



Dear Parents,

Stepping Stone Day School participates in a federal nutrition program that allows us to serve nutritious meals and snacks, as well as keep costs down to a minimum. The program is funded by the United States Department of Agriculture (USDA) and the Oregon Department of Education.

All children enrolled at Stepping Stone Day School receive meals at no separate charge. To keep our fee schedule low and provide excellent food service for our students we need ALL parents to fill out the next page (page 2). Only fill out the third page (page 3) if:

The childcare participant receives food stamps, TANF.

----OR----

The household income is less than the amount on the Income Eligibility Guidelines.

Income Eligibility Guideline Chart:

48 Contiguous States, D.C., Guam and Territories					
Persons in Family or Household Size	Annual	Monthly	2X-Monthly	Bi-Weekly	Weekly
1	21,590	1,800	900	831	416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
Each Add'l Member Add	7,511	626	313	289	145

These forms must be turned in prior to your child's first day of school at Stepping Stone Day School. This information will be kept strictly confidential. Your cooperation is greatly appreciated.

Sincerely,

Emily Bjelland
Owner/Director

Child and Adult Care Food Program CHILD ENROLLMENT FORM
 Child Care Centers/Head Start Programs

CACFP Sponsor Name/Site Name

TO BE COMPLETED BY PARENT/GUARDIAN ONLY

The CACFP reimburses centers for serving nutritious, well-balanced meals and snacks to children in care. Complete the following chart for all children in care. Sign, date, and return to the center. Use additional forms, as needed. Parents/guardians of all infants must complete the Infant Formula Selection section.

Children's Names	Normal Hours in Care		Normal Meals and Normal Days in Care
	Enter the <u>time</u> your child usually <i>arrives</i> each day.	Enter the <u>time</u> your child usually <i>leaves</i> each day.	
Last:			Normal Meals While In Care Breakfast AM Snack Lunch PM Snack Supper Eve Snack <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
First	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Normal Days of the Week in Attendance Mon Tue Wed Thu Fri Sat Sun <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Last			Normal Meals While In Care Breakfast AM Snack Lunch PM Snack Supper Eve Snack <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
First	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Normal Days of the Week in Attendance Mon Tue Wed Thu Fri Sat Sun <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Last			Normal Meals While In Care Breakfast AM Snack Lunch PM Snack Supper Eve Snack <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
First	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Normal Days of the Week in Attendance Mon Tue Wed Thu Fri Sat Sun <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Last			Normal Meals While In Care Breakfast AM Snack Lunch PM Snack Supper Eve Snack <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
First	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Normal Days of the Week in Attendance Mon Tue Wed Thu Fri Sat Sun <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Parent/Guardian Print Name: _____ Date _____

Parent/Guardian Signature: _____

INFANT FORMULA SELECTION: Complete if any child listed above is an infant under one year of age

This center provides _____ (list brand) iron fortified infant formula.

- Check one: I accept the center provided formula
 I decline the center provided formula

I understand that by declining the center provided formula, I agree to provide breast milk or formula for my child. If I provide formula it must be on the approved formula list for the center to be reimbursed for the meal.

Updates: (annual at a minimum)	The parent/guardian signing this form certifies that the enrollment information is correct. If information has changed, the parent/guardian has written the appropriate changes on the form and initialed the change. <i>If there are many changes, please complete a new form.</i>	
First Update	Parent/Guardian Signature	Date
Second Update	Parent/Guardian Signature	Date
Third Update	Parent/Guardian Signature	Date
Fourth Update	Parent/Guardian Signature	Date

2015-2016 CONFIDENTIAL INCOME STATEMENT – Child Care Centers/Family Day Care Providers

INSTRUCTIONS:

- If your household received SNAP, TANF or FDPIR, complete parts 1-3, and 5; part 6 is optional.
- If you do not receive these benefits and your income is below the guidelines (back) complete parts 1, 2, 4, and 5; part 6 is optional.
- If you are applying for a FOSTER CHILD only, complete parts 1, 2, and 5; part 6 is optional.

1 HOUSEHOLD INFORMATION

Print name of person completing this application (Last name, First name)

Home Phone or Cell Phone (Circle One)

Name Print

Work Phone

Mailing Address – Apt #

→ Number living in this household _____
(Write names of all household members on part 2 and/or part 4 of this form)

City State Zip

2 CHILD INFORMATION – (Names of Your Children Enrolled in Child Care)

Child's Name (Legal Last name, First name)

Birth Date

Age

Check if Foster Child (placed by welfare agency or court) if only foster care child(ren) see instructions above

1.	_____	_____	_____	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>

3 PUBLIC BENEFITS Indicate which benefits your household currently receives, and list case number, if any:

- Name: _____ Case Number: _____
- SNAP (Supplemental Nutrition Assistance Program) (Oregon Trail Card number not acceptable)
 - TANF (Temporary Assistance to Needy Families) (Employment Related Day Care does not qualify)
 - FDPIR (Food Distribution on Indian Reservations)

4 HOUSEHOLD MEMBERS & GROSS MONTHLY INCOME – if not monthly, see back for conversions

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
List all household members, including children not attending school, and income. Do not include children listed in part 2, unless they receive regular income. (Last name, first name)	MONTHLY INCOME (Total earnings & wages before deductions)	MONTHLY CHILD SUPPORT, WELFARE, ALIMONY RECEIVED	MONTHLY PENSIONS, SOCIAL SEC., RETIREMENT, SSI, VA	OTHER MONTHLY INCOME -including unemployment and workers comp.	Check if No Income
1. _____	_____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	_____	<input type="checkbox"/>
5. _____	_____	_____	_____	_____	<input type="checkbox"/>
6. _____	_____	_____	_____	_____	<input type="checkbox"/>
7. _____	_____	_____	_____	_____	<input type="checkbox"/>

5 SIGNATURE, DATE and Last four numbers of SOCIAL SECURITY NUMBER (Adult must sign)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Signature of Adult Household Member _____ Date Signed _____ Social Security Number _____
(See privacy statement on back) I do not have a Social Security Number.

6 RACIAL OR ETHNIC GROUP (OPTIONAL)

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

Mark one or more racial identities:

- Asian
- American Indian & Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White, not of Hispanic origin
- Other

SPONSOR USE ONLY - DO NOT WRITE BELOW THIS LINE

Total Income: _____ Number in Household: _____

Centers

FDCH

Eligibility: Free Reduced Price Above Scale

Tier 1 Tier 2

Eligibility based on: SNAP/TANF FDPIR Household Income Foster Child

Notes: _____

Determining Official's Signature: _____ Date _____

2nd Check (initial)