



What do you need to bring?

For Toddlers:

Diapers and wipes

Complete change of clothes

Small blanket for rest time

For Preschoolers:

Complete change of clothes

Blanket for rest time

Family Membership fee of \$15.00
(due upon enrollment in the program)



Please submit the following:

- ✓ Birth certificate
- ✓ Immunization record
- ✓ Physical (within the last year)
- ✓ \$15.00 membership fee (due annually)
- ✓ MEAL FORM (included in packet)

Date _____

**Connecting for Children and Families
Hope Street Early Learning Center
46 Hope Street
Woonsocket, RI 02895**

Membership application

Parent/Guardian's Name: _____

Address: _____

City/State/Zip: _____

Phone number: _____

Email Address: _____

Names of household members:

Adult(s): _____

Children:

Name: _____ Age: _____ DOB _____ School: _____

Name: _____ Age: _____ DOB _____ School: _____

Name: _____ Age: _____ DOB _____ School: _____

Name: _____ Age: _____ DOB _____ School: _____

Membership fee of \$15.00 must be paid **before** child starts the program. Please make checks payable to Connecting for Children & Families.

Early Learning Center
Parent Authorization For Emergency Treatment
In consideration of admittance, I hereby authorize

Hope Street Early Learning Center at Connecting for Children and Families

To arrange for medical examination and/or treatment of my child,

(Name of child)

Should an emergency arise at the center or on a field trip. It is understood that a conscientious effort will be made by the center to contact me at the emergency number I have provided below before any medical action is taken. I would prefer to have my child taken to the following hospital if the need arises:

(Name of Hospital)

I understand that choice of hospital may be limited by service of local ambulance

Signature-Mother/Guardian

Home Phone

Business Phone

Signature-Father/Guardian

Home Phone

Business Phone

Health Insurance Plan: _____

Policy Number: _____

~~~~~  
Relatives or other persons to be contacted in an emergency:

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

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

**Connecting for Children and Families**  
**Hope Street Early Learning Center**

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

Child's Name: \_\_\_\_\_ Social Security #: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ethnicity: \_\_\_\_\_ Male/Female  
Home Address: \_\_\_\_\_ Home phone #: \_\_\_\_\_  
School: \_\_\_\_\_ (for school age children only) Grade: \_\_\_\_\_  
Attended a child care center previously. \_\_\_\_ Yes \_\_\_\_ No

Mother/Guardian Name: \_\_\_\_\_ Social Security #: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ethnicity: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Employer/School Name & Address: \_\_\_\_\_ Work/School Hours: \_\_\_\_\_  
Health Coverage/Policy #: \_\_\_\_\_ Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_  
Marital Status: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Social Security #: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ethnicity: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Employer/School Name & Address: \_\_\_\_\_ Work/School Hours: \_\_\_\_\_  
Health Coverage/Policy #: \_\_\_\_\_ Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_  
Marital Status: \_\_\_\_\_

Family Annual Income: \_\_\_\_\_ Family size \_\_\_\_\_ Home Language \_\_\_\_\_

DHS Certificate Number: \_\_\_\_\_

**CHILD RELEASE INFORMATION**

(All information is kept confidential)

My child may be released to the following people:

|             |                |               |                              |
|-------------|----------------|---------------|------------------------------|
| Name: _____ | Phone #: _____ | Cell #: _____ | Relationship to child: _____ |
| Name: _____ | Phone #: _____ | Cell #: _____ | Relationship to child: _____ |
| Name: _____ | Phone #: _____ | Cell #: _____ | Relationship to child: _____ |
| Name: _____ | Phone #: _____ | Cell #: _____ | Relationship to child: _____ |

Does your child have any allergies? NO/YES If yes, please list \_\_\_\_\_

Is your child currently taking any medications? NO/YES If yes, please list \_\_\_\_\_

Does your child have any limitations that staff should be made aware of? NO/YES If yes, please list \_\_\_\_\_

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**May we use photos/videos, social media/internet of your child in promotional materials for Connecting for Children & Families? YES/NO**

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

#### **FIELD TRIPS**

I give permission for my child/children to accompany CCF on field trips. I understand that I will be informed as to the location of the trip and the Time my child/children will be returning. I give permission for my child/children to accompany CCF on local trips around the areas, such as a walk to the Park.

\*In the event that emergency medical care is needed, the parent/guardian will be responsible for the fee charged by the emergency service\*

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

#### **AUTHORIZATION TO DISCUSS**

I hereby authorize Connecting for Children & Families to discuss information in regard to my child/children with the Woonsocket Education Department, Child Outreach, etc. in order to best meet the child/children's educational/behavioral needs. Information will not be released without a valid signature below.

I can cancel this authorization in writing at any time.

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

## Nutrition Questionnaire for Children

This nutrition questionnaire is a tool for parents to complete before meeting with child care staff (e.g., health or education professionals, family day care providers). The questionnaire provides a useful starting point for identifying areas of nutrition concern and the need for additional screening. It may be adapted with the names of foods consumed by a specific cultural group. Note: This questionnaire is not all-inclusive, and should be adapted as necessary to meet the specific needs of individual programs.

1. How would you describe your child's appetite? (Circle one.)

Good

Fair

Poor

Picky

2. How many days per week does your family usually eat meals together? \_\_\_\_\_

3. How would you describe mealtimes with your child? (Circle one.)

Always pleasant

Usually pleasant

Sometimes pleasant

Never pleasant

4. How many meals does your child usually eat per day? \_\_\_\_\_

5. How many snacks does your child usually eat per day? \_\_\_\_\_

6. Which of these foods did your child eat or drink last week? (Circle all that apply)

### Grains

Bagels  
Bread  
Cereal/grits  
Crackers  
Muffins  
Noodles/pasta  
Rice  
Rolls  
Tortillas  
Other grains:

\_\_\_\_\_  
\_\_\_\_\_

### Vegetables

Broccoli  
Carrots  
Corn  
French fries  
Green beans  
Green Salad  
Greens (collard, spinach)  
Peas  
Tomatoes  
Potatoes  
Other Vegetables:

\_\_\_\_\_  
\_\_\_\_\_

### Fruits

Apples/juice  
Bananas  
Berries  
Grapefruit/juice  
Grapes/juice  
Melon  
Oranges/juice  
Peaches  
Pears  
Other fruits/juice:

\_\_\_\_\_  
\_\_\_\_\_

7. Do you have a working stove, oven and refrigerator where you live? YES/NO
8. Were there any days last month when your family didn't have enough food to eat or enough money to buy food? YES/NO
9. Does your child spend more than 2 hours a day watching television and videos or playing computer games? YES/NO

10. What concerns or questions do you have about feeding your child? \_\_\_\_\_

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**Any other information to share?**

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**HOPE STREET EARLY LEARNING CENTER**  
**PARENT QUESTIONNAIRE**

**Child's History**

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

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_

Birth weight: \_\_\_\_\_ Complications at birth: \_\_\_\_\_

Age began sitting: \_\_\_\_\_ Crawling: \_\_\_\_\_ Walking: \_\_\_\_\_ Talking: \_\_\_\_\_

Is the child/s speech understood by others? \_\_\_\_\_

Any speech difficulties? \_\_\_\_\_

Is your child involved with Early Intervention or Child Outreach services? \_\_\_\_\_

If so, what services did your child require? \_\_\_\_\_

\_\_\_\_\_

Your child/s way of communication needs to parents (gestures, sounds, words) \_\_\_\_\_

\_\_\_\_\_

Do you think your child is right or left handed? \_\_\_\_\_

\_\_\_\_\_

**Health**

Serious illnesses or hospitalizations: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

**Eating Habits**

Favorite foods: \_\_\_\_\_

Foods refused: \_\_\_\_\_

Child eats with: Hands \_\_\_\_\_ Spoon \_\_\_\_\_ Fork \_\_\_\_\_

**Toileting**

How does your child indicate toileting needs? \_\_\_\_\_

Does your child have accidents? \_\_\_\_\_ How often? \_\_\_\_\_

## **Sleeping**

Does your child become tired or nap during the day? When and how long? \_\_\_\_\_

\_\_\_\_\_

What time does your child go to bed at night? \_\_\_\_\_

What time does your child wake up in the morning? \_\_\_\_\_

Who else shares the bedroom? \_\_\_\_\_

## **Dressing**

Does your child dress themselves? \_\_\_\_\_

Areas where help is needed: \_\_\_\_\_

## **Social Relationships**

How would you describe your child's personality? \_\_\_\_\_

\_\_\_\_\_

Previous experience with other children/childcare? \_\_\_\_\_

\_\_\_\_\_

Reaction to strangers? \_\_\_\_\_

Plays alone \_\_\_\_\_ Plays with other children \_\_\_\_\_

Favorite toys and activities: \_\_\_\_\_

Fears (The dark, animals, etc.) \_\_\_\_\_

How does your child react to frustration? \_\_\_\_\_

\_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

How would you describe your child's energy level? \_\_\_\_\_

\_\_\_\_\_

Any stressful situations that are affecting your child? \_\_\_\_\_

\_\_\_\_\_

What would you like your child to gain from this childcare experience? \_\_\_\_\_

\_\_\_\_\_

List the names of people residing in your home: \_\_\_\_\_

\_\_\_\_\_

Describe your family's tradition and cultural heritage: \_\_\_\_\_

\_\_\_\_\_

Describe the values that are most important to you as a family: \_\_\_\_\_

\_\_\_\_\_

What are some things you enjoy doing? \_\_\_\_\_

\_\_\_\_\_

Is there a talent you would like to share with the children? \_\_\_\_\_

\_\_\_\_\_

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

## Child and Adult Care Food Program (CACFP)

### Day Care Center Child Enrollment Form

Connecting for Children & Families (CCF) participates in the U. S. Department of Agriculture Child and Adult Care Food Program (CACFP). This program helps us provide nutritious meals and snacks to children enrolled at our center. The requirements and portion sizes for those meals and snacks are included as an attachment to this enrollment form. Under the regulations of the CACFP, you are not charged separate fees for meals nor may you be asked to provide food for your children for those meals or snacks claimed under the program. Regular day care fees cover the cost of care and food costs not reimbursed by the CACFP.

Check here ONLY if you are choosing **not** to enroll your child in CACFP, then sign and date the bottom of the form:

☐ *I do not want my child to participate in the Child and Adult Care Food Program (CACFP)*

**To verify the enrollment of your child in this child care center complete the following information, sign and date the bottom of the form and return it to the day care center:**

Day Care Center's Name: \_\_\_\_\_

Your Child's Name: \_\_\_\_\_  
Last Name First Name Month, Date & Year of Birth Age

First Day of Attendance: \_\_\_\_\_

My child will normally be in child care during the following days and times and receive the meals as indicated below:

|                                                       |                                                                                                                                                                                                                             |                                                                                                                                                                                                                             |                                                                                                                                                                                                                             |                                                                                                                                                                                                                             |                                                                                                                                                                                                                             |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal day of care</b> (check each applicable day) | <input type="checkbox"/> <b>Monday</b>                                                                                                                                                                                      | <input type="checkbox"/> <b>Tuesday</b>                                                                                                                                                                                     | <input type="checkbox"/> <b>Wednesday</b>                                                                                                                                                                                   | <input type="checkbox"/> <b>Thursday</b>                                                                                                                                                                                    | <input type="checkbox"/> <b>Friday</b>                                                                                                                                                                                      |
| <b>Normal hours in care</b> (indicate AM or PM)       | ____ To ____<br>And<br>____ To ____                                                                                                                                                                                         | ____ To ____<br>And<br>____ To ____                                                                                                                                                                                         | ____ To ____<br>And<br>____ To ____                                                                                                                                                                                         | ____ To ____<br>And<br>____ To ____                                                                                                                                                                                         | ____ To ____<br>And<br>____ To ____                                                                                                                                                                                         |
| <b>Meals normally served</b> to my child              | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> AM Snack<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> PM Snack<br><input type="checkbox"/> Supper<br><input type="checkbox"/> Evening Snack | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> AM Snack<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> PM Snack<br><input type="checkbox"/> Supper<br><input type="checkbox"/> Evening Snack | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> AM Snack<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> PM Snack<br><input type="checkbox"/> Supper<br><input type="checkbox"/> Evening Snack | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> AM Snack<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> PM Snack<br><input type="checkbox"/> Supper<br><input type="checkbox"/> Evening Snack | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> AM Snack<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> PM Snack<br><input type="checkbox"/> Supper<br><input type="checkbox"/> Evening Snack |

Parent/Guardian Name (Please Print): \_\_\_\_\_

Address (Please Print): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Sponsor Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ***Building for the Future***

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals that meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

**Meals** CACFP homes and centers follow meal requirements established by USDA.

| Breakfast                            | Lunch or Supper                                                | Snacks (Two of the five groups: )                              |
|--------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
| Milk<br>Fruit or Vegetable<br>Grains | Milk<br>Meat or meat alternate<br>Grains<br>Fruit<br>Vegetable | Milk<br>Meat or meat alternate<br>Grains<br>Fruit<br>Vegetable |

**Participating Facilities** Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

**Eligibility** State agencies reimburse facilities that offer non-residential day care to the following children:

- Children age 12 and under
- Migrant children age 15 and younger, and
- Youths through age 18 in afterschool care programs in needy areas

**Contact Information** If you have questions about CACFP, please contact one of the following:

Connecting for Children & Families  
46 Hope Street  
Woonsocket, RI 02895  
(401) 766-3384

Child Nutrition Programs  
RI Department of Education  
255 Westminister Street  
Providence, RI 02903  
(401) 222-4600

**USDA Nondiscrimination Statement:** 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, audiotope, 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 email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

CACFP Meal Benefit Income Eligibility (Child Care)

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

APPLY ONLINE:

Insert URL Here

STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."  
  
Children in Foster care and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals.

| Child's First Name | MI | Child's Last Name | Foster Child             | Migrant                  | Runaway                  | Homeless                 | Head Start               |
|--------------------|----|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                    |    |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                    |    |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                    |    |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                    |    |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                    |    |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Check all that apply

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.  
  
The "Sources of Income for Children" chart will help you with the Child Income section.  
  
The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income

How often?

\$

Weekly

Bi-Weekly

Monthly

Bi-Monthly

**B. All Adult Household Members (Including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

| Name of Adult Household Members (First and last) | Earnings from Work | How often? |           |         |          | Welfare/Child Support/Alimony | How often? |           |         |          | Pensions/Retirement/ Social Security/SSI/ VA Benefits | How often? |           |         |          |  |
|--------------------------------------------------|--------------------|------------|-----------|---------|----------|-------------------------------|------------|-----------|---------|----------|-------------------------------------------------------|------------|-----------|---------|----------|--|
|                                                  |                    | Weekly     | Bi-Weekly | Monthly | 2x Month |                               | Weekly     | Bi-Weekly | Monthly | 2x Month |                                                       | Weekly     | Bi-Weekly | Monthly | 2x Month |  |
|                                                  | \$                 |            |           |         |          |                               |            |           |         |          |                                                       |            |           |         |          |  |
|                                                  | \$                 |            |           |         |          |                               |            |           |         |          |                                                       |            |           |         |          |  |
|                                                  | \$                 |            |           |         |          |                               |            |           |         |          |                                                       |            |           |         |          |  |
|                                                  | \$                 |            |           |         |          |                               |            |           |         |          |                                                       |            |           |         |          |  |
|                                                  | \$                 |            |           |         |          |                               |            |           |         |          |                                                       |            |           |         |          |  |

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member

X X X X X

Check if no SSN

STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form

Signature of Adult

Today's Date

Address

City

State

Zip

Phone/Email

| Source of Income for Children                                                                                      |                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sources of Child Income                                                                                            | Examples                                                                                                                                                                                                                 |
| Earnings from work                                                                                                 | <ul style="list-style-type: none"><li>A child has a regular full or part-time job where they earn a salary or wages</li></ul>                                                                                            |
| Social Security <ul style="list-style-type: none"><li>- Disability Payments</li><li>- Survivors Benefits</li></ul> | <ul style="list-style-type: none"><li>A child is blind or disabled and receives Social Security benefits</li><li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li></ul> |
| Income from person outside of household                                                                            | <ul style="list-style-type: none"><li>A friend or extended family member regularly gives a child spending money</li></ul>                                                                                                |
| Income from any other source                                                                                       | <ul style="list-style-type: none"><li>A child receives regular income from a private pension fund, annuity, or trust</li></ul>                                                                                           |

| Source of Income for Adults                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Earnings from Work                                                                                                                                                                                                                                                                                                                                                                               | Public Assistance/Alimony/Child Support                                                                                                                                                                                                                                                                        | Pensions/Retirement/All other sources of income                                                                                                                                                                                                                                                                                                              |
| <ul style="list-style-type: none"><li>Salary, wages, cash bonuses</li><li>Net income from self-employment (farm or business)</li></ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"><li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li><li>Allowances for off-base housing, food, and clothing</li></ul> | <ul style="list-style-type: none"><li>Unemployment benefits</li><li>Workers compensation</li><li>Supplemental Security Income (SSI)</li><li>Cash assistance from State or local government</li><li>Alimony payments</li><li>Child support payments</li><li>Veterans benefits</li><li>Strike benefits</li></ul> | <ul style="list-style-type: none"><li>Social Security (including railroad retirement and black lung benefits)</li><li>Private Pensions or disability benefits</li><li>Income from trusts or estates</li><li>Annuities</li><li>Investment income</li><li>Earned interest</li><li>Rental income</li><li>Regular cash payments from outside household</li></ul> |

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

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

DO NOT FILL OUT

For official use only

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

Total Income

How often?

Weekly

Bi-Weekly

Monthly

2x Month

Household size

Categorial Eligibility

☐

Eligibility

Free

Reduced

Denied

Determining Official's Signature

Date

Confirming Official's Signature

Date

Follow-up Official's Signature

Date

## **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:

**Connecting for Children & Families (CCF), 46 Hope Street, Woonsocket, RI 02895.**

#### **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:**

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.

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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.

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  
**Sharing Information with Medicaid and SCHIP**

Children who get Child and Adult Care Food Program (CACFP) free or reduced-price meals may also qualify for low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP).

We may share your child's CACFP eligibility information with Medicaid or SCHIP, *unless you tell us not to*. Medicaid and SCHIP *only* use the information to find out if children are eligible for their programs. Their staff may contact you to offer to enroll your children in these health insurance programs.

If you **do not** want us to share your information with Medicaid or SCHIP, fill out this page. You should send this page with your *CACFP Meal Benefit Income Eligibility* form when you apply. Sending in this page will not change your child's eligibility for free or reduced-price meals.

☐ **No! I do not** want my child's CACFP eligibility information shared with Medicaid or SCHIP.

*If you checked no, fill this out:*

Child's Name:

---

Child's Name:

---

Child's Name:

---

Child's Name:

---

Today's Date:

---

Print Your Name:

---

Address:

---

Signature of Parent or Guardian:

---

If you have questions or need help, please contact **Director** at **(401) 766-3384** or **info@ccfcenter.org**.

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CACFP Meal Benefit Income Eligibility Form  
**Letter to Parents (Non-Pricing Centers)**

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

Dear Parent or Guardian:

**Connecting for Children & Families (CCF)** offers healthy meals and snacks to children as part of the Child and Adult Care Food Program (CACFP). **CCF** 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<br>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 **CCF** 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:

**Director, CCF, 46 Hope Street, Woonsocket, RI 02895**

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 **Director** at **(401) 766-3384** or **info@ccfcenter.org**.

Sincerely,

*Signature*

**Director**

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**WOMEN, INFANTS, AND CHILDREN PROGRAM (WIC)**

- Pregnant or postpartum women, infants, and children up to age 5 are eligible for WIC.
- You must live in RI, and be individually determined to be at “nutritional risk” by a health professional,

AND

- You must meet income guidelines.
  - A person or certain family members automatically meets the family income eligibility requirements by participating in Supplemental Nutrition Assistance Program (SNAP), Medicaid, or RIWorks
  - Or
  - Your gross income (before taxes are withheld) must fall at or below 185 of the U.S. Poverty Income Guidelines:

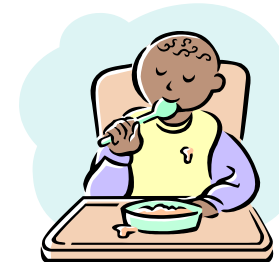
**WIC Income Eligibility Guidelines  
(Effective from July 1, 2021 to June 30, 2022)**

| Household Size         | Annual  | Monthly | Twice-Monthly | Bi-Weekly | Weekly |
|------------------------|---------|---------|---------------|-----------|--------|
| 1                      | 23,828  | 1,986   | 993           | 917       | 459    |
| 2                      | 32,227  | 2,686   | 1,343         | 1,240     | 620    |
| 3                      | 40,626  | 3,386   | 1,693         | 1,563     | 782    |
| 4                      | 49,025  | 4,086   | 2,043         | 1,886     | 943    |
| 5                      | 57,424  | 4,786   | 2,393         | 2,209     | 1,105  |
| 6                      | 65,823  | 5,486   | 2,743         | 2,532     | 1,266  |
| 7                      | 74,222  | 6,186   | 3,093         | 2,855     | 1,428  |
| 8                      | 82,621  | 6,886   | 3,443         | 3,178     | 1,589  |
| Each add'l member, add | \$8,399 | \$700   | \$350         | \$324     | \$162  |

WIC participants receive:

- Supplemental Nutritious foods
- Nutrition education and counseling at WIC clinics
- Screening and referrals to other health, welfare and social services

In RI, WIC participants receive WIC checks to purchase specific foods each month which are designed to supplement their diets. WIC foods include iron-fortified infant formula and infant cereal, iron-fortified adult cereal, vitamin C-rich fruit and/or vegetables juice, eggs, milk, cheese, peanut butter, dried beans or peas, tuna fish and carrots. Special infant formulas and certain medical foods may be provided when prescribed by a physician or health professional for specified medical condition.



Below is the RI WIC website

<http://www.health.ri.gov/programs/wic/>

Or

Call for information on sites near you.

Telephone: (401) 222-4623  
Toll free (in-state): 1-800-942-7434  
TDD: 1-800-745-5555