

## First Steps II Child Development Center

3460 Hwy. 20  
Conyers Ga 30013  
(770) 679-0483

### Tuition Rates effective October 1, 2021

Infants (6weeks-11 months)- \$190.00

1's and 2's-\$180.00

3's and 4's -\$175.00

Before School Care Only -\$50.00

Afterschool Care Only- \$100.00

Before and Afterschool -\$125.00

Part-time 3 Day Week-\$125.00

Daily Drop In for students not enrolled- \$50.00 (based on spacing)

School Age Daily School Closing \$50.00

School Age and Ga Pre-K Holiday Camp/ Summer Camp-  
\$150.00

### Registration Fee \$80.00 non-refundable

Payments are to be paid on Mondays, a \$35.00 late fee will be charged if paid after Monday. All fees must be paid prior to closing on Tuesday in order to attend on Wednesday. Payments may be made at student clock in area at front desk or online at [myprocare.com](http://myprocare.com). We do not accept phone payments unless there is a payment issue with procare.

**\*PLEASE note, all tuition rates are based on a 10 hour attendance day.**

# First Steps Child Development Center

3714 Salem Rd  
Covington Ga 30016  
770 788-8555

## Tuition Rates

Infants (6 weeks - 11 months) - \$165.00

1's and 2's - \$155.00

3's and 4's - \$145.00

Before School Care Only - \$45.00

Afterschool Care Only - \$75.00

Before and Afterschool - \$100.00

Part-time 3 Day Week - \$105.00

Daily Drop In for students not enrolled - \$45.00 (based on space)

School Age Daily School Closing - \$45.00

Ga Pre-K - FREE ages 4 before Sept.1

Morning Pre-K daily drop-in - \$15.00 (must be approved by mgmt.)

Afternoon Pre-K drop-in - \$25.00 (must be approved by mgmt.)

School Age and GA Pre-K Holiday Camp/ Summer Camp - \$135.00

## Registration Fee \$65.00 **non-refundable**

Payments are to be paid on Mondays; a \$35.00 late fee will be charged if paid after Monday. All fees must be paid prior to closing on Monday in order to attend on Tuesday. Payments may be made at the student clock in area at front desk or online at [myprocare.com](http://myprocare.com). We do not accept phone payments unless there is a payment issue with procare. If your student attends any day of the week full tuition is due. We do not prorate tuition fees based on closings or any unforeseen incidents.

Please Note, all fees are based on a 10hr attendance day.



**Child's Living Arrangements** *please check one*

Both Parents  Mother  Father  Other

List \_\_\_\_\_

**Child's Legal Guardians** *please check one*

Both Parents  Mother  Father  Other

List \_\_\_\_\_

**Name of public or private school child attends, if any:**

\_\_\_\_\_

**Name of previous child care facility student attended:**

\_\_\_\_\_

**Child may be released to the person(s) signing this agreement or to the following:**

Name/Relationship/Address Phone Number(s)

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**Persons to contact in the case of an emergency when parents cannot be reached:**

Name/Relationship/Address Phone Number(s)

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**Additional Information**

Child's Physician or Clinic's Name/Address

Phone Number

\_\_\_\_\_

My child has the following special need(s)-*Explain*

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The following special accommodation(s) may be required to meet my child's needs most effectively while in this center:

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My child is currently on medication(s) prescribed for long-term (short-term also) continuous use and/or has the following pre-existing illness, allergies, behavior, or health concerns:

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Other comments or special instructions:

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\_\_\_\_\_  
Father's Signature/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature/Legal Guardian

\_\_\_\_\_  
Date

# **First Steps Child Development Center**

## **Parental Agreement with First Steps Child Development Center**

The following agreement serves as a general agreement between First Steps Child Development Center and its Parents. All policies and procedures are clearly outlined in the Parent/Student Handbook. Although the Parent/Student Handbook is updated each year, policies are subject to change in order to ensure quality operational and management standards.

### **Below is a list of general procedures at First Steps Child Development Center:**

- First Steps Child Development Center agrees to provide services Monday through Friday from 6:00am – 6:30PM, excluding holidays, from January to December. All tuition fees and rates are based on a 10hr attendance day.

- First Steps Child Development Center provides breakfast (between 7:45am-8:45am), lunch (10:50am-12:00pm), and snack (between 2:00pm-3:30pm), dinner ages 5-12 (3:00-4:00) and evening snack ages 5-12(5:00-5:30).

-First Steps CDC will dispense doctor prescribed medication that is provided by the parent in the original prescribed package once daily at 11:00am, however breathing treatments are given twice daily at 10:00am and 2:00pm if parent has a doctor's note that states that the child needs treatments multiple times a day. In order to render doctor prescribed medication you will need to complete a written authorization, which includes: name of child, name of medication, prescription number, if any; dosage, and dates to be administered. All medication forms will be kept on file in the centers medical book. Medication should be in its original container with the child's name marked on it. We ask that you make sure your child is on the same time schedule that the center provides for medication. If your child has any adverse reactions to medications that are administered by management, guardians will be contacted and informed of reactions, if the reactions require immediate medical treatment First Steps will contact the local medical center for ambulance service.

-First Steps CDC agrees to obtain written authorization from me before my child participates in routine transportation, field trips and special activities away from the facility, and water-related activities occurring in water that is more than one foot deep.

- First Steps CDC agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which includes my child.

-I understand that my child will not be allowed to enter or leave the facility without being escorted in/out by the parent(s); person authorized by parent(s), or facility personnel.

-I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, telephone numbers, address changes, work location, emergency contacts/pick-ups, child's physician, child's health status, infant feeding plans, immunization records, etc.

-I understand First Steps CDC requires two weeks' notice from any parent who wishes to withdraw their child from the facility. If the parent happens to pull their child before this allotted time, full tuition for the two weeks will be owed.

-I agree to pay my tuition by Monday at closing. I also understand that a \$35.00 bookkeeping fee will be charged for payments received after Monday at closing. If center is closed for holidays that may occur during the week, parents are still required to pay full tuition for weekly services. If your child is absent from care, half (1/2) of their weekly tuition is required to be paid as a space reservation. Payments may be made online at [MyProcure.com](http://MyProcure.com) without any additional fee or at the student check in station located at front desk. Automatic payment withdrawal is a payment option that will allow payments to be debited from your personal banking accounts to avoid late fees. If you are paying your tuition late, the late fee will be added to your account and only payments in the form of card, cash and money orders will be accepted. **No checks will be accepted for any late payment.** Student accounts that are not paid in full prior to Tuesday morning will no longer be able to attend care until their account is paid in full. Tuition is always due on Monday even if the center is closed for any reason. This includes late payment fees and weekly tuition charge. No tuition fee deduction is provided for emergency closings, legal holidays or vacations. Full tuition payments are expected to be made regardless of a student attendance (if a student attends 1 day of care then full payment is required and no payment adjustments will be made). Partial (1/2) weekly tuition for all enrollment is required to be paid if your student does not attend the center at all due to any related absences, vacations, sicknesses, holidays or ect. Phone payments are not a payment option unless there is a procure payment login issue that cannot be resolved. Automatic tuition withdrawal is a payment option that will ensure that late fees are not applied. If a student dis-enrolls for any reason, all accounts must have a zero balance to reenroll. At the time of re-enrollment, a new registration fee will be required prior to returning. In order to reserve a child's space in the before and afterschool program for each school year an enrollment fee plus 1/2 tuition must be paid to secure the space. Tuition prices may increase at various times and all parents will be notified prior to increase

-I have made all medical conditions known to the learning center with regards to allergies, physical conditions, mental and health disorders, behavior problems, and developmental disabilities which would limit the child's participation in the center's activities or that may call for additional assistance in the classroom. I further agree to maintain my student's file current with regard to any additional information that would be beneficial in First Steps providing quality care to my child.

-If there are any special procedures that are to be followed in caring for the child, including any special services which the center agrees to provide to a child with special needs, the center and the parent shall complete a form detailing the specific procedures to follow and shall be signed by a facility administrator and the parent(s). The written agreement shall be placed in the child's enrollment file and a copy will be filed in the child's classroom

-I agree to pay a \$65.00 registration fee at the time of enrollment. Once a registration fee has been paid, I understand that it is non-refundable. The registration fee must be used within two weeks of reserving a spot for enrollment or it will be forfeited, and the spot will be viewed as available.

- No outside food is allowed in the facility, other than birthday parties or special events. This includes bringing your child into the facility eating a snack of any kind, you may however sit with you child in the front lobby to complete their snack if they are still eating it upon center arrival, but it cannot be eaten in the classrooms. No peanut products are allowed in the center due to some students having severe peanut allergies.

All infant parents ranging from 6weeks to 11 months are required to provide milk for their little ones in completely labeled bottles that will be ready to feed at the infants scheduled feeding times communicated on the infants feeding plan. First Steps CDC will provide Enfamil Milk, in the event of an emergency.

-All students must be in the facility by 9:15AM in order to be present for the day. However, we ask that you call the facility to let a member of the administrative team know they will be late or if they will be in at all after the cut-off time due to a doctor's appointment, so that the late arrival may be approved by management. We are a learning center and we would like for each student to be present and accounted for to be able to engage in the teacher structured learning activities.

-If there are any changes, they will be posted in advance. In the event of a major holiday falling on a weekend, we will close on the day of the week that the majority of other businesses close. If we have snow and/or ice, as soon as we are able to get to the center we will open. Center will inform parents of weather closing and opening times.

If the Newton County public schools are closed during the day due to inclement weather, we will be at the schools to pick up the children based upon the circumstances.

#### **Annual Center Closing Days**

- NEW YEARS EVE& DAY
- MLK DAY
- MEMORIAL DAY
- INDEPENDENCE DAY
- LABOR DAY
- THANKSGIVING DAY/ DAY AFTER
- CHRISTMAS EVE/ CHRISTMAS DAY



**Late Pick-Up Fees:** Our facility closes promptly at 6:30pm. A late fee of \$15.00 for the first 5 minutes, per child will be charged at time of arrival and \$1 each additional minute after 6:35p.m. Your late fee balance must be cleared at pickup in cash. You can make arrangements with your Center Director if you absolutely cannot clear your balance at that time, however it must be paid at student drop off no later than the next business day.

-I have received a copy of the parent/ provider contract and agree to abide by the policies and procedures at First Steps CDC. Additional policies and procedures may be added and existing policies and procedures may be taken away, however when changes are made you will be notified in writing and must still agree to abide by them.

Child(s)Name:

\_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

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

## **Photograph/Videotape Release**

I hereby grant permission for First Steps Child Development Center and certain agencies or entities contracted by First Steps CDC to record the participation and appearance of my child(ren) listed at the bottom of this form, by photograph and/or videotape in connection with the daily activities for the purpose of news releases, reporting, commercials, classroom/building postings and assessing the progress of children and the program. First Steps CDC is authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restriction or limitations for any education or promotional purpose that First Steps CDC deems appropriate. Such photograph(s) and/or videotape may appear in printed or visual materials for First Steps CDC (including commercials) and/or on First Steps CDC website.

The undersigned hereby jointly and severally releases, acquits, forgives and discharges First Steps CDC and certain agencies or entities contracted by First Steps CDC from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

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**List Child(ren) Name(s)**

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**Parent/Guardian Signature**

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**Date**

## Covid- 19 Waiver

**Please read carefully the following information and sign as to your agreement and acknowledgment.**

Coronavirus disease (COVID-19) is an infectious disease, which is extremely contagious and believed to be spread very quickly by person-to-person contact, and/or by contact with contaminated surfaces and objects, and possibly in air. In order to prevent the spread, health agencies highly recommend social distancing.

Regarding daycare activities:

First Steps CDC has taken the necessary precautions to prevent spreading COVID-19 by putting into action new procedures, protocols, and policies and purchased required protective safety equipment for the students and staff. However, we cannot guarantee that the children will not be exposed to COVID-19. We understand that children may come in contact with people outside of our facility who may be infected and not display any symptoms.

By signing this agreement and acknowledgment form, I, as a parent/guardian of the child, acknowledge the contagious nature of COVID-19 and voluntarily accept the risk that the student may be exposed to or infected by COVID-19 throughout the no fault of our facility which may result in personal injury, illness, disability, or even death.

I fully understand that any precaution is not 100% effective to prevent COVID-19 infection.

I understand that I am responsible for making sure that my child to is free from any kind of COVID-19 symptoms before returning to school. These symptoms are as following:

- Fever of 100.4 degrees Fahrenheit or higher
- Dry cough
- Shortness of breath
- Chills
- Loss of taste or smell
- Sore throat
- Muscle aches
- Any other COVID related symptoms

I understand that I will immediately notify management if I become aware of any person, whom the student or anyone in the family has had contact and demonstrated any of the symptoms mentioned above, or is advised to self-isolate, or has tested positive, or is assumed to be COVID-19 positive.

By signing this form, I agree that I have read and understood the risk of COVID-19 infection that the child may possibly be exposed without the center's knowledge.

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

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

# Infant Affidavit



Name of Sponsor (if applicable) \_\_\_\_\_

Name of Provider/Center \_\_\_\_\_

Name of Infant: \_\_\_\_\_

Infant Date of Birth: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

According to USDA regulations, as an institution participating in the Child and Adult Care Food Program must provide meals to all infants enrolled for care in the center/facility.

Center/provider will provide the following milk-based iron-fortified formula: \_\_\_\_\_

Center/provider will provide the following Iron-fortified infant cereal: \_\_\_\_\_

Center/provider will provide the following brand of infant foods: \_\_\_\_\_

Parents/Guardians,

Please check one of the following options below and sign this form:

\_\_\_\_\_ I would like the provider/center to provide ALL meal components to my infant and I will provide clean, sanitized, and labeled bottles daily.

\_\_\_\_\_ I will provide the following meal component to my infant and the center will provide all other meal components:

Formula\*

Cereal

Fruit

Vegetable

Meat/Fish/Poultry/Eggs/Beans/Peas

Cheese/Cottage Cheese/Yogurt

Bread/Crackers/Breakfast Cereal

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

\_\_\_\_\_  
Date

\*Any parent requesting any formula other than a USDA approved milk-based or soy-based iron-fortified formula be provided to their infant or any parent who provides any formula other than a USDA approved milk-based or soy-based iron-fortified formula for their infant must provide a doctor's note indicating the required use of the formula. If a parent elects to have the center or day care home provider supply meals to their infant, the infant will be fed according to its individual feeding plan that is provided by the parent or guardian. The center or day care home provider may only claim reimbursement for no more than breakfast, lunch or supper, and a snack.

# Transportation Agreement

This is to certify that I give First Steps Child Development Center permission to transport my child \_\_\_\_\_

(Name of Child)

From First Steps Child Development Center

To

Piedmont Medical Center and/or various approved fieldtrips throughout the school calendar year

Delivery Location

My child will be transported on the following days

Monday     Tuesday     Wednesday     Thursday     Friday.

FIRST STEPS CDC is authorized to receive my child.

In the event the authorized person is not present to receive my child, the following procedures are to be followed: \_\_\_\_\_

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

The Piedmont Medical Center is approximately 7.1 miles from the center.

If my child is not to be transported as outlined above, I agree to notify

First Steps Child Development Center

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

## Vehicle Emergency Medical Information and Authorization

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

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Person to notify in case of an emergency and parents cannot be reached:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Facility the Center uses **Piedmont Newton Medical Center**

**Address** 5126 Hospital Dr NE, Covington, GA 30014 **Phone** (770) 786-7053

**Piedmont Rockdale Medical Center**

**Address** 1412 Milstead Avenue NE, Conyers, GA 30012 **Phone** (770) 918-3000

Child's Allergies \_\_\_\_\_

Current prescribed medication \_\_\_\_\_

Child's special medical needs and conditions (i.e.) diabetic, asthmatic, drug allergies, etc.

In the event of an emergency involving my child, and if **First Steps Child Development Center** cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Should my child suffer an injury or illness while in the care of **First Steps Child Development Center** and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I/We agree to keep the facility informed of changes in telephone number, employment, etc. where I/We can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

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

Parent/Guardian \_\_\_\_\_ Director/Site Coordinator \_\_\_\_\_

**Parents or Guardian's Notice of No Liability Insurance and  
Acknowledgement**

I understand that I am being informed in writing by signing  
this acknowledgement that this facility,  
First Steps Child Development Center  
does not carry liability insurance sufficient to protect my  
children in the event of an injury, etc.

\_\_\_\_\_  
Parents or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Director's Signature

\_\_\_\_\_  
Date

**Authorization to Dispense External Preparations**  
**590-1-1-.20(1)**

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give \_\_\_\_\_, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

- \_\_\_\_\_ Baby Wipes
- \_\_\_\_\_ Band-aids
- \_\_\_\_\_ Neosporin or similar ointment
- \_\_\_\_\_ Bactine or similar first aid spray
- \_\_\_\_\_ Sunscreen
- \_\_\_\_\_ Insect Repellent
- \_\_\_\_\_ Non-Prescription ointment (such as A & D, Desitin, Vaseline)
- \_\_\_\_\_ Baby Powder
- Other (please specify) \_\_\_\_\_

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

\_\_\_\_\_  
Date

\*center should maintain in child's file





Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. **First Steps Child Development Center** offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached CACFP Meal Benefit Income Eligibility Form also known as the Income Eligibility Statement (IES). In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced-price meals.

1. **Do I need to fill out an Income Eligibility Statement (IES) for each of my children in day care?** You may complete and submit one [1] IES form for all children enrolled in child care in your household **only** if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to: First Steps Child Development Center; 3714 Salem Rd Covington Ga 30016 770 788-8555**
2. **Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) benefits can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in WIC may be eligible for free meals.
3. **Who can get reduced-price meals?** Your children can get reduced-priced meals if your household income is within the reduced-price limits on the Federal Income Eligibility Guidelines, shown on this application. Children in households participating in WIC may be eligible for reduced-price meals.
4. **May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.
5. **Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.
6. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Eligibility Guidelines, the center will receive a higher level of reimbursement. Once properly approved for free or reduced-price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.
7. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally receive overtime pay, include it, but not if you only work overtime on an occasional basis.
8. **What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Income Eligibility Statement but are not required to



include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact **First Steps Child Development Center; 3714 Salem Rd Covington Ga 30016**

**770 788-8555**

**9. We are in the military; do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, regarding deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

**10. Will the information I give be verified? (pricing program only)** Maybe. We may ask you to send written proof to verify the information you submitted on the form.

**11. What if I disagree with the decision about the information I complete on this form?** You should talk to your **Tawanna Bridges, Center Manager**.

In the operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age, or disability.

If you have other questions or need help, call **770 788-8555**

Sincerely,

*Tawanna Bridges*

## CACFP/SFSP Meal Benefit Income Eligibility Statement

Center Name: First Steps Child Development Center(Cov.)(446)

### PART I: Child(ren) or Adult enrolled to receive day care

| Name: (Last, First and Middle Initial) | DOB | SNAP, TANF, or FDIPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. Note: Do not use EBT numbers. Write case number and proceed to Part III. | Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply. (See definitions in FAQs) |                          |                          |                          |                          |
|--|-----|--|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  |     |  | Head Start   | Foster Child             | Migrant                  | Runaway                  | Homeless                 |
|  |     |  | <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"/> |

### PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

**A. Child Income** - Sometimes children in the household earn or receive income. Please indicate the TOTAL Child Income/How often? income received by child household members listed in PART I here. \$ \_\_\_\_\_ / \_\_\_\_\_

**B. Other Household Members** - List all household members even if they do not receive income. Also, list the adult participant if he/she did not meet eligibility in Part I. 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 field blank you are certifying (promising) there is no income to report.

| Name of Other Household Members (First and Last) | 1. Earnings from work before deductions / How often? | 2. Welfare, child support, alimony / How Often? | 3. Social Security, pensions, retirement / How Often? | 4. All other income / How Often? |
|--|--|---|---|----------------------------------|
| 1. _____   | \$ _____ / _____                                     | \$ _____ / _____                                | \$ _____ / _____                                      | \$ _____ / _____                 |
| 2. _____   | \$ _____ / _____                                     | \$ _____ / _____                                | \$ _____ / _____                                      | \$ _____ / _____                 |
| 3. _____   | \$ _____ / _____                                     | \$ _____ / _____                                | \$ _____ / _____                                      | \$ _____ / _____                 |
| 4. _____   | \$ _____ / _____                                     | \$ _____ / _____                                | \$ _____ / _____                                      | \$ _____ / _____                 |
| 5. _____   | \$ _____ / _____                                     | \$ _____ / _____                                | \$ _____ / _____                                      | \$ _____ / _____                 |

### C. Total Household Members (Adults and Children) listed in Part I and Part II - \_\_\_\_\_

**Social Security Number.** If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility. Last four Digits of Social Security Number XXX-XX-\_\_\_\_  I do not have a Social Security Number

### PART III: Enrollment Information

: Children Only

My child is normally in attendance at the facility between the hours of \_\_\_\_\_ [am / pm] to \_\_\_\_\_ [am / pm]  (✓) Check here if only before/after school care is provided.

Circle the days your child will normally attend the center:  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Circle the meals your child will normally receive while in care:  Breakfast  AM Snack  Lunch  PM Snack  Supper  Evening Snack

### PART IV: Signature

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care. If not completed fully and signed, the participant will be placed in the Paid category.*

Signature: X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: GA Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\*This application is a revision of USDA's newly released meal benefit prototype and meets all legal requirements and reflect design best practices identified by USDA through focus testing and other research.

### PART V: Participant's Ethnic and Racial Identities (optional)

Check (✓) one ethnic identity:

Hispanic/ Latino  Not Hispanic/ Latino

Check (✓) one or more racial identities:

Asian  White  Black or African American  Indian or Alaska Native  Hawaiian or other Pacific Islander

**Official Use Only Section for Provider: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12**

Total income: \_\_\_\_\_ Per:  Week  Every 2 Weeks  Twice a month  Month  Year Household Size: \_\_\_\_\_

Categorical Eligibility: check (✓) if applicable  Eligibility: check (✓) one Free  Reduced  Paid-Denied

Day Care Homes Only: check (✓) one Tier I  Tier II

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow Up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the social security of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

**Non-discrimination 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, 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 email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.



## INCOME ELIGIBILITY FORM FOR THE Summer Feeding Service Program and Child Adult Care Feeding Program



Please complete the following form using the instructions below. Sign the form and return it to:  
Second Harvest of South Georgia, Inc.

### INSTRUCTIONS

#### Households that receive SNAP, TANF, FDPIR, SSI or Medicaid: Complete the following:

**Part I:** For family day care home and child care center, list participant's name and a SNAP, TANF, or FDPIR case number. For adult day care, list participant's name and a SNAP, TANF, FDPIR, SSI or Medicaid case number. **Note: foster children (children placed in the household by the court system) can be included in this section. A separate form is no longer needed for foster children.** **Note:** Children in Foster care, enrolled in Head Start and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Please refer to the Q&A section for a definition of each free categorical eligibility.

**Part II:** Skip this part.

**Part III:** Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

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

**Part V:** Answer this question if you choose to.

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#### All other Households, including WIC households, complete the following:

**Part I:** For family day care home, child care center or adult day care, list participant's name.

**Part II:** To report total household income from last month, complete the following:

**A- Child Income:** Please indicate the TOTAL income received by Child household members listed in PART I. Please list any child income and how often it is received in this section.

**B - Adult Income:** List the first and last name of each Adult person living in your household as an economic unit. You must indicate yourself and all other adult members living with you. In the case of an adult participant, the adult participant, and if residing with the adult participant, the spouse and dependent(s) of the adult participant should be listed here as well. Attach another sheet if necessary.

**List Gross Income.** Next to each person's name, list each type of income received last month, and how often it was received.

**B-Column 1:** List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

**B-Column 2:** List the amount each person got last month from welfare, child support, alimony.

**B-Column 3:** List Social Security, pensions, and retirement.

**B-Column 4:** List all other income sources including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income from self-owned businesses, farming, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Social Security Number:** If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or mark the "I don't have a Social Security Number" box.

**If no income:** If the person does not receive income from any source, write "0". If "0" is entered or any income field are blank, the person is certifying that there is no income to report.

**C - Total Household Members.** Please list the total number of all household members (children and adults) in this section.

**Part III:** Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

**Part IV:** An adult household member must complete this section completely and then sign the form. Please refer back to Part II to ensure the last four digits of his/her social security number have been recorded or the box has been marked if he/she does not have one.

**Part V:** Answer this question if you choose to.

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



## SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

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

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

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send it with your Income Eligibility Form to **your Center within 5 days** (Sending in this form will not change whether your children get free or reduced price meals.).

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

If you checked no, fill out the form below.

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

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

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

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

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

Today's Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

For more information, you may call Winona Green at **229-244-2678 ext. 1202.**

# WIC

## A Special Food and Nutrition Education Program For Women, Infants and Children

### WHO IS ELIGIBLE?

- A pregnant woman
- A breastfeeding woman
- A woman who has recently been pregnant
- An infant or a child less than 5 years old

### SERVICES PROVIDED:

- Nutritious foods
- Nutrition counseling
- Breast feeding support
- Health care referral

### TO BE ELIGIBLE, YOU MUST ALSO:

- Have a low or moderate income  
AND
- Have a special need that can be helped by WIC foods and nutrition counseling

### APPROVED WIC FOODS:

- Milk, cheese, eggs, cereals, peanut butter, fruit or vegetable juices, dry beans or peas, iron fortified formula

**YOU DO NOT HAVE TO BE ON PUBLIC ASSISTANCE TO APPLY.**

**CALL YOUR LOCAL HEALTH DEPARTMENT FOR MORE INFORMATION.**

# Georgia WIC Program

Georgia WIC  
 Georgia Department of Public Health  
 2 Peachtree Street, NW  
 10<sup>th</sup> Floor  
 Atlanta, GA 30303  
 Telephone: 1-800-228-9173  
 Website: <http://dph.georgia.gov/WIC>

## INCOME ELIGIBILITY GUIDELINES (Effective from July 1, 2021 to June 30, 2022)

| Household Size                        | Reduced Meal Income Limits |         |               |                 |        |
|---------------------------------------|----------------------------|---------|---------------|-----------------|--------|
|                                       | Annually                   | Monthly | Twice A Month | Every Two Weeks | Weekly |
| 1 .....                               | 23,828                     | 1,986   | 993           | 917             | 459    |
| 2 .....                               | 32,277                     | 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  |
| For each additional family member add | + 8,399                    | +700    | + 350         | +324            | + 162  |