with computer learning, science, art, language arts, and math through a fun filled, learning based curriculum. We offer a number of enrichment programs including SPARK, Music, Spanish and sign language. Our intergenerational program with our nursing centers incorporates growing relationships with their "grand-friends".

LifeSpan Day Care Centers are licensed by the Pennsylvania Department of Human Services and by the Department of Education for Private Academic Schools for our preschool and kindergarten programs. All LifeSpan centers participate in the Keystone STARS Quality initiative. We have earned our Star ratings by meeting researched based standards for staff education and professional development, the early learning environment, partnerships with families and communities, leadership and management. Most of our teachers are college graduates in early childhood/elementary education, are certified, and teach with trained assistants. Our monthly in-service programs keep our staff up to date on the latest early childhood education techniques.

We look forward to building a valuable relationship with you and your child. We invite you to "get-to-know-us" and visit us anytime. Trust LifeSpan to provide your child with love, learning, and lots of fun.

Yours truly,

Nicole Fetherman  
Executive Director





# LifeSpan

Day Care You Can Trust For Children.

- ♥ Caring and nurturing educators.
- ♥ Healthy catered meals and snacks served daily.
- ♥ Interactive teaching tools and curriculum aligned with early learning standards.
- ♥ High quality care for children ages 6 weeks to 12 years.
- ♥ Daycare offered year round to meet your needs.
- ♥ Beautiful outdoor playground spaces.
- ♥ Enrichment programs for all children.
- ♥ Safe, secure facilities.
- ♥ Spark - Health and Wellness
- ♥ Music
- ♥ Art
- ♥ Spanish (Trampolin)
- ♥ Sign Language



## “Great Beginnings Last a LifeSpan”

3 Locations:

Quakertown	215-536-4417
Allentown	610-435-7833
E. Greenville	215-679-5940

**Hours of Operation: 6am to 6 pm**

[www.lifespanchildcare.org](http://www.lifespanchildcare.org)







# LifeSpan

Day Care You Can Trust For Children.

12/1/2020

Dear Parents:

As per the Office of Child Development and Early Learning regulations, this letter is to serve as your official notification for the location of the current Child Care Regulations under PA Code Chapter 3270 and contact information.

<https://www.dhs.pa.gov/providers/Child-Care/Pages/Child-Care-Regulations.aspx>

*What is the Bureau of Certification?* The Office of Child Development and Early Learning (OCDEL) –Bureau of Certification is responsible for certifying (licensing) child care facilities in Pennsylvania. There are approximately 7,700 child care programs in Pennsylvania. Beginning December 29, 2015, all child care programs (family, group center) must be certified, including pre-service and annual inspections.

- Certification is a form of regulatory administration.
- Regulatory Administration is governmental regulation of that private enterprise which involves public interest. The body of law which encompasses certification/licensing is referred to as administrative law. Administrative law is concerned with the powers and procedure of administrative agencies and embodies constitutional law, common law, statutory law and agency made rules that have the force of law.

Purpose of Certification/Licensing:

- Responsible for developing and promulgating rules
- Decision making - certification issuance, status and terms
- Enforcement – Inspects child care facilities to determine compliance with established regulations and suppresses illegal operations.

## Southeast Region

Office of Children,  
Youth, and Families  
801 Market  
Street, 6th Floor  
Philadelphia, PA  
19107  
(215) 560-2249

**Caitlin Robinson**, Director  
**Counties Served:** Berks, **Bucks**, Chester, Delaware,  
**Montgomery**, Philadelphia

## Northeast Region

Office of Children,  
Youth, and Families  
Scranton State Office  
Building  
100 Lackawanna  
Avenue, 3rd Floor  
Scranton, PA 18503  
(570) 963-4376

**Brian Waugh**, Director

**Counties Served:** Bradford, Carbon, Lackawanna, **Lehigh**,  
Luzerne, Monroe, Northampton, Pike, Schuylkill, Sullivan,  
Susquehanna, Tioga, Wayne, Wyoming

While you may access the regulations at any time for clarifications should you have any questions for center operations, please don't hesitate to ask the Director or myself for assistance with any questions or concerns so that we can address them promptly.

Thank you,

Nicole Fetherman

Executive Director

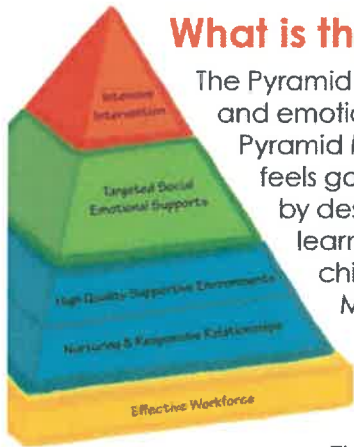




**Research<sup>1</sup> has shown that the skills your child needs to be successful in the future are social and emotional skills!**

The more socially skilled children are, the more likely they are to succeed in school. Because this is so important for your child, we are using the Pyramid Model in our program.

## What is the Pyramid Model?



The Pyramid Model is a framework for supporting the social and emotional development of our children. The goal of the Pyramid Model is to create an environment where every child feels good about coming to school. This is accomplished by designing classrooms that promote engagement in learning and by building positive relationships among children, families, and staff. In our use of the Pyramid Model, our classroom staff will work together to ensure that all children understand behavior expectations, receive instruction in social skills, and those who are struggling receive individual support.

The Pyramid Model illustrates that the foundation for helping children develop social and emotional skills is nurturing and responsive relationships and high quality environments. The middle of the Pyramid, teaching of social and emotional skills, is provided to all children with some children receiving additional teaching and support. The top of the Pyramid shows that a few children will need the foundation, the middle AND individualized intervention to address challenging behavior.

To use the Pyramid Model, our program established a leadership team that will provide ongoing support to our staff and families. Our leadership team looks forward to sharing some of the important work we are doing, including teaching program-wide expectations, partnering with families, training staff in teaching strategies, providing classroom coaching to help teachers implement, and using data for decision-making. Stay tuned for ongoing updates about the Pyramid Model in our program!

## What is gained by using the Pyramid Model?

### FAMILIES

- Receive information on how to help promote children's social and emotional skills
- Team with teachers to help children grow and learn
- Receive support for preventing and addressing behavior problems


### TEACHERS

- Are effective in helping children learn social and emotional skills
- Strengthen classroom management skills
- Have information and resources to support families

### CHILDREN

- Increase their social and emotional skills
- Improve in their readiness for kindergarten

<sup>1</sup> Jones, D. E., Greenberg, M., & Crowley, M. (2015). Early social-emotional functioning and public health: The relationship between kindergarten social competence and future wellness. *American Journal of Public Health*, 105, 2283-2290.




# ¡Tenemos algo importante para compartir con usted!

## ¡Las investigaciones han demostrado que las habilidades que su hijo necesita para tener éxito en el futuro son habilidades sociales y emocionales!

Cuanto más socializados sean los niños, más probabilidades tienen de tener éxito en la escuela. Debido a que esto es tan importante para su hijo, estamos usando el Modelo de la Pirámide (Pyramid Model en inglés) en nuestro programa.

### ¿Qué es el Modelo de la Pirámide?



El Modelo de la Pirámide es un sistema para apoyar el desarrollo social y emocional de nuestros niños. El objetivo del Modelo de la Pirámide es crear un ambiente en el que cada niño se sienta cómodo con la idea de ir a la escuela. Esto se logra a través del diseño de aulas que promuevan la participación en el aprendizaje y la construcción de relaciones positivas entre los niños, las familias y el personal. En nuestro uso del Modelo de la Pirámide, el personal en las aulas trabajará en conjunto para garantizar que todos los niños comprendan las expectativas de conducta, reciban instrucción en habilidades sociales y aquellos con dificultades reciban apoyo individual.

El Modelo de la Pirámide ilustra que el fundamento para ayudar a los niños a desarrollar habilidades sociales y emocionales es la formación de relaciones receptivas y de alta calidad. El medio de la pirámide—la enseñanza de habilidades sociales y emocionales—se proporciona a todos los niños, con algunos niños recibiendo enseñanza y apoyo adicional. La parte superior de la pirámide muestra que algunos niños necesitarán la base, el centro y la intervención individualizada para abordar el comportamiento desafiante.

Para utilizar el Modelo de la Pirámide, nuestro programa ha establecido un equipo de liderazgo que brindará apoyo continuo a nuestro personal y a nuestras familias. Nuestro equipo de liderazgo espera compartir con usted algo del trabajo importante que estamos haciendo, incluyendo enseñar expectativas de todo el programa, colaborar con las familias, capacitar al personal en estrategias de enseñanza, proporcionar entrenamiento en el aula para ayudar a los maestros a implementar y utilizar datos para tomar decisiones. ¡Estén atentos para actualizaciones continuas sobre el Modelo de la Pirámide en nuestro programa!

### ¿Cuál es el beneficio al usar el Modelo de la Pirámide?

#### FAMILIAS

- Reciben información sobre cómo ayudar a promover las habilidades sociales y emocionales de los niños
- Forman un equipo con maestros que ayudan a los niños a crecer y aprender
- Reciben apoyo para prevenir y abordar problemas de comportamiento

#### MAESTROS

- Son efectivos en ayudar a los niños a aprender habilidades sociales y emocionales
- Fortalecen las habilidades de administración del aula
- Tienen información y recursos para apoyar a las familias

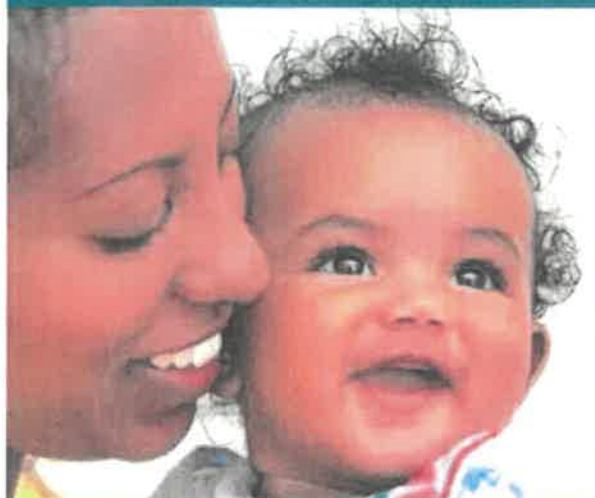
#### NIÑOS

- Aumentan sus habilidades sociales y emocionales
- Mejoran su preparación para kindergarten





United States Department of Agriculture



## The Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program)



**WIC** Since 1974  
The Foundation of  
Healthy Families

**What is WIC?** WIC was established as a permanent program in 1974 to safeguard the health of low-income women, infants, and children up to age 5 who are at nutritional risk. This mission is carried out by providing nutritious foods to supplement diets, nutrition education (including breastfeeding promotion and support), and referrals to health and other social services. Find out more:

<http://www.fns.usda.gov/wic/about-wic-wic-glance>

### Where is WIC available?

The program is available in all 50 States, 34 Indian Tribal Organizations, American Samoa, District of Columbia, Guam, Commonwealth of the Northern Mariana Islands, Puerto Rico, and the Virgin Islands. While funded through grants from the Federal Government, WIC is administered by 90 State agencies, with services provided at a variety of clinic locations including, but not limited to, county health departments, hospitals, schools, and Indian Health Service facilities. To find the WIC offices serving your area go to:

<http://www.fns.usda.gov/wic/contacts>

### What food benefits do WIC participants receive?

The foods provided through the WIC Program are designed to supplement participants' diets with specific nutrients. WIC authorized foods include infant cereal, baby foods, iron-fortified adult cereal, fruits and vegetables, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, yogurt, soy-based beverages, tofu, peanut butter, dried and canned beans/peas, canned fish, whole wheat bread and other whole-grain options. For infants of women who do not fully breastfeed, WIC provides iron-fortified infant formula. Spe-

cial infant formulas and medical foods may also be provided if medically indicated. Learn more about food benefits here: <http://www.fns.usda.gov/wic/wic-food-packages>

### Program benefits include more than food.

WIC benefits are not limited only to food. Participants have access to a number of resources, including health screening, nutrition and breastfeeding counseling, immunization screening and referral, substance abuse referral, and more. Find out more:

<http://www.fns.usda.gov/wic/wic-benefits-and-services>

### Am I eligible?

Pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who meet certain requirements are eligible. These requirements include income eligibility and State residency. Additionally, the applicant must be individually determined to be at "nutrition risk" by a health professional or a trained health official. To find out if you might be income eligible for WIC benefits go to:

<http://wic.fns.usda.gov/wps/pages/start.jsf>



### How WIC Helps

WIC supplemental foods have shown to provide wide ranging benefits. They include longer, safer pregnancies, with fewer premature births and infant deaths; improved dietary outcomes for infants and children; improved maternal health; and improved performance at school, among others. In addition to health benefits, WIC participants showed significant savings in healthcare costs when compared to non-participants. Learn more about how WIC helps:

<http://www.fns.usda.gov/wic/about-wic-how-wic-helps>

### What is “nutrition risk” and why is it important?

Two major types of nutrition risk are recognized for WIC eligibility: medically-based risks such as anemia, underweight, history of pregnancy complications, or poor pregnancy outcomes; and dietary risks, such as inappropriate nutrition/feeding practices or failure to meet the current Dietary Guidelines for Americans. Women, infants, and children at nutrition risk have much greater risk of experiencing health problems. Learn more about nutrition risk:

<http://www.fns.usda.gov/wic/wic-eligibility-requirements>

### I'm eligible, what do I do next?

Those who are interested in applying for benefits should contact their State agency to request information on where to schedule an appointment. Applicants will be advised on what to bring to the appointment in order to verify eligibility. Contact your State agency here:

<http://www.fns.usda.gov/wic/contacts/>

### EBT makes it easier to use food benefits.

In most WIC State agencies, participants receive paper checks or vouchers to purchase food, while a few distribute food through centralized warehouses or deliver the foods to participants' homes. However, all WIC State agencies have been mandated to implement WIC electronic benefit transfer (EBT) statewide by October 1, 2020. EBT uses a magnetic stripe or smart card, similar to a credit card, that participants use in the check-out lane to redeem their food benefits. EBT provides a safer, easier, and more efficient grocery experience and provides greater flexibility in the way WIC participants can shop. Find out more and check if your State supports EBT:

<http://www.fns.usda.gov/wic/wic-electronic-benefits-transfer-ebt>

### Focus on breastfeeding.

Even though breast milk is the most nutritious and complete source of food for infants, nationally less than 30% of infants are breastfed at 1 year of age. A major goal of the WIC Program is to improve the nutritional status of infants; therefore, WIC mothers are encouraged to breastfeed their infants, unless medically contraindicated. Pregnant women and new WIC mothers are provided breastfeeding educational materials and support through counseling and guidance. Explore the benefits of breastfeeding and find helpful resources here:

<http://www.fns.usda.gov/wic/breastfeeding-promotion-and-support-wic>

### WIC Facts

- If you participate in another assistance program you may be automatically income-eligible for WIC.
- Breastfeeding mothers are eligible to participate in WIC longer than non-breastfeeding mothers.
- More than half of the infants in the U.S. participate in WIC.
- WIC participants support the local economy through their purchases.
- WIC works with farmers markets to help increase participant access to provide fresh, locally grown fruits and vegetables. Find out more here:

<http://www.fns.usda.gov/fmnp/wic-farmers-market-nutrition-program-fmnp>

### Where can I learn more?

Information on FNS programs is available at [www.fns.usda.gov/fns/](http://www.fns.usda.gov/fns/)

## AGREEMENT

55 PA CODE CHAPTERS 3270.123 & .181(c); 3280.123 & .181(c); 3290.123 & .181(c)

NAME OF CHILD		EFFECTIVE DATE	
FEE AMOUNT \$	PER	PAYMENT TO BE MADE ON MONDAYS	
	DAY <input type="checkbox"/> WEEK <input type="checkbox"/>	WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/>	
SERVICES TO BE PROVIDED AS PART OF THE DAY CARE FEE (EXAMPLES: TRANSPORTATION, CARE, MEALS, ETC.)			
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> DROP IN <input type="checkbox"/>		ROOM ASSIGNMENT	
MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/>			
CARE <input type="checkbox"/> MEALS <input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> DIAPERS & WIPES <input type="checkbox"/> DEVELOPMENTAL ASSESMENTS GIVEN 2 TIMES A YEAR			
DAYCARE SCHOOL AGE AM ENRICHMENT PM ENRICHMENT PKC EXTENDED DAY CAMP			
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSONS DESIGNATED BY PARENTS TO WHOM CHILD MAY BE RELEASED	
LATE FEE \$1.00	PER MIN-HR MINUTE		
EXTRA SERVICES TO BE PROVIDED AT AN ADDITIONAL FEE (IF APPLICABLE)		TUITION RATE	
		APPLE/TITLE XX	
REGISTRATION FEE:		PRE-K COUNTS	
DEPOSIT (LAST WEEK OF CARE)		CONTRACTUAL ALLOWANCE	
PROMOTION (OPTIONAL)		LQ EMPLOYEE DISCOUNT (FACILITY)	
PAYMENT METHOD: TE CHECK CASH CREDIT CARD		<b>TOTAL DUE WEEKLY</b>	

I, the Parent/Guardian;

- ☐ Received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)
- ☐ Agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)
- ☐ Received a copy of the Parent Handbook.

Signature – Operator \_\_\_\_\_

Date \_\_\_\_\_

Signature – Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

DATE OF CHILD'S ADMISSION	<b>PERIODIC REVIEW</b>	
DATE OF WITHDRAWAL	SIGNATURE – PARENT OR GUARDIAN	DATE



# EMERGENCY CONTACT/ PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124(a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

<b>CHILD'S NAME</b>		<b>BIRTHDATE</b>	
<b>ADDRESS</b>			
<b>MOTHER'S NAME/ LEGAL GUARDIAN</b>		<b>HOME NUMBER</b>	
<b>ADDRESS</b>		<b>CELL NUMBER</b>	
<b>BUSINESS NAME</b>		<b>WORK NUMBER</b>	
<b>BUSINESS ADDRESS</b>		<b>EMAIL ADDRESS</b>	
<b>FATHER'S NAME/ LEGAL GUARDIAN</b>		<b>HOME NUMBER</b>	
<b>ADDRESS</b>		<b>CELL NUMBER</b>	
<b>BUSINESS NAME</b>		<b>WORK NUMBER</b>	
<b>BUSINESS ADDRESS</b>		<b>EMAIL ADDRESS</b>	
<b>EMERGENCY CONTACT PERSON(S)</b>		<b>PHONE NUMBER WHEN CHILD IS IN CARE</b>	
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>	
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>NAME OF CHILD'S PHYSICIAN/ MEDICAL CARE PROVIDER</b>		<b>PHONE NUMBER</b>	
<b>PROVIDER ADDRESS</b>			
<b>SPECIAL DISABILITIES (IF ANY)</b>		<b>ALLERGIES (INCLUDING MEDICATION REACTIONS)</b>	
<b>MEDICAL/ DIETARY INFO NECESSARY IN EMERGENCY SITUATION</b>		<b>MEDICATIONS/SPECIAL CONDITIONS</b>	
<b>ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD</b>			
<b>HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS</b>		<b>POLICY NUMBER (REQUIRED)</b>	
<b>PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>			
<b>OBTAINING EMERGENCY MEDICAL CARE</b>		<b>ADMIN. OF MINOR FIRST AID PROCEDURES</b>	
<b>WALKS AND TRIPS</b>		<b>SWIMMING</b>	
<b>TRANSPORTATION BY FACILITY</b>		<b>WADING</b>	

\_\_\_\_\_  
SIGNATURE OF PARENT OF GAURDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OF GAURDIAN

\_\_\_\_\_  
DATE





# CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

## DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):

☐ NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.

☐ NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):

☐ NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.

☐ NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?

☐ YES ☐ NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT [WWW.AAP.ORG](http://WWW.AAP.ORG))

☐ YES ☐ NO

**NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.**

VISION (subjective until age 3)

HEARING (subjective until age 4)

LEAD

## RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:

ADDRESS:

PHONE:

SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT

TITLE:

LICENSE NUMBER:

DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.



### CHILD PICKUP AUTHORIZATION

I, \_\_\_\_\_, authorize LifeSpan School & Daycare to release my child (ren) to the person(s) designated. This is in consonance with the LifeSpan Emergency Plan.

<u>Child(ren) Name(s)</u>	<u>Designated Person(s) Name &amp; Relationship</u>
_____	_____
_____	_____
_____	_____

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Note: Parents/Guardians should designate themselves as a designated person. Friends, neighbors and other relatives may also be designated.***

Do you have a custody order, restraining order, protection from abuse or other court order that affects your child?      ☐ Yes      ☐ No

If yes, LifeSpan must be provided with a copy of the most recent order and all amendments thereto. The orders of the court will be strictly followed. In the absence of a court order on file with LifeSpan, both parents shall be afforded equal access to their child as stipulated by law. LifeSpan cannot, without a court order, limit access of one parent by the other parent, regardless of the reason.





**INDIVIDUALIZED EDUCATION PLANS (IEP) AND  
INDIVIDUALIZED FAMILY SERVICE PLANS (IFSP)  
INFORMATION SHEET**

Because of the diverse set of needs of the children in our program, it is important to gather as much information about the best ways to educate each child. IEP's and IFSP's are created by service providers working with children with special needs and include this information. The Keystone STARS Performance Standards therefore require each early learning provider to request copies of IEP's and IFSP's for the children in their care. Because of the importance of the IEP/IFSP to a child's learning, the program should have a copy before the child begins to attend, if possible.

The information found on an IEP/IFSP is protected by privacy laws including the Health Insurance Portability and Accountability Act (HIPPA). Releases of information may also be required to speak to members of a child's treatment team. Professional development regarding privacy issues, and HIPPA in particular, is highly recommended.

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

- ☐ I am providing a copy of my child's IEP or IFSP.
- ☐ I am not providing a copy of my child's IEP or IFSP.
- ☐ This is not applicable to my child.

Parent/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_





## Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

#### COMPLETE ONE SECTION ONLY

##### SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

##### SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

#### For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	<b>Attach Voided Check Here</b>	\$
	Deposit slips not accepted	Dollars
123456789012	18003388	0226
Routing Number	Account Number	Check Number

A service of







# LifeSpan

Day Care You Can Trust For Children.

Photo Permission Form  
LifeSpan Release

Of consideration of my engagement as a model, and for other good and valuable consideration herein acknowledged as received, I hereby grant to LifeQuest, his/her heirs legal representatives and assigns, those for whom Photographer is acting, and those acting with his authority, and permission the irrevocable and unrestricted right and permission to take, copyright in his own name or otherwise, and use, reuse and republish photographic portraits or pictures of me or in which I may be included in whole or part, or composite or distorted in character or form without restriction as to changes or alterations, in conjunction with my own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium at his studios or elsewhere, and in any or all media now or hereafter known for illustration, promotion, art editorial, advertising, trade, stock sales, or any other purpose whatsoever, without further compensation. I also consent to the use of any published matter in conjunction therewith.

I hereby waive any right that I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in conjunction therewith or the use to which it may be applied.

I hereby release, discharge and release LifeQuest, his/her heirs, legal representatives and assigns, and all persons acting under his permission or authority or those for whom he is acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said photograph or in any subsequent processing thereof, as well as any publication thereof, including without limitations any claims for libel or invasion of privacy.

I hereby warrant that I am of legal age and have the right to contract in my name. I have read the above authorization, release, and agreement, prior to its execution, and am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

☐ ☐ I Agree

☐ ☐ I Disagree

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Witness







# LifeSpan

Day Care You Can Trust For Children.

Dear LifeSpan Parents,

This letter is to assure you of our concern for the safety and welfare of children attending LifeSpan. Our Emergency Plan, which is located at each facility, provides for complete response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- Immediate evacuation: students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc.
- In-place sheltering: sudden occurrences, such as weather or hazardous materials related incidents, may dictate that taking cover inside the building is the best immediate response.
- Evacuation: total evacuation of the facility may become necessary if there is a danger in the area. If requested by local authorities, children will be taken to a relocation facility as follows.

LifeSpan Day Care – Quakertown  
LifeSpan Day Care - Allentown  
LifeSpan Day Care – East Greenville  
Quakertown Elementary  
Tohickon Elementary  
Trumbauersville Elementary  
Richland Elementary  
Pfaff Elementary  
Neidig Elementary

LifeQuest Nursing Center  
Mosser Nursing Center  
LifeSpan Day Care - Quakertown  
LifeSpan Day Care - Quakertown  
LifeSpan Day Care - Quakertown  
LifeSpan Day Care - Quakertown  
LifeSpan Day Care - Quakertown  
LifeSpan Day Care - Quakertown  
LifeSpan Day Care – Quakertown

- Modified Operation - may include cancellation, postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems that make it unsafe for children, but may be necessary in a variety of situations.

Please listen to Channel 69 Storm Center for announcements relaying any of the emergency actions listed above.

We will rely on the telephone as the primary means of notification and communication. Calls can be made to LifeSpan cell phones concerning emergency status using the following numbers:

LifeSpan Day Care – Quakertown	215-499-2672
LifeSpan Day Care - Allentown	215-768-5251
LifeSpan Day Care – E. Greenville	610-216-7170
Quakertown Elementary	267-733-5341
Tohickon Elementary	610-360-1928
Trumbauersville Elementary	215-896-9918
Richland Elementary	215-896-3072
Pfaff Elementary	267-374-3324
Neidig Elementary	215-852-0176

The form designating persons to pick up your child is included with this letter for you to complete and have returned to the day care facility as soon as possible. This form will be used every time your child is released. Please ensure that only those persons you list on the form attempt to pick up your child. Please feel free to contact the facility director with any questions or concerns.

LifeSpan Day Care

Addresses for evacuation sites:

LifeQuest Nursing Center  
2450 John Fries Highway  
Quakertown, PA 18951

Mosser Nursing Center  
1175 Mosser Road  
Trexlerstown, PA 18087

LifeSpan Day Center – Quakertown  
2460 John Fries Highway  
Quakertown, PA 18951



# LifeSpan

Day Care You Can Trust For Children.

**SUBJECT:** Nondiscrimination in Services

**TO:** Parents

**FROM:** Nicole Fetherman, Executive Director *Nicole Fetherman*

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any parent (and /or their guardian) or child who believes they have been discriminated against, may file a complaint of discrimination with:

LifeSpan School & Day Care  
2460 John Fries Hwy.  
Quakertown, PA 18951  
c/o Director of Compliance  
Sharon Breish

Commonwealth of Pennsylvania  
Department of Human Services  
Bureau of Equal Opportunity  
Room 225, Health & Welfare Building  
PO Box 2675  
Harrisburg, PA 17110

PA Human Relations Commission  
Philadelphia Regional Office  
110 N. 8th Street  
Suite 501  
Philadelphia, PA 19107

U. S. Department of Health and Human Services  
Office for Civil Rights  
Suite 372, Public Ledger Bldg.  
150 South Independence Mall West  
Philadelphia, PA 19106-9111

Commonwealth of Pennsylvania  
DHS Bureau of Equal Opportunity  
Southeast Regional Office  
801 Market Street, Suite 5034  
Philadelphia, PA 19107

Parent Signature \_\_\_\_\_







# LifeSpan

Day Care You Can Trust For Children.

Dear Parents,

In order to post medical/allergy information about children, staff must obtain written permission from the parent.

Please sign this form stating that LifeSpan has permission to post your child's name on our medical/allergy posting.

Thank you,  
LifeSpan

\*\*\*\*\*

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

Allergy/ Medical Condition: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# LifeSpan

Day Care You Can Trust For Children.

## Billing Policies & Procedures

### Registration fees:

- Registrations fees are non-refundable. You will be charged \$75 for 1 child; \$100 for 2 children and \$125 for 3 or more children at enrollment time.
- A security deposit is due for all enrollments prior to their start date.
  - The security deposit amount is equal to two week's tuition, based on your child's schedule. If your schedule increases in days, you will need to add to your original deposit. Families approved for CCIS subsidy/Title XX from Child Care Works will be required to pay one's weeks co-pay as their security deposit. You will also be responsible for paying the first week's tuition with your security deposit.
  - Your deposit will be refunded or used for your child's last week of care at Lifespan, unless it is needed in the event your tuition is not paid.
- Upon enrollment, each family will receive a fee agreement. Fee agreements will be updated every 6 months according to DHS regulations. Drop ins will pay a minimum \$50 deposit.

### Payments:

- Payments are due weekly on Mondays prior to care being provided. If payment is not made or a schedule organized with LifeSpan's billing office is not created, suspension will be required until full payment is made.
  - You will be billed your weekly amount on Mondays as per your fee agreement. Any additional days outside of your contract will be billed at the drop in rate. Payment is expected for all days contracted regardless of attendance or absence due to illness, vacation, holiday or weather conditions.
- Payments are securely processed electronically through Tuition Express. We strongly recommend that all families use Tuition Express as their payment method in order to participate in any LifeSpan programs.
- Tuition Express offers two methods of payment:
  1. Weekly or monthly withdrawal from a checking or savings account
  2. Weekly or monthly withdrawal to a debit or credit card.
  3. Online payments are available – you will need a code from the Procare portal.

- Cash, checks and credit cards (Visa, Mastercard and Discover) are accepted as weekly/monthly forms of payment. Checks can be made out to LifeSpan. All forms of payment are accepted at the front desk and credit cards can be phoned in to the corporate office at 215-529-6229. If multiple transactions fail, you will be asked to pay in cash.
- A 2% discount will be applied to monthly pre-paid tuition.

### **Family Referral Incentive:**

- One \$25 referral credit will be applied to your account for referring a family after the child has been with LifeSpan for 90 days.

### **Schedule Options:**

- Full time: A signed agreement between the parent and center when scheduling 4-5 days per week regardless of absenteeism, holiday or vacation.
- Part time: A signed agreement between the parent and center when scheduling 2 or 3 specific days per week regardless of absenteeism, holiday or vacation.
- Drop-in: 24-hour notice of drop in care is needed and only available on a first come first served basis and by approval from the Director or Family Coordinators based on available space. Drop in rates will be charged accordingly. Payment is due at time of service. If your child is scheduled for one day a week you will be charged the drop in rate.

### **Schedule Changes:**

- You must contact the Family Coordinator to request a schedule change and update your fee agreement at that time. Any changes to your child's schedule must remain in effect for a minimum of 1 month, or at the discretion of the Director.

### **Holidays:**

- LifeSpan will be closed on the following six holidays: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas Day. In the event the holiday falls on a weekend, LifeSpan will close either on Friday before or Monday after the holiday. Payment is expected for scheduled days regardless of holiday closings.

### **Late fees:**

- Late fees of \$1.00 per minute will be applied for any children who are in attendance after 6:00 p.m. However excessive late pick ups is not acceptable.
- Effective January 2017, a \$10 late fee will be assessed to an account for past due balances older than 14 days.

- Any payments that are returned due to insufficient funds will be charge a \$25.00 NSF fee. Payment for the missed week's tuition, the NSF fee and the following week's tuition will be automatically withdrawn the following week if using TE.
- If payments are missed, parents will be notified by email, phone messages and a note will be left on the check-in kiosk. If it is not resolved by Wednesday of that week, the child will not be permitted to attend child care until payment is received.

### **Leave of Absence:**

- A leave of absence will be granted for 4 or more consecutive weeks by notifying the Family Coordinator in advance by written letter. Children will remain active for 6 mos. from the leave date. After 6 mos. a registration fee will be charged for re-enrollment.
- Vacation: Lifespan will waive your weekly tuition fee for one week per fiscal year (7/1/-6/30) equivalent to your regular weekly schedule up to 5 days. Two weeks notice must be provided in writing to our billing manager Cheryl Tyahla.

### **Withdrawal:**

- Please provide two weeks written notice of withdrawal to the Family Coordinator or Director.

### **Special Programs:**

- Pre K Counts program (Quakertown site only): Eligible families must be approved via a separate application process. PKC are funded by the state and have a separate schedule and rates for additional care not covered within the full day space your child is scheduled. If you need care beyond the PKC hours, you will be charged at a rate of \$27 per day or \$53 per day for full day. This must be scheduled in advance with the Director.
- Cutie's Care -Diapers and Wipes program is offered at a cost for \$2 per day. This is included in your regular tuition for all families. Exceptions are made for families with CCIS subsidy. They can choose to provide their own diapers and wipes or utilize our program. If you run out of diapers, we will supplement and a \$2 charge/day will be billed to your account.

### **Financial Assistance:**

- LifeSpan accepts subsidized child care through the Child Care Works and the Dept. of Human Services as well as through Child Care Aware( military discounts).
- CCIS/ Title XX/ Child Care Works subsidy programs- All parents must keep your accounts in good standing and remain current. According to your CCIS contract, we must report delinquent account issues (1 week delinquent) to the county CCIS office and you

will risk jeopardizing your funding. We are an approved provider for Military families through the Child Care Aware program. All parents are responsible for full tuition payment until you are approved for CCW.

Billing Inquiries should be made to our billing managers and they will be happy to assist you with questions regarding your account. For your convenience, payments are collected at each site as well as credit/debit card payments can be made directly with the Billing Managers.

Cheryl Tyahla 215-529-6229 [ctyahla@lq.org](mailto:ctyahla@lq.org)

Please keep this memo handy for your reference.

Thank you.



# LifeSpan

Day Care You Can Trust For Children.

I have received, read and understand the billing policies and procedures as outlined in the attached document for my family's participation in LifeSpan programs.

Family Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please provide an updated email address for program communications, newsletters and notifications and special announcements.

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Please return to the front office with your completed enrollment packet.





## Kremmer's Meals on the Fly

### Prepared Meal Service

#### About us

With today's constant "on the go" lifestyle buying and cooking meals often falls to the wayside leaving many families and professionals eating fast food or take out. Kremmer's offers a solution with our prepared meal service, "Meals on the Fly."

#### Order and Delivery

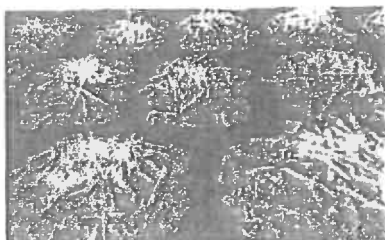
Simply place your order by Midnight utilizing our online ordering system, and you will receive your order the next day by 3pm at your registered delivery site, Monday - Friday.

- All items are delivered in microwave/oven friendly packaging with heat up and handling instructions right on the label.
- All entrees come with a side dish and the vegetable of the week
- 5 staple entrees that are Go-To family friendly meals.
- 3 Bi-Weekly Specials to help spice things up
- 3 Kids Meals (Chicken Fingers (3), French Bread Pizza, Spaghetti with Meatballs
- Fresh fruit, salads, and side pasta dishes to help complete any meal.



#### **Staple Entrees \$4.99** (Includes featured side and vegetable of the week)

- Chicken Parmesan with Pasta
- Meatloaf with Gravy and Mashed Potatoes
- Chicken Fajita's with Spanish Rice
- Roasted Lemon Dill Salmon with Rice Pilaf
- Eggplant Rollatini with Pasta



#### **Side Dishes \$2.99 (Serves 2)**

- Baked Ziti
- Mac and Cheese
- Garden Salad
- Caesar Salad
- Butter Noodles
- Fresh Fruit Salad

**Account set up is FREE and there are no monthly membership fees or charges!**  
**Contact us today to learn how your business, school, or church can become a registered delivery site.**

#### Contact us

Phone: [610-797-4901] | Email: [akrem@kremmerscatering.com] | Web: [www.kremmerscafeandcatering.com]







# LifeSpan

Day Care You Can Trust For Children.

Dear Parent/Guardian:

The first 5 years of life are very important for your child because this time sets the stage for success in school and later in life. During infancy and early childhood, your child will gain many experiences and learn many new skills. It is important to ensure that each child's development proceeds well during this period. We will be using Ages and Stages Questionnaires to monitor your child once they start a new classroom.

- ☐ I have read the attached information provided about the Ages & Stages Questionnaires and I wish to have my child participate in the screening/monitoring program.
- ☐ I do not wish to participate in the screening/monitoring program. I have read the provided information about Ages & Stages Questionnaires and understand the purpose of this program.

☒ \_\_\_\_\_  
Parent's or guardian's signature

\_\_\_\_\_  
Date

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

Child's Birth date: \_\_\_\_\_

If child was born 3 or more weeks prematurely, # of weeks premature: \_\_\_\_\_





**LifeSpan**

Day Care You Can Trust For Children.

## ***Family Handbook Acknowledgment***

I have received, read, and understand the 2022-2023  
Family Handbook.

I understand that if I have any questions, I can  
contact the center at  
215-536-4417

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

Parent Name: \_\_\_\_\_

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

Date: \_\_\_\_\_





# LifeSpan

**Day Care You Can Trust For Children.**

Child and Adult Care Food Program Enrollment Packet

2022-23



## **CACFP Meal Benefit Income Eligibility Form Instructions**

The Child and Adult Care Food Program (CACFP) makes good food a regular part of your child's day care! Please fill out the *CACFP Meal Benefit Income Eligibility* form. It helps us find out if your household qualifies for free or reduced-price meals. This lets us know how much money CACFP will give to support your day care home or center.

### **Instructions**

Here are instructions to help you fill out the form. Before you begin, turn the form over to learn why we ask for this information. It tells you how we use the information and what rights you have. It also tells you how to contact USDA if you believe you are treated unfairly.

Please make sure to fill in all of the requested information. Use a pen to mark your answers on one form. When you are finished, please return the form to us at:

### **[Contact Information].**

#### **Step 1:**

List all the children from your household in the day care. Use one line for each child's name. Write one letter in each box. Stop if you run out of space. If there are more children, add their names on a second piece of paper.

Do you have any foster children? If you answer *Yes*, mark the *Foster Child* box next to the child's name. If you are only applying for foster children, finish Step 1 and go to Step 4. If you are applying for both foster and non-foster children, go to Step 2.

Are any children migrant, runaway, homeless, or enrolled in Head Start? If *Yes*, mark the correct boxes next to the child's name and go to Step 4.

#### **Step 2:**

You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR).

Do any household members, including you, currently receive SNAP, TANF, or FDPIR? If *Yes*, write the case number in the box and go to Step 4. You only need to provide one case number. If *No*, go to Step 3.

#### **Step 3:**

List all Household members not listed in Step 1. Report current income for all household members. Skip this step if you answered *Yes* in Step 2.

How do you report child income? Turn the form over and use the *Source of Income for Children* chart to see if your household has income to report. Write the amount in the boxes in part A of the form. Mark how often the amount is earned. Write *0* in the box if there is no income to report.



CACFP Meal Benefit Income Eligibility Form  
Letter to Parents (Non-Pricing Centers)  
July 1, 2022-June 30, 2023

How do you report income of adult household members? Turn the form over and use the *Source of Income for Adults* chart to see if your household has income to report.

In part B, list all the adults in your household, including you, even if each of you doesn't receive income. Include all adults, such as grandparents, other relatives, and friends who live with you and share household income and expenses. Write the amount of income each of you receives, in the boxes next to your names. Mark how often the amount is received. Write 0 in the box if there is no income to report.

Make sure you report the current amount of money you get before taxes. Don't include SNAP, FDPIR, WIC, student financial aid, or money you receive for a foster child as income.

Count the number of all children and adults in your household. Include all infants, children, students, and adults. Write the total number in the box under the list of adult household members.

Do you or another adult household member have a Social Security number? Write the last four digits in the boxes. If there is no Social Security number, mark the *Check if no SSN* box.

**Points to Remember:**

If:	Then:
Your income isn't always the same	List the amount of money that you normally get. For example, don't include overtime pay, if you don't normally get it. If your income is normally higher or lower, you can report annual income instead.
Your household includes members who aren't citizens	You or your children don't have to be U.S. citizens to qualify for meal benefits.
You are in the military	Don't include your Family Subsistence Supplemental Allowance (FSSA), combat pay, or the money you receive for privatized housing. If deployed, count the amount of pay that is made available to your household as income.

**Step 4:**

An adult household member must sign this form. The signer promises that all information is true and complete. The form is NOT valid without signature and date of adult household member.

Print the name, address, and telephone or email of the adult signer. Sign and write today's date in the marked boxes.

**Optional**

We ask about your children's ethnicity and race to make sure we do our best to serve our community. Providing this information is not required. You won't be denied benefits based on your race, color, national origin, sex, age, or disability.

CACFP Meal Benefit Income Eligibility Form  
Letter to Parents (Non-Pricing Centers)  
July 1, 2022-June 30, 2023

**July 5, 2022**

Dear Parent or Guardian:

**LIFESPAN** offers healthy meals and snacks to children as part of the Child and Adult Care Food Program (CACFP). **LIFESPAN** receives support from CACFP to serve those meals. CACFP gives more support if your household income is less than or equal to the limits on this chart:

Federal Income Standards for Reduced-Price Meals for July 1, 2021 - June 30, 2022		
Household size	Yearly Income	Monthly Income
1	\$23,828	\$1,986
2	\$32,227	\$2,686
3	\$40,626	\$3,386
4	\$49,025	\$4,086
5	\$57,424	\$4,786

Please fill out a *CACFP Meal Benefit Income Eligibility* form. It will help us find out how much support LIFESPAN receives. Please be sure to read the instructions carefully. Fill in all the information we request. We can only accept complete forms. Please send the completed form to:

LifeSpan School & Day Care Inc.

**2460 John Fries Hwy, Quakertown Pa 18951**

**399 Washington St. East Greenville, PA 18041**

**1651 N. Cedar Crest Blvd. Allentown, PA 18104**

Thank you for taking the time to fill out the form. We hope your child enjoys CACFP meals!

In the operation of child nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability. If you have questions or need help, please contact **Nicole Fetherman** at 215-536-9036 or [nfetherman@lq.org](mailto:nfetherman@lq.org).

Sincerely,

*Nicole Fetherman*

Nicole Fetherman, M.Ed.  
**Executive Director**

*This institution is an equal opportunity provider.*

**CACFP Meal Benefit Income Eligibility Form  
Letter to Parents (Non-Pricing Centers)  
July 1, 2022-June 30, 2023**

**For Official CACFP Sponsor Use Only:**

Complete determination section. If using income, complete total income, How often, Household size and eligibility. If determined based on SNAP/TANF, Foster, Migrant, Runaway or Homeless, check the Categorical Eligibility box.

Center representative signing the form must sign in Determining Official's Signature box and date. IF a second person reviews, the Confirming Official's Signature and date must be completed.

The Form is NOT VALID without Determining Official's Signature and date.

The attached Letter to Parent's must be given when distributing the Meal Benefit Income Eligibility Form.

# INCOME ELIGIBILITY GUIDELINES

Effective July 1, 2022 – June 30, 2023

## For Free Meals or Free Milk

Family Size	Annual	Once a Month	Twice a Month (24) pay periods/yr	Every Two Weeks (26) pay periods/yr	Every Week
One	\$17,667	\$1,473	\$ 737	\$ 680	\$ 340
Two	\$23,803	\$1,984	\$ 992	\$ 916	\$ 458
Three	\$29,939	\$2,495	\$1,248	\$1,152	\$ 576
Four	\$36,075	\$3,007	\$1,504	\$1,388	\$ 694
Five	\$42,211	\$3,518	\$1,759	\$1,624	\$ 812
Six	\$48,347	\$4,029	\$2,015	\$1,860	\$ 930
Seven	\$54,483	\$4,541	\$2,271	\$2,096	\$1,048
Eight	\$60,619	\$5,052	\$2,526	\$2,332	\$1,166
For Each Additional Family Member Add:	+\$6,136	+\$512	+\$256	+\$236	+\$118

## For Reduced Price Meals

Family Size	Annual	Once a Month	Twice a Month (24) pay periods/yr	Every Two Weeks (26) pay periods/yr	Every Week
One	\$25,142	\$2,096	\$1,048	\$ 967	\$ 484
Two	\$33,874	\$2,823	\$1,412	\$1,303	\$ 652
Three	\$42,606	\$3,551	\$1,776	\$1,639	\$ 820
Four	\$51,338	\$4,279	\$2,140	\$1,975	\$ 988
Five	\$60,070	\$5,006	\$2,503	\$2,311	\$1,156
Six	\$68,802	\$5,734	\$2,867	\$2,647	\$1,324
Seven	\$77,534	\$6,462	\$3,231	\$2,983	\$1,492
Eight	\$86,266	\$7,189	\$3,595	\$3,318	\$1,659
For Each Additional Family Member Add:	+\$8,732	+\$728	+\$364	+\$336	+\$168

Conversion is required if there are multiple income sources with more than one frequency. The Local Educational Agency must annualize all income by multiplying:

- weekly income by 52
- bi-weekly income (received every two weeks) by 26
- semi-monthly income (received twice a month) by 24
- monthly income by 12

(Annual Guidelines are on the opposite side)

**INCOME ELIGIBILITY GUIDELINES**  
Effective July 1, 2022 – June 30, 2023  
Annual Income

<u>Family Size</u>	<u>Free Meals or Milk</u> (130% of Poverty Guidelines)	<u>Reduced Price Meals</u> (185% of Poverty Guidelines)	<u>Not Eligible for Free or Reduced Price Meals or Milk</u>
One	\$0 to \$17,667	\$17,668 to \$25,142	\$25,143 and up
Two	\$0 to \$23,803	\$23,804 to \$33,874	\$33,875 and up
Three	\$0 to \$29,939	\$29,940 to \$42,606	\$42,607 and up
Four	\$0 to \$36,075	\$36,076 to \$51,338	\$51,339 and up
Five	\$0 to \$42,211	\$42,212 to \$60,070	\$60,071 and up
Six	\$0 to \$48,347	\$48,348 to \$68,802	\$68,803 and up
Seven	\$0 to \$54,483	\$54,484 to \$77,534	\$77,535 and up
Eight	\$0 to \$60,619	\$60,620 to \$86,266	\$86,267 and up
For Each Additional Family Member Add:	+\$6,136	+\$8,732	+\$8,733

(Annual, Monthly and Weekly Guidelines are on opposite side)

# **Child and Adult Care Food Program Child Enrollment Form**

**Sponsor/Center Name:** \_\_\_\_\_  
**Agreement #:** \_\_\_\_\_

## **ENROLLMENT FORM FOR CHILDREN IN CHILD CARE**

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

**PARENTS:** This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

**Please complete all areas to include signing and dating same.**

FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK								MEALS RECEIVED
		TIME-IN			TIME OUT			TIME CHILD ATTENDS SCHOOL		
		AM	PM	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER	
FIRST CHILD	<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: _____ <b>Enrollment Date:</b> _____ <b>Withdrawal Date:</b> _____								<input type="checkbox"/> EARLY MORNING SNACK <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME										
BIRTH DATE										
AGE										
SECOND CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: _____ <b>Enrollment Date:</b> _____ <b>Withdrawal Date:</b> _____								<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> EARLY MORNING SNACK <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME										
BIRTH DATE										
AGE										
THIRD CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: _____ <b>Enrollment Date:</b> _____ <b>Withdrawal Date:</b> _____								<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> EARLY MORNING SNACK <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME										
BIRTH DATE										
AGE										
FOURTH CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: _____ <b>Enrollment Date:</b> _____ <b>Withdrawal Date:</b> _____								<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> EARLY MORNING SNACK <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME										
BIRTH DATE										
AGE										
FIFTH CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: _____ <b>Enrollment Date:</b> _____ <b>Withdrawal Date:</b> _____								<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> EARLY MORNING SNACK <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME										
BIRTH DATE										
AGE										

**Signature**

\_\_\_\_\_  
*Signature of Parent or Guardian*

**Date**

\_\_\_\_\_  
*Telephone Number of Parent or Guardian*

CHILD CARE REPRESENTATIVE USE ONLY: Effective Date of This Enrollment Form: \_\_\_\_\_

\_\_\_\_\_  
*Name of Representative/Signature*

\_\_\_\_\_  
*Date*

The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

***This portion of the form can be used to capture multi-year annual updates.***

\*\*\*\*\*

\*\*\*\*\*

**Annual Time Period Covered by Signature:** \_\_\_\_\_ to \_\_\_\_\_

**Signature Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature Center Administrator/Home Provider** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*

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**Annual Time Period Covered by Signature:** \_\_\_\_\_ to \_\_\_\_\_

**Signature Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature Center Administrator/Home Provider** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Annual Time Period Covered by Signature:** \_\_\_\_\_ to \_\_\_\_\_

**Signature Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature Center Administrator/Home Provider** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*

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**Annual Time Period Covered by Signature:** \_\_\_\_\_ to \_\_\_\_\_

**Signature Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature Center Administrator/Home Provider** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*

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***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, audiotope, 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](mailto:program.intake@usda.gov)

***This institution is an equal opportunity provider.***

**Complete one application per household. Please use a pen (not a pencil).**

## Revision 08/16/2021



### Source of Income for Children

#### Sources of Child Income

##### Earnings from work

- Social Security - Disability Payments - Survivors Benefits

Income from person outside of household

Income from any other source

#### Examples

- A child has a regular full or part-time job where they earn a salary or wages
- A child is blind or disabled and receives Social Security benefits
- A parent is disabled, retired, or deceased, and their child receives Social Security benefits
- A friend or extended family member regularly gives a child spending money
- A child receives regular income from a private pension fund, annuity, or trust

### OPTIONAL Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

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, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of 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 or other FDPIR identifier for your child 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 the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, authors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

MAIL:

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

FAX:

(202) 690-7442; or  
program.intake@usda.gov.

EMAIL:

This institution is an equal opportunity provider.

\*Only use this address if you are filing a complaint of discrimination.

### For Official CACFP Sponsor Use Only NOT VALID WITHOUT DETERMINING OFFICIAL'S SIGNATURE AND DATE

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income

How often?

Weekly ☐ Bi-Weekly ☐ Monthly ☐ 2x Month ☐

Household Size

Categorical Eligibility ☐

Eligibility

Free ☐ Reduced ☐ Denied ☐

Determining Official's Signature

Date

Confirming Official's Signature (second check)

Date

Follow-up Official's Signature (For Pricing Institutions - Verification Official)

Date

Effective Date: If the Institution is using the parent/guardian signature date as the effective date, the form must have been signed by the Institution representative within the same month the parent signed the form or the immediately following month.



## CACFP Infant Enrollment Form

Center/Provider Name: \_\_\_\_\_

**Dear Parent/Guardian,**

This childcare center/provider participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants according to program requirements. Participation in this program requires childcare centers/providers to follow specific meal patterns according to the age of the infant.

Childcare centers/providers participating in the CACFP **are required** to offer at least one iron fortified infant formula for infants who are enrolled in care. You may decline the infant formula offered, and supply breast milk and/or your own CACFP approved iron-fortified formula.

(NOTE: A CACFP approved iron-fortified formula must have 1 mg of iron or more per 100 calories of formula when prepared using the label directions and must be regulated by the FDA.)

Additionally, when you determine, in consultation with your physician, that your infant is developmentally ready, the childcare center/provider will also be **required** to offer iron fortified infant cereal and other infant foods.

Infant's Name \_\_\_\_\_ Infant's Date of Birth \_\_\_\_\_

Iron Fortified Formula offered by the Center/Provider Similac Sensitive \_\_\_\_\_

### Breast milk and/or Formula preference

Record date to indicate your preference (choose all that apply) <small>*I understand that I may change my decision at any time with advance notice</small>	Birth -5 months Date & Initial	6 – 11 months Date & Initial
I will provide expressed breast milk for my infant.		
I will breast feed my infant on site at the center/provider.		
I want the childcare center/provider to provide the infant formula it offers for my infant.		
I will provide the infant formula for my infant. (must be iron fortified)  Name of infant formula I will provide: _____		
My infant has a special dietary need that requires a formula that does not meet the criteria for an approved iron fortified formula. I have provided the center/provider with a Medical Plan of Care signed by a licensed medical authority that includes the impairment that restricts the infant's diet, how it effects the infant, and the recommended substitution.  Name of infant formula I will provide: _____		



## Preference regarding infant cereal and other foods

<b>Record date to indicate your preference</b> *I understand that I may change my decision at any time with advance notice	<b>6 – 11 months Date &amp; Initial</b>
I want the childcare center/provider to provide the iron fortified infant cereal and other foods for my infant.	
I want the childcare center/provider to provide all food items with one exception. (This option is only applicable if center/provider is providing the iron fortified infant formula)  <b>One food item that I will provide (must be a creditable CACFP food item):</b> _____	
My infant has a special dietary need that requires modifications to the infant meal pattern requirements. I have provided the center/provider with a Medical Plan of Care signed by a licensed medical authority that includes the impairment that restricts the infant's diet, how it effects the infant, the foods to avoid and the recommended substitutions	
I am aware and understand the all information provided on this form and my ability to have my infant participate in the CACFP; however, I <b>decline</b> the infant formula and food offered by the center/provider and elect to furnish ALL infant formula and food for my infant. <b>(Center/Provider may not claim meals for this infant)</b>	

Parent/Guardian

Date

Center/Provider signature

Date

**This supplemental infant form must be completed for all infants in care and must be maintained by center/provider and if applicable, a copy must be maintained by the Sponsoring organization**

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Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
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2. **fax:** (833) 256-1665 or (202) 690-7442; or



3. *email: [program.intake@usda.gov](mailto:program.intake@usda.gov)*

*This institution is an equal opportunity provider.*

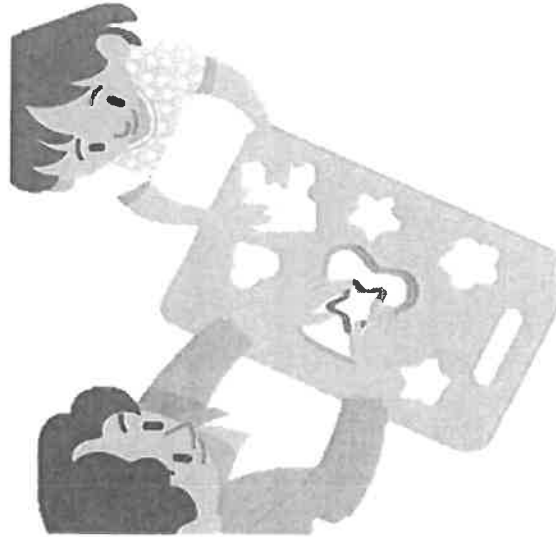


### How does CACFP work?

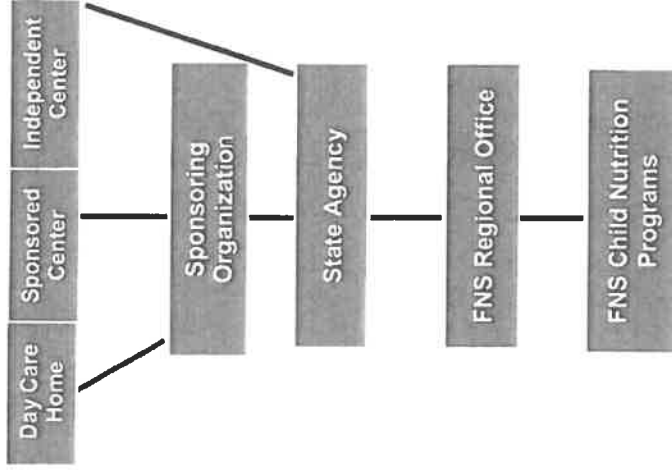
Day care homes and centers receive money for serving nutritious meals. The Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture (USDA) oversees CACFP.

States approve sponsors and centers to operate the program. States also monitor and provide training and guidance to make sure CACFP runs right.

Sponsoring organizations support day care homes and centers with training and monitoring. All day care homes participate in CACFP through a sponsor.



### CACFP Partners



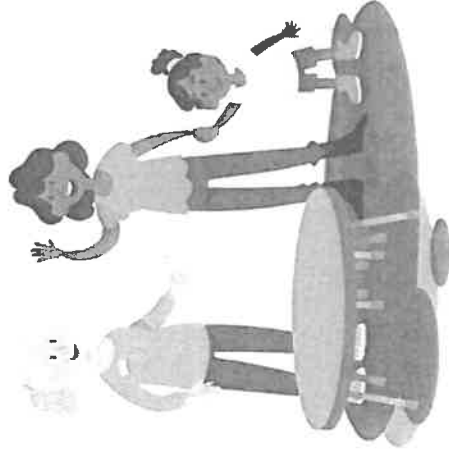
### Contacts

*Here is space for the State agency and sponsoring organization to add contact information.*



FNS-319  
October 2019  
USDA is an equal  
opportunity provider,  
employer and lender.

## Building for The Future



## In the Child and Adult Care Food Program (CACFP)

# Building for the Future in the CACFP

## What is CACFP?

CACFP is the Child and Adult Care Food Program. It is a Federal program that pays for healthy meals and snacks for children and adults in day care.

CACFP improves the quality of day care. It makes the cost of day care cheaper for many low-income families.

Besides providing meals in day care, CACFP makes afterschool programs more appealing to at-risk children and youth. Serving afterschool meals and snacks attracts students to learning activities that are safe and fun.

Children and youth who are homeless can also receive meals at shelters that participate in CACFP.

*Here is space for the State agency and sponsoring organization to add contact information.*

## Who is eligible for CACFP meals?

- Children under age 13,
- Migrant children under age 16,
- Children and youth under age 19 in afterschool programs in low-income areas,
- Children and youth under age 19 who live in homeless shelters, and
- Adults who are impaired or over age 60 and enrolled in adult day care

## What kinds of meals are served?

CACFP meals follow USDA nutrition standards.

- Breakfast consists of milk, fruits or vegetables, and grains.
- Lunch and Supper require milk, grains, meat or other proteins, fruits, and vegetables.
- Snacks include two different servings from the five components: milk, fruits, vegetables, grains, or meat or other proteins.

## Where are CACFP meals served?

Many types of facilities participate in CACFP.

### Child Care Centers:

Licensed child care centers and Head Start programs provide day care with meals and snacks to large numbers of children.

### Outside-School-Hours Care Centers:

Licensed centers offer before or afterschool care with meals and snacks to large numbers of school-aged children.

### Family Day Care Homes:

Licensed providers offer family child care with free meals and snacks to small groups of children in private homes.

### "At-Risk" Afterschool Care Programs:

Centers in low-income areas provide learning activities with free meals and snacks to school-age children and youth.

### Emergency Shelters:

Homeless, domestic violence, and runaway youth shelters provide places to live with free meals for children and youth.

### Adult Day Care Centers:

Licensed centers provide day care with meals and snacks to enrolled adults.

## Did you know?

- Even if you receive SNAP, MA or TANF, you may also apply for WIC.
- In most instances, WIC has higher income guidelines than SNAP, MA or TANF. Even if you don't qualify for these programs, you may qualify for WIC.
- Most families in Head Start and Early Head Start qualify for WIC.
- Foster children under age 5 qualify for WIC. Foster parent income is not considered.
- WIC does not require proof of citizenship.

## WIC Income Guidelines

Household Size	*Monthly (Approx.)
1	\$1,986
2	\$2,686
3	\$3,386
4	\$4,086

For each additional family member, add:

**\$700**

\*Income (before taxes) is effective July 1, 2021. For each unborn infant, add one to household size.



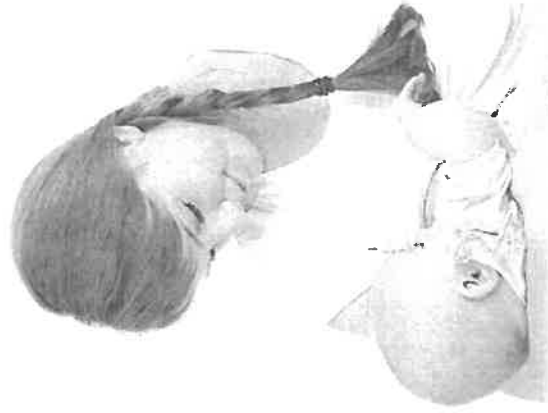
## How do I apply?

Get started online at [pawic.com](http://pawic.com) or call

**1-800-WIC-WINS  
(1-800-942-9467).**



[www.health.pa.gov](http://www.health.pa.gov)  
[www.pawic.com](http://www.pawic.com)



**Choose Healthy.  
Choose WIC!**



**1-800-WIC-WINS**

PA WIC is funded by the USDA.  
This institution is an equal  
opportunity provider.

H511.967P

Rev. 7/21



## What IS WIC?

WIC is the Special Supplemental Nutrition Program to help improve the health of women, infants and children. WIC services are provided at no cost to you and your family.

**"WIC has helped me make healthier choices for my child, and I can save on my grocery bill."** -- WIC Mom

## Who IS ELIGIBLE?

- Women who are pregnant, breastfeeding or recently had a baby (under 6 months)
- Infants
- Children under age 5

You must live in Pennsylvania, have a nutrition need and not exceed the income guidelines.

WIC is for married and single parents, working families and the unemployed. If you are a father, mother, foster parent or other legal guardian of a child under age 5, you can apply for WIC for your child.



## HOW CAN WIC HELP MY FAMILY?

### Offers screenings and referrals to health care and other services

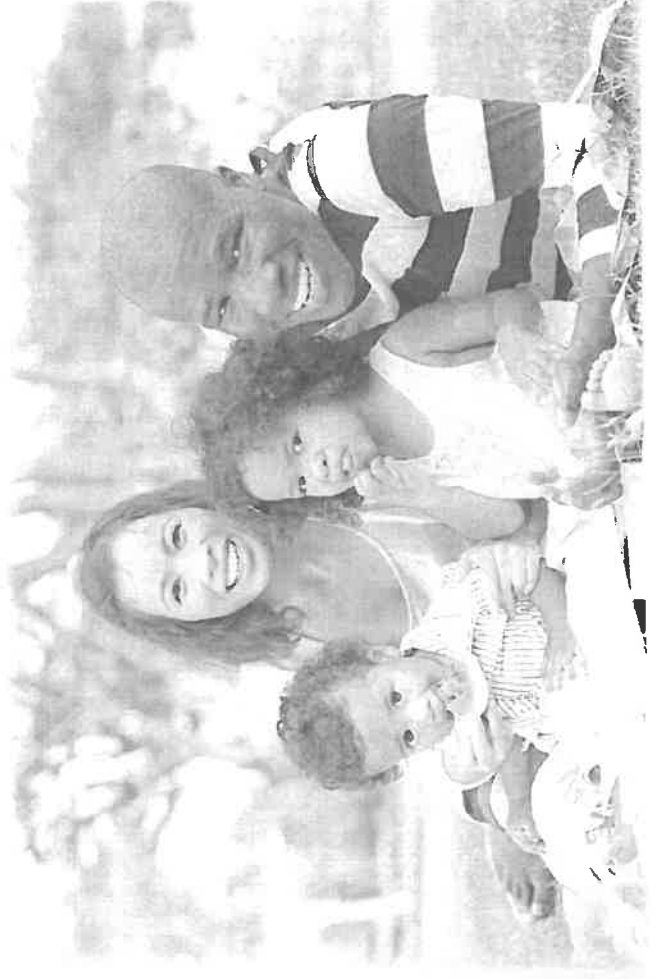
- Iron testing for anemia
- Immunization, health and lead screenings
- Referrals for SNAP, MA, TANF, CHIP, Healthy Beginnings Plus, Head Start, food banks, etc.

### Gives advice for healthy eating

- One-on-one nutrition education
- Nutrition materials
- Online information

### Supports breastfeeding

Breastfeeding provides many health, nutritional, economical and emotional benefits to mother and baby. WIC helps mothers continue breastfeeding even if they return to work.









### Provides healthy food

- ✓ Milk
- ✓ Cheese
- ✓ Yogurt
- ✓ Soy-based beverages
- ✓ Tofu
- ✓ Fruits and vegetables (fresh, frozen or canned)
- ✓ Dried or canned beans/peas
- ✓ Eggs
- ✓ Peanut butter
- ✓ Canned fish
- ✓ Juice
- ✓ Cereal
- ✓ Whole grains (bread, tortillas, oats, brown rice and pasta)
- ✓ Infant foods
- ✓ Formula and medically necessary supplements



## Fluid Milk Substitutes that Meet USDA Standards in the Child Nutrition Programs

Brand	Unflavored*				Flavored*	
	8 <sup>th</sup> Continent Soymilk Original	Silk Original Soymilk	Pacific All Natural Ultra Soy Original	Great Value Soymilk Original	8 <sup>th</sup> Continent Soymilk Vanilla	Pacific All Natural Ultra Soy Vanilla
						
Packaging	Refrigerated	Refrigerated	Shelf stable	Refrigerated	Refrigerated	Shelf stable

\*Nondairy beverages served to preschool children 1 through 5 years old in the School Nutrition Program and the Child and Adult Care Food Program must be unflavored (i.e., "original" soymilk) in accordance with the meal patterns.

Nutrient	USDA standard per cup (8 fl oz)
Protein	8 g
Calcium	276 mg
Vitamin A	500 IU
Vitamin D	100 IU
Magnesium	24 mg
Phosphorus	222 mg
Potassium	349 mg
Riboflavin	0.44 mg
Vitamin B12	1.1 mcg

This document is for informational purposes only and does not imply endorsement by the Pennsylvania Department of Education or the USDA. This list does not represent all allowable products available. Products shown above are on the approved Pennsylvania WIC food list (Oct. 1, 2021 – Sept. 30, 2022) and may be used in the Child Nutrition Programs (CNPs). Contact the manufacturer at the time of purchase to verify that product formulations have not changed. CNP sponsors are responsible for validating and maintaining documentation demonstrating that products meet USDA standards.

Rev. May 2022





## **Children and Adults with Disabilities and Special Dietary Needs**

Operators of the Child and Adult Care Food Program (CACFP) and Summer Food Service Program (SFSP) are required to make reasonable modifications to Program meals or the meal service to accommodate children or adults (Program participants) with disabilities that restrict the diet.

### **1. Licensed Medical Authority's Statement for Participants with Disabilities**

U.S. Department of Agriculture (USDA) regulations at [7 CFR Part 15b](#) require substitutions or modifications in Program meals for participants whose disabilities restrict their diets. Sponsors, centers, and day care homes must provide modifications for participants on a case-by-case basis when requests are supported by a written statement from a state licensed medical authority.

The third page of this document ("Medical Plan of Care for Child Nutrition Programs") may be used to obtain the required information from the licensed medical authority. For this purpose, a *state licensed medical authority* in Pennsylvania includes a:

- Physician,
- Physician assistant,
- Certified registered nurse practitioner, or
- Dentist.

The written medical statement must include:

- An explanation of how the participant's physical or mental impairment restricts the diet;
- An explanation of what must be done to accommodate the participant; and
- The food or foods to be omitted and recommended alternatives, if appropriate.

### **2. Other Special Dietary Needs**

Program operators may make food substitutions for individual participants who do not have a medical statement on file. Such determinations are made on a case-by-case basis and all accommodations must be made according to USDA's meal pattern requirements. Program operators are encouraged, but not required, to have documentation on file when making menu modifications within the meal pattern.

Special dietary needs and requests such as those related to general health concerns and personal preferences are not disabilities and are optional for Program operators to accommodate. Meal modifications for non-disability reasons are reimbursable provided that these meals adhere to Program regulations.

### **3. Rehabilitation Act of 1973 and the Americans with Disabilities Act**

Under Section 504 of the *Rehabilitation Act of 1973*, the *Americans with Disabilities Act (ADA) of 1990* and the *ADA Amendments Act of 2008*, a person with a disability means any person who has a physical or mental impairment that substantially limits one or more major life activities or major bodily functions, has a record of such an impairment, or is regarded as having such an impairment. A physical or mental impairment does not need to be life threatening in order to constitute a disability. If it limits a major life activity, it is considered a disability.

*Major life activities* include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to: functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

## Children and Adults with Disabilities and Special Dietary Needs

### 4. Individuals with Disabilities Education Act

Preschool children, infants, and toddlers with disabilities have additional rights under the *Individuals with Disabilities Education Act* (IDEA). Questions regarding the IDEA's requirements should be directed to the U.S. Department of Education, which is the federal agency responsible for the administration and enforcement of the IDEA.

#### Child Nutrition Program (CACFP/SFSP) Contact

For more information about requesting accommodations to Program meals and the meal service for participants with disabilities, contact:

*Click here to enter local contact name and information.*

LifeSpan 215-536-4417

### USDA Nondiscrimination Statement

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.

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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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

## Medical Plan of Care for Child Nutrition Programs (CACFP and SFSP)

*Please read pages 1 and 2 before completing this form.*

Participant's Name	Date of Birth	Age/Classroom
Name of Center/Program/Site		
Name of Parent/Guardian or Participant's Representative		Phone Number of Parent/Guardian/Representative
Signature of Parent/Guardian or Participant's Representative		Date
<p>1. Provide an explanation below of how the participant's physical or mental impairment restricts the participant's diet:</p>   		
<p>2. Describe the specific diet or necessary modifications prescribed by the state licensed medical authority to accommodate the participant's needs:</p>   		
<p>3. List the food or foods to be omitted (please be specific) and recommended alternatives, if appropriate.</p> <p><u>Foods to be omitted:</u></p>   		
<p><u>Suggested substitutions:</u></p>   		
<p>4. Indicate texture modifications, if applicable:</p> <p><input type="checkbox"/> Chopped/Cut into bite-sized pieces    <input type="checkbox"/> Diced/Finely Ground    <input type="checkbox"/> Pureed    <input type="checkbox"/> Other:</p>		
<p>5. List any required special adaptive equipment:</p>  		
Name of Physician/Medical Authority & Title (Please Print)		Provider Phone Number
Signature of Physician/Medical Authority		Date
<p><i>Signing the following section is optional but may prevent delays by allowing the Program to speak with the physician/medical authority.</i></p> <p><b>Health Insurance Portability and Accountability Act Waiver</b></p> <p>In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and the Family Educational Rights and Privacy Act, I hereby authorize _____ (medical authority) to release such protected health information of the participant as is necessary for the specific purpose of Special Diet information to _____ (center/program/site) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning the participant with the childcare/adult care/summer food program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for the participant. I understand that permission to release this information may be rescinded at any time except when the information has already been released. My permission to release this information will expire on _____ (date). This information is to be released for the specific purpose of Special Diet information.</p> <p>The undersigned certifies that he/she is (<b>circle one</b>): <b>Parent</b> <b>Guardian</b> <b>Adult participant</b> or <b>Representative of participant</b> listed on this document and has the legal authority to sign on behalf of that person.</p> <p>Signature: _____ Date: _____</p>		



## ¿Sabía USTED?

- Si recibe SNAP, MA o TANF, también puede solicitar para WIC.
- En la mayoría de los casos, las escalas de ingreso de WIC son más altas que las de SNAP, MA, o TANF. Incluso si usted no califica para estos programas, puede calificar para WIC.
- La mayoría de las familias en *Head Start* y *Early Head Start* califican para WIC.
- Niños adoptados menores de 5 años, califican para WIC. El ingreso de los padres adoptivos no se considera.
- No se requiere prueba de ciudadanía estadounidense.

## Escala de Ingreso Familiar

Tamaño Familiar	* Ingreso mensual (aprox.)
1	\$1,986
2	\$2,686
3	\$3,386
4	\$4,086

Por cada persona adicional, añada:

**\$700**

\*(Ingreso antes de descontados los impuestos) vigente a partir del 1 de julio de 2021. Cada bebé por nacer cuenta como una persona extra en el tamaño de la familia.

## ¿Cómo SOLICITO?

iComience ya! Visítenos en línea en [pawic.com](http://pawic.com) o llámenos

**1-800-WIC-WINS**  
**(1-800-942-9467).**



[www.health.pa.gov](http://www.health.pa.gov)

[www.pawic.com](http://www.pawic.com)



**iElija**  
**Saludablemente.**  
**Elija WIC!**



PA WIC es financiado por el USDA. Esta institución es un proveedor que ofrece igualdad de oportunidades.

H511.961P

Rev. 7/21

**1-800-WIC-WINS**



## ¿Qué ES WIC?

WIC es un Programa Especial de Nutrición Suplementaria para mujeres, bebés y niños. El Programa WIC ofrece los beneficios libre de costo a los participantes.

**“WIC me ha ayudado a tomar decisiones más saludables para mi hijo y puedo ahorrar en la factura del supermercado.” -- Mamá WIC**

## ¿Quiénes SON ELEGIBLES?

- Mujeres embarazadas, madres lactantes o que han tenido un bebé recientemente (menos de 6 meses)
- Bebés (de hasta 12 meses de edad)
- Niños (de 1 a 5 años de edad)

Usted debe vivir en Pennsylvania, tener un problema de salud o riesgo médico-nutricional y no exceder la escala de ingreso del grupo familiar.

WIC es para personas casadas o solteras, aquellos que trabajan y personas desempleadas. Padres, madres, padres adoptivos o tutor legal de un niño de hasta 5 años de edad pueden solicitar para WIC.



## ¿Cómo WIC PUEDE AYUDAR A MI FAMILIA?

### Exámenes y referidos a cuidados de salud y servicios sociales

- Exámenes de deficiencia de hierro (anemia)
- Vacunas, exámenes de salud y detección de plomo
- Programa de asistencia nutricional (cupones de alimentos), programa de asistencia médica (Medicaid, CHIP, Healthy Beginnings Plus), banco de comida, Head Start, etc.

### Consejos para una alimentación saludable

- Educación nutricional individual
- Folletos y otras publicaciones sobre nutrición
- Información en línea

### Apoyo durante la lactancia

Alimentar al bebé con leche materna tiene muchos beneficios de salud y satisface las necesidades nutricionales, económicas y emocionales tanto de la mamá como del bebé. WIC ayuda a las mamás a continuar lactando incluso si regresan a trabajar.

### Alimentos saludables

- ✓ Leche
- ✓ Queso
- ✓ Yogur
- ✓ Bebidas de soya
- ✓ Tofu
- ✓ Frutas y vegetales (frescos, congelados o enlatados)
- ✓ Habichuelas y otros granos secos
- ✓ Huevos
- ✓ Mantequilla de maní
- ✓ Pescado enlatado
- ✓ 100% Jugo de frutas
- ✓ Cereal
- ✓ Granos integrales (pan, tortillas, arroz integral, avena y pasta)
- ✓ Comida de bebé
- ✓ Formula y suplementos medicamente necesarios



**Programa de alimentos para el cuidado de niños y adultos:**  
**Formulario de inscripción de niños (Muestra)**

**Patrocinador:** \_\_\_\_\_  
**Centro:** \_\_\_\_\_

**FORMULARIO DE INSCRIPCIÓN PARA NIÑOS EN CUIDADO INFANTIL (MUESTRA)**

Este documento no tiene que ser completado para niños en Refugios de emergencia, programas fuera del horario escolar y/o en riesgo. Se recomienda que se completen Formularios de inscripción anuales al CACFP nuevos cada año durante el período de renovación de Solicitud de elegibilidad para hogares. Revisar el formularios de inscripción completado e ingresar la fecha de vigencia en la sección inferior derecha.

**PADRES:** Esta institución participa en el Programa de alimentos para el cuidado de niños y adultos (Child and Adult Care Food Program, CACFP) y recibe reembolso para brindar comidas más nutritivas para su(s) hijo(s). Las regulaciones del CACFP federal requieren que todos los padres y tutores completen el Formularios de inscripción anual del CACFP al inscribir a su(s) hijo(s) y nuevamente cada año en adelante. Esta información ayudará a garantizar que todos los niños reciben las comidas apropiadas durante su cuidado.

**Complete todas las áreas incluso la firma y la fecha**

NOMBRE COMPLETO DEL NIÑO INSCRITO (Incluir fecha de nacimiento/edad)	DÍAS DE LA SEMANA QUE ASISTE	HORARIOS QUE EL NIÑO ASISTE NORMALMENTE DURANTE LA SEMANA								COMIDAS RECIBIDAS
		HORARIO DE INGRESO			HORARIO DE SALIDA			HORARIO QUE EL NIÑO ASISTE A LA ESCUELA		
		AM	PM	HORA	AM	PM	HORA	SE RETIRA DEL CENTRO	RETORNA AL CENTRO	
PRIMER HIJO	<input type="checkbox"/> LUNES <input type="checkbox"/> MARTES <input type="checkbox"/> MIÉRCOLES <input type="checkbox"/> JUEVES <input type="checkbox"/> VIERNES <input type="checkbox"/> SÁBADO <input type="checkbox"/> DOMINGO	<input type="checkbox"/> SI <input type="checkbox"/> No Trabajo múltiples turnos y los horarios de cuidado de mi(s) hijo(s) son diferentes. Otro: _____ Fecha de inscripción: _____ Fecha de retiro: _____								<input type="checkbox"/> DESAYUNO <input type="checkbox"/> A.M. REFRIGERIO <input type="checkbox"/> ALMUERZO <input type="checkbox"/> P.M. REFRIGERIO <input type="checkbox"/> CENA <input type="checkbox"/> REFRIGERIO POR LA NOCHE
SEGUNDO HIJO	<input type="checkbox"/> Igual al anterior <input type="checkbox"/> LUNES <input type="checkbox"/> MARTES <input type="checkbox"/> MIÉRCOLES <input type="checkbox"/> JUEVES <input type="checkbox"/> VIERNES <input type="checkbox"/> SÁBADO <input type="checkbox"/> DOMINGO	<input type="checkbox"/> Los mismos horarios que arriba <input type="checkbox"/> SI <input type="checkbox"/> No Trabajo múltiples turnos y los horarios de cuidado de mi(s) hijo(s) son diferentes. Otro: _____ Fecha de inscripción: _____ Fecha de retiro: _____								<input type="checkbox"/> Mismas comidas que el anterior <input type="checkbox"/> DESAYUNO <input type="checkbox"/> A.M. REFRIGERIO <input type="checkbox"/> ALMUERZO <input type="checkbox"/> P.M. REFRIGERIO <input type="checkbox"/> CENA <input type="checkbox"/> REFRIGERIO POR LA NOCHE
TERCER HIJO	<input type="checkbox"/> Igual al anterior <input type="checkbox"/> LUNES <input type="checkbox"/> MARTES <input type="checkbox"/> MIÉRCOLES <input type="checkbox"/> JUEVES <input type="checkbox"/> VIERNES <input type="checkbox"/> SÁBADO <input type="checkbox"/> DOMINGO	<input type="checkbox"/> Los mismos horarios que arriba <input type="checkbox"/> SI <input type="checkbox"/> No Trabajo múltiples turnos y los horarios de cuidado de mi(s) hijo(s) son diferentes. Otro: _____ Fecha de inscripción: _____ Fecha de retiro: _____								<input type="checkbox"/> Mismas comidas que el anterior <input type="checkbox"/> DESAYUNO <input type="checkbox"/> A.M. REFRIGERIO <input type="checkbox"/> ALMUERZO <input type="checkbox"/> P.M. REFRIGERIO <input type="checkbox"/> CENA <input type="checkbox"/> REFRIGERIO POR LA NOCHE
CUARTO HIJO	<input type="checkbox"/> Igual al anterior <input type="checkbox"/> LUNES <input type="checkbox"/> MARTES <input type="checkbox"/> MIÉRCOLES <input type="checkbox"/> JUEVES <input type="checkbox"/> VIERNES <input type="checkbox"/> SÁBADO <input type="checkbox"/> DOMINGO	<input type="checkbox"/> Los mismos horarios que arriba <input type="checkbox"/> SI <input type="checkbox"/> No Trabajo múltiples turnos y los horarios de cuidado de mi(s) hijo(s) son diferentes. Otro: _____ Fecha de inscripción: _____ Fecha de retiro: _____								<input type="checkbox"/> Mismas comidas que el anterior <input type="checkbox"/> DESAYUNO <input type="checkbox"/> A.M. REFRIGERIO <input type="checkbox"/> ALMUERZO <input type="checkbox"/> P.M. REFRIGERIO <input type="checkbox"/> CENA <input type="checkbox"/> REFRIGERIO POR LA NOCHE
QUINTO HIJO	<input type="checkbox"/> Igual al anterior <input type="checkbox"/> LUNES <input type="checkbox"/> MARTES <input type="checkbox"/> MIÉRCOLES <input type="checkbox"/> JUEVES <input type="checkbox"/> VIERNES <input type="checkbox"/> SÁBADO <input type="checkbox"/> DOMINGO	<input type="checkbox"/> Los mismos horarios que arriba <input type="checkbox"/> SI <input type="checkbox"/> No Trabajo múltiples turnos y los horarios de cuidado de mi(s) hijo(s) son diferentes. Otro: _____ Fecha de inscripción: _____ Fecha de retiro: _____								<input type="checkbox"/> Mismas comidas que el anterior <input type="checkbox"/> DESAYUNO <input type="checkbox"/> A.M. REFRIGERIO <input type="checkbox"/> ALMUERZO <input type="checkbox"/> P.M. REFRIGERIO <input type="checkbox"/> CENA <input type="checkbox"/> REFRIGERIO POR LA NOCHE

**Firma**

\_\_\_\_\_  
 Firma del padre o tutor

\_\_\_\_\_  
 Fecha

\_\_\_\_\_  
 Número de teléfono del padre o tutor

SOLO PARA USO DEL REPRESENTANTE DE CUIDADO INFANTIL:

\_\_\_\_\_  
 Nombre del representante/firma

\_\_\_\_\_  
 Fecha

La fecha de vigencia puede ser retroactiva al primer día en el que el niño participa en el CACFP siempre que sea en el mismo mes que se recibe este formulario.

***Esta parte del formulario puede utilizarse para registrar actualizaciones de múltiples años***

\*\*\*\*\*  
\*\*\*\*\*

**Período de tiempo anual cubierto por la firma:** \_\_\_\_\_ a \_\_\_\_\_

**Firma Padre/Tutor** \_\_\_\_\_ **Fecha** \_\_\_\_\_

**Firma Administrador del centro/Proveedor en el hogar** \_\_\_\_\_ **Fecha** \_\_\_\_\_

\*\*\*\*\*  
\*\*\*\*\*

**Período de tiempo anual cubierto por la firma:** \_\_\_\_\_ a \_\_\_\_\_

**Firma Padre/Tutor** \_\_\_\_\_ **Fecha** \_\_\_\_\_

**Firma Administrador del centro/Proveedor en el hogar** \_\_\_\_\_ **Fecha** \_\_\_\_\_

\*\*\*\*\*  
\*\*\*\*\*

**Período de tiempo anual cubierto por la firma:** \_\_\_\_\_ a \_\_\_\_\_

**Firma Padre/Tutor** \_\_\_\_\_ **Fecha** \_\_\_\_\_

**Firma Administrador del centro/Proveedor en el hogar** \_\_\_\_\_ **Fecha** \_\_\_\_\_

\*\*\*\*\*  
\*\*\*\*\*

**Período de tiempo anual cubierto por la firma:** \_\_\_\_\_ a \_\_\_\_\_

**Firma Padre/Tutor** \_\_\_\_\_ **Fecha** \_\_\_\_\_

**Firma Administrador del centro/Proveedor en el hogar** \_\_\_\_\_ **Fecha** \_\_\_\_\_

\*\*\*\*\*  
\*\*\*\*\*

***El Departamento de Agricultura de los Estados Unidos prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo sobre la base de la raza, color, país de origen, edad, discapacidad, sexo, identidad de género, religión, represalias, y cuando corresponda, creencias políticas, estado civil, condición familiar o parental, orientación sexual, o si todo o parte de los ingresos de una persona deriva de un programa de asistencia pública, o información genética protegida en el empleo o en cualquier programa o actividad realizada o financiada por el Departamento. (No todas las características protegidas aplicará a todos los programas y/o actividades de empleo).***

***Si desea presentar una queja de discriminación en el programa de Derechos Civiles, complete el Formulario de queja por discriminación en el Programa del USDA, que puede encontrarlo en línea en [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), o en cualquier oficina del USDA, o llamando al (866) 632-9992 para solicitar el formulario. También puede escribir una carta con toda la información solicitada en el formulario. Envíenos su formulario o carta de queja completos por correo a US Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, por fax (202) 690-7442 o por correo electrónico a [program.intake@usda.gov](mailto:program.intake@usda.gov).***

***Las personas que son sordas, tienen dificultad de audición o discapacidades del habla pueden contactar al USDA a través del Servicio Federal de Retransmisión al (800)877-8339; o (800) 845-6136 (Español).***

***El USDA es un proveedor y empleador que ofrece oportunidades igualitarias.***

Completar una solicitud por hogar. Usar bolígrafo (no lápiz).

Definición de miembro del hogar: "Cualquier persona que viva con usted y comparta sus ingresos y gastos, incluso si no tienen relación sanguínea".	Nombre del niño	Inicial	Apellido del niño	Niño en cuidados sustitutos	Inmigrante	Fugitivo	Indigente	Head Start
<p>Los niños en cuidados sustitutos y los que cumplen con la definición de <b>indigente</b>, <b>inmigrante</b> o <b>fugitivo</b> son elegibles para recibir comidas gratis.</p>								

**SÍ LA RESPUESTA ES NO** ▶ Diríjase al PASO 3

**SÍ LA RESPUESTA ES SÍ** ▶ Escriba el número de caso aquí y proceda al PASO 4 (no complete el PASO 3)

**NÚMERO DE CASO:**

Escriba un solo número de caso en este espacio.

**A. Ingresos infantiles**  
A veces, los niños del hogar obtienen o reciben un ingreso. Incluya los ingresos  
TOTALES recibidos por todos los Niños indicados en el PASO 1.

**B. Todos los miembros del hogar (usted incluido)**  
Enumere a todos los miembros del hogar que no haya indicado en el PASO 1 (usted incluido), incluso si no reciben ingresos. Para cada miembro del hogar, si recibe ingresos, informe los ingresos brutos totales  
(antes de los impuestos) para cada fuente en dólares enteros (sin centavos) Únicamente. Si no recibe ingresos de ninguna fuente, escriba "0". Si ingresa "0" o deja un campo en blanco, usted certifica (promete)  
que no tiene ingresos para informar.

¿No está seguro de qué ingresos incluir aquí? Vuelva la página y lea las tablas tituladas "Fuentes de ingresos" para más

¿Con qué frecuencia? Semanales, Quincenales, Mensuales, Cada dos meses

Ingresos infantiles \$

**información.**

	Nombre de los miembros del hogar (Primer nombre y apellido)	Ingresos del trabajo		¿Con qué frecuencia?		Asistencia social/ Soporte infantil/ Pensión alimenticia		¿Con qué frecuencia?		Pensiones/Jubilación/ seguro social/SSI/ Beneficios de VA		¿Con qué frecuencia?	
		\$		Semanales	Ocasionales	Mensuales	Zz por mes	Semanales	Ocasionales	Mensuales	Zz por mes	Semanales	Ocasionales
La tabla "Fuentes de ingresos para niños" lo ayudará con la sección de Ingresos infantiles.		\$						\$					
		\$						\$					
		\$						\$					
La tabla "Fuentes de ingresos para adultos" lo ayudará con la sección Todos los adultos del hogar.		\$						\$					
		\$						\$					

Últimos cuatro dígitos del número del seguro social (SSN) de la persona que es la principal fuente de ingresos u otro miembro adulto del hogar:

--	--	--	--

Miembros totales del hogar (niños y adultos)

--	--	--	--

Marcar si no tiene SSN ☐

"Certifico (prometo) que toda la información en esta solicitud es verdadera y que he informado todos los ingresos. Comprendo que esta información se brinda en conexión con el recibo de fondos Federales, y que los funcionarios de CACFP podrán verificar (controlar) la información. Soy consciente de que si brindo información falsa deliberadamente, el participante/centro podrá perder los beneficios de comidas, y me podrán procesar conforme a las leyes federales y estatales aplicables".

Fecha de hoy

Teléfono/correo electrónico

