



# SCHOOL AGE CHILD CARE Before & After School



Auburn YMCA  
27 William Street  
Auburn, NY 13021  
315.253.5304

2024  
2025  
School  
Year

The YMCA Before and After School program provides children in Kindergarten — Grade 6, a fun, game-filled program in a safe environment. Activities include homework time, snacks, arts and crafts, projects, gym games, and small group activities.

**Program licensed by NY State**

**Program Hours: Monday–Friday on days when School is In-Session.  
7:00\* am–School Starts End of School Day–5:30 pm**  
(We follow the AECSD Calendar)

\*Am care as early as 6:30 am at the YMCA Only!

Weekly Tuition Fees	Morning	Afternoon	Am & Pm
<b>Auburn Y Member</b>	\$56.98	\$72.09	\$115.12
<b>General Public</b>	\$76.74	\$113.95	\$179.07

Youth Membership is only \$26.50 per month.

### Locations:

**Before & After School Care\*:** Weedsport, Owasco & Auburn YMCA  
(Before Care starts @ 6:30am for YMCA Only)

**After School Care Only:** Moravia , Port Byron

**The Auburn YMCA Site will serve all Auburn students with an approved bus pass.**

\*Minimum Registration numbers must be met for the program to run.

We will provide a 30-day written notice if a program fails to meet or maintain a minimum number of participants. Registration:

Return completed forms to the Auburn YMCA Member Services Desk. Registration must be received by 7:00 p.m., August 30, 2024, to begin on the First Day of school.

Registrations received after the deadline will be subject to a 3-5 business day processing period.

**Child Care Assistance Programs:** The YMCA accepts payments from the Department of Social Services. An award letter is required at the time of registration unless it is already on file.

**Financial Assistance:** Program Scholarship applications are available on our website: www.auburnymca.org or at the Member Services Desk.

Scholarship applications must be submitted before registration.

Please submit a scholarship application along with a county (DSS) subsidy denial letter.

Scholarships cannot be applied after registration has been completed. Please plan accordingly.

### More Information:

Contact: Audra Jakaub, Child Care Director 315.253.5304 ext. 1011 or audraj@auburnymca.net

# WELCOME!

The YMCA before and after school program is a mission driven organization that puts a strong emphasis on our core values of caring, respect, responsibility and honesty. We strive to provide every child with activities that foster character development.

We are pleased that you have selected us to provide programming for your child this school year. Our goal is to provide quality enrichment child care activities through a perfect balance of fun, learning and friendship.

Please read through our Parent Handbook and familiarize yourself with our policies and procedures. It provides you with information about our services, programming and payment.

We welcome you to contact us with any questions or comments at: (315)253-5304 or visit our website [auburnymca.org](http://auburnymca.org) for more information.

Sincerely,  
Audra Jakaub  
Child Care Director

## IMPORTANT CONTACT INFORMATION

➤ **Audra Jakaub**, Child Care Director, (315)253-5304 ext. 1011,  
[AudraJ@auburnymca.net](mailto:AudraJ@auburnymca.net)

## SCHOOL CONTACTS

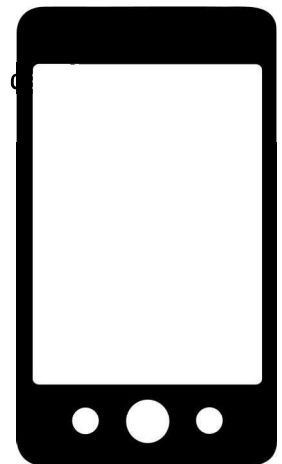
**Auburn YMCA** (program in pre-school wing).....315-253-5304 (YMCA front of school)

**Owasco** (program in Cafeteria).....315-255-8721 (school)

**Weedsport** (program in Classroom).....315-834-6685 (school)

**Auburn Transportation** .....315-255-8807  
[carolanndifabio@aecsd.education](mailto:carolanndifabio@aecsd.education)

**First Student Bus**.....315-252-3401





# 2024/2025 Auburn YMCA-WEIU School Age Child Care Registration Form

Site: \_\_\_\_\_ AM Care  PM Care  AM & PM Care

1. Child's Name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

2. Child's Name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

3. Child's Name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

\* Child must be registered in Kindergarten to attend. My child/children attend/s \_\_\_\_\_ school.

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ E-mail (Required): \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ E-mail (Required): \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Does your child have an IEP or 504 in school? \_\_\_\_\_ If so, a copy of the IEP must be provided to the School Age Child Care Director.

Does your child have any behavior problems? \_\_\_\_\_

If your child will need to take medication during program hours, please call the Child Care Director:

Audra Jakaub at 315-253-5304 ext. 1011.

Please list any medical concerns you may have: \_\_\_\_\_

Persons authorized to pick up your child (other than parents):

1. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Please note that ALL pick up persons (including PARENTS) will be required to show photo ID.

Children will not be released to persons refusing to produce identification.

Thank you for your understanding and cooperation.

In the event of an emergency, I understand that the Program Director will make the effort to contact the parent/guardian. I authorize him/her to act for me according to his/her judgment in an emergency requiring medical or surgical treatment and transportation to an emergency care facility. I agree to be responsible for all medical bills resulting from illness or injury during my child's attendance at the School Age Child Care program.

- My Child may leave the YMCA for short walks.  Yes  No
- My Child may be photographed/recorded (video/audio) for publicity and classroom use.  Yes  No
- My Child has permission to participate in free swim at the Auburn Y.  Yes  No
- I give permission for the YMCA Child Care staff to apply sunscreen to my child/children.  Yes  No

**Liability Statement:** I the undersigned, as the parent/guardian of the said child/children listed, give permission for my child/children to participate in the Auburn YMCA-WEIU SACC Program and assume full responsibility for all risk of injury which may result from my child/children's participation in activities during the School Age Child Care Program.

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



# 2024/2025 Auburn YMCA-WEIU

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

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

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

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

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

As a parent of one or more children enrolled in the Auburn YMCA SACC program, I acknowledge the parental responsibility to follow the policies set forth by the YMCA to provide the best possible care for my child or children. By initialing the following statements, I agree to/that:

\_\_\_\_\_ By enrolling my child, I am acknowledging that I have read and agree to the terms in the Parent Handbook (available @ [www.auburnymca.org](http://www.auburnymca.org) or Auburn YMCA front desk), which lists policies, times, rates, etc.

\_\_\_\_\_ My child and I have read, understood, and agree to comply with the Behavior Policy. Behavior policy will be enforced and children may be removed from program. Please review carefully.

\_\_\_\_\_ Respect the obligation of the Auburn YMCA staff to act as mandated reporters and any instances of suspected child abuse, neglect, or endangerment of the welfare of a child to the proper authorities.

\_\_\_\_\_ Notify the Auburn YMCA in writing of any changes of address, e-mail, phone numbers, medical or otherwise critical information.

\_\_\_\_\_ Keep my account current. I also acknowledge that my child may be suspended from the program for failure to keep my account current.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**INSPIRING  
ACHIEVEMENT,  
BELONGING AND  
CONNECTEDNESS**



# Behavior Policy

Enrollment or participation in youth programs at the YMCA is a privilege. Participants should, at all times, demonstrate the YMCA values of Caring, Honesty, Respect, and Responsibility. The YMCA is committed to providing a safe and welcoming environment. To promote safety and comfort for everyone, all individuals are asked to behave in a courteous and polite manner at all times when participating in our programs. The objectives in all YMCA programs are to promote youth development, healthy lifestyles, and social responsibility through teaching and learning acceptable behaviors and promoting a positive self-image.

## We ask children to:

- Use appropriate and suitable language at all times
- Cooperate and follow directions given by staff
- Respect other children and staff, as well as the equipment and facilities
- Maintain a positive attitude
- Stay in the program area

## The following behaviors will not be accepted in the YMCA School Aged Child Care program:

- ◆ Leaving the YMCA program premises without permission or going into unauthorized areas.
- ◆ Rudeness, defiance of authority, or failure to follow instructions.
- ◆ Refusing to remain with the assigned group or running away from staff without permission.
- ◆ Inappropriate conversation; profanity; foul, abusive, vulgar, or irreverent language.
- ◆ Defacing or stealing the property of the YMCA, school, other participants, staff, or field trip facilities.
- ◆ Bringing or using illegal substances.
- ◆ Fighting; physical or verbal aggression, including provoking and quarreling.
- ◆ Intentionally injuring another child, including deliberately causing anger or emotional distress. NO BULLIES!
- ◆ Any repetitive behaviors that require consistent and prolonged one-on-one attention from staff

**Should a child refuse to follow these rules, we implement a three (3) strikes system during each program session (Morning session or Afternoon session). During program hours, our behavior policy between staff and your child is as follows:**

1. The first time your child needs to be spoken to for not following the above established behavior guidelines, the staff will issue a verbal warning to the child.
  2. The second time, your child will be asked to take a few moments of "chill time" where the child relaxes away from the group activity.
  3. The third infraction will result in the staff speaking verbally with the parent about the day's behavior. The site director will be documenting all inappropriate behavior.
  4. After verbally speaking to the parent about inappropriate behavior on more than 1 occasion, a plan of behavior modification will be established with site staff and the family.
  5. If the behavior continues, any of the following may occur: a conference with the site staff, the parent, and the Child Care Director; suspension; a written and final warning indicating dismissal if the misbehavior does not improve.
  6. The family may request a conference with staff or Child Care Director at any time.
- ◆ **Parents/guardians should note that major offenses, such as physical or emotional endangerment or bullying will result in immediate suspension and possible permanent removal from all child care programs. If such behavior occurs, a phone call will be made and the child must immediately be removed from the program site.**

Please read and discuss this policy with your child.

**I HAVE READ, UNDERSTOOD, AND AGREE TO COMPLY WITH THESE POLICIES:**

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

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Child's Signature

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Parent/Guardian Signature



**Auburn YMCA-WEIU**  
**Minor Participant Waiver, Release, Indemnification of**  
**All Claims & Covenant Not to Sue**

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING AUBURN YMCA-WEIU FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE**

**Assumption of Risk**

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of Auburn YMCA - WEIU facilities, services, equipment and premises ("Facilities") and any participation in Auburn YMCA - WEIU programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

**Waiver, Release, Indemnification & Covenant Not to Sue**

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that [Auburn YMCA - WEIU](#), its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)

\_\_\_\_\_

\_\_\_\_\_

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**CHILD CARE EMPLOYEE, VOLUNTEER, PARENT, CHILD AND ESSENTIAL VISITORS  
HEALTH SCREENING ONE-TIME ATTESTATION**

Before entering a child care program, employees, volunteers, parents, children and essential visitors **must complete a health screening questionnaire daily. In addition, each employee, volunteer, parent, child and essential visitor must sign and submit this form to the program one time.** Employees, volunteers, parents, children and essential visitors must answer all questions and take their temperature daily to confirm a body temperature lower than 100.0 degrees Fahrenheit. If anyone answers "Yes" to any of the questions below, they cannot enter the child care program. A parent or guardian is responsible for completing daily screening on behalf of their child(ren).

**Self-Screening:**

Below are the self-screening questions that employees, volunteers, parents, children and essential visitors are required to answer **daily**. If any of the answers to the below questions are "Yes," individuals **cannot** enter the program. If the answers are "No" to all the following questions, individuals may enter the program. If employees, volunteers, parents, children and essential visitors cannot take their temperature at home, but answer "No" to all other questions, they may report to the program to have their temperature taken on site.

1. Is your temperature higher than or equal to 100.0 degrees Fahrenheit?
2. Have you had any known contact with a person confirmed or suspected to have COVID-19 in the past 14 days?
3. Are you currently experiencing ANY of the following symptoms?
  - Cough (new or worsening)
  - Shortness of breath (new or worsening)
  - Trouble breathing (new or worsening)
  - Fever
  - Chills
  - Muscle pain (new or worsening)
  - Headache (new or worsening)
  - Sore throat (new or worsening)
  - New loss of taste
  - New loss of smell
4. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?

If you have answered "NO" to all questions, you have passed and may enter the program.

If you have answered "YES" to any question, you will not be allowed to enter the program.

**Attestation:** By signing this document, I agree that I will self-monitor these symptoms each day and report the outcome per the instructions above and will not enter any child care program if any of the above symptoms or conditions are present.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Note:** This document must be signed and returned to the program prior to entry. A signed copy needs to be provided only once. The child care program must retain a copy for their records.

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2023/2024

Site: \_\_\_\_\_  
AM  PM

## Before and After School Care Payment Agreement

Payment for first month's tuition is due at time of registration. All future tuition payments will be **automatically deducted** from your Bank Account or Credit Card on the first of each month for that months care.

### **Automatic Payment Agreement**

1. I understand that this program charge will remain in effect until the end of the program, or until I take action to stop it.
2. The designated draft amount on my receipt will be deducted from my bank account or charged to my credit card on the First of each month, thru the duration of the program.
3. I agree to give the YMCA a 15-day advance written notice if I wish to terminate or make any changes to my bank information (i.e. change of banks, accounts, or change in membership category). I understand that I should check my account to verify that the withdrawal has not occurred after date listed on the termination form.
4. Should any draft not be honored by my bank/credit card for any reason, I realize that I am still responsible for that payment plus a \$30 service charge applied by the YMCA. This is in addition to any service fee my bank may have.

**I have read understand and agree to the terms of this agreement.**

Child/Children: \_\_\_\_\_

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

### **Automatic Payment Information**

Bank Account Type:   Checking   Savings

Credit Card: Visa   MasterCard   Discover   American Express

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

Name on Card: \_\_\_\_\_

Account#: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Routing #: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

I authorize the Auburn YMCA-WEIU to charge the above Account or Credit Card for my childcare tuition on the First of each month.

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

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

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

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**Auburn Enlarged City School District  
2024-2025 Daycare Transportation Request Form**

The information requested below is needed to evaluate the transportation needs of your child to and/or from their daycare provider. **Signed/completed forms must be returned by August 15, 2024. A new form must be filled out by the parent or guardian every school year.** To be eligible for childcare transportation:

- **Your provider must be licensed with the NYS Office of Children and Family Services.**
- Childcare provider's residence, must be within the AECSA attendance zone, be eligible to receive transportation to/from the school of attendance and meet mileage requirements (1 mile for elementary, 1.5 miles for Jr. High) from the school the student attends.
- **Transportation is provided to/from one location only.**
- **Schedules for transportation to different locations on different days of the week are not permitted. The child must attend daycare either every morning, every afternoon or both to be eligible for daycare busing. Exceptions will be made only on days when students have a half day of school, per the District calendar.**

Requested Start Date \_\_\_\_\_ School \_\_\_\_\_  
**Daycare busing will begin 48-72 hours after District approval**

2024-2025 grade \_\_\_\_\_ Student Name \_\_\_\_\_

Student Home Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact Name/Phone Number \_\_\_\_\_

Medical Information (optional) \_\_\_\_\_

**Child Care Provider Name: YMCA**

Child Care Address and phone number: **27 William Street 315.253.5304**

Is child care needed: **A.M. Only**      **P.M. Only**      **Both A.M. and P.M.**

Parent/Guardian Signature and Date \_\_\_\_\_

**District Use Only**

Approved \_\_\_\_\_ Bus \_\_\_\_\_

Disapproved/Reason \_\_\_\_\_

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## To my Child's Teacher:

My child \_\_\_\_\_ will be attending  
the YMCA School Age Child Care Program.

Before school

After school

at the following location \_\_\_\_\_

on the following day(s) \_\_\_\_\_

Parent/ Guardian Signature

Date \_\_\_\_\_

## To the School Office:

My child \_\_\_\_\_ will be attending the  
YMCA School Age Child Care Program.

Before school

After school

at the following location \_\_\_\_\_

on the following day(s) \_\_\_\_\_

Parent/ Guardian Signature

Date \_\_\_\_\_

**Do NOT** turn this form into the Auburn YMCA, please distribute form  
to the appropriate departments at your child's school.

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# CAYUGA COUNTY DAY CARE 2023 - 2024

Effective October 1, 2023 - May 31, 2024

The following are the income standards to determine eligibility for services to be used, effective October 1, 2023.

<u>FAMILY SIZE</u>	<u>100%</u>	<u>85% SMI</u>	<u>Monthly</u>
1	\$14,580	\$ 51,610.13	\$ 4,300.84
2	\$19,720	\$ 67,490.17	\$ 5,624.18
3	\$24,860	\$ 83,370.21	\$ 6,947.52
4	\$30,000	\$ 99,250.25	\$ 8,270.85
5	\$35,140	\$115,130.29	\$ 9,594.19
6	\$40,280	\$131,010.33	\$10,917.53
7	\$45,420	\$133,987.84	\$11,165.65
8	\$50,560	\$136,965.35	\$11,413.78
9	\$55,700	\$139,942.85	\$11,661.90
10	\$60,840	\$142,920.36	\$11,910.03

## FEE CALCULATION

(Gross income – 100% = AGI x 1% (county % selected for the family share) = AMOUNT/52 weeks = Family share

***\*\*Transitional goes up to the 200%\*\****

***Foster care/guardianship \$0.00 family share***

***Transitional \$0.00 family share for their 1<sup>st</sup> year***

See INSTRUCTIONS on reverse.

**CHILD CARE CENTER NAME** \_\_\_\_\_

Print the name of the child(ren) enrolled in this child care center

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Complete SECTION A if anyone in your household**

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

**SECTION A**

SNAP Case # \_\_\_\_\_

TANF # \_\_\_\_\_

FDPIR # \_\_\_\_\_

Names of Foster Children  
 \_\_\_\_\_  
 \_\_\_\_\_

**An adult household member must sign the application before it can be approved.** After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR THE CHILDCARE CENTER TO COMPLETE**

CACFP Agreement # \_\_\_\_\_

Total Number of Household Members \_\_\_\_\_  
 (INCLUDING FOSTER CHILDREN, IF APPLICABLE)

Total Household Income \$ \_\_\_\_\_

Free  Reduced  Paid

Date of Determination \_\_\_\_\_

Signature of Center Staff \_\_\_\_\_

**Complete SECTION B if no one in your household** participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

**SECTION B**

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

**An adult household member must sign the application before it can be approved.** After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will receive Federal funds based on the information I give.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER     Date \_\_\_\_\_

This institution is an equal opportunity provider.



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**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the form. The Social Security Number is not required when you: apply on behalf of a foster child; provide a SNAP, TANF or FDPIR number; or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

### **INSTRUCTIONS FOR COMPLETING DOH-3688**

#### **Definition of Income**

*Income* means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

#### **Definition of Household**

Household means *family* as defined in 7 CRF 22.6.2. *Family* means a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

### **INSTRUCTIONS FOR PARENTS OR GUARDIANS**

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

**Section A:** If anyone in your household participates in the Supplemental Nutrition Assistance Program (SNAP), receives Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the SNAP, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

**Foster children:** If your household includes a foster child who is in child care, write in the names of the foster children.

**Section B:** Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*. The form must be signed by an adult member of the household.

### **INSTRUCTIONS FOR SPONSORS AND CENTERS**

**The For The Childcare Center To Complete section is to be completed, signed and dated by sponsor or center staff.** The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

#### **The CACFP Agreement Number.**

**Total Number of Household Members** – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

**Total Household Income** – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as *paid*.

**Number of Free, Reduced or Paid** – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced or Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, last four digits of Social Security Number or SNAP, TANF or FDPIR numbers) are categorized in the paid category.

**The income eligibility form is valid until the last day of the month one calendar year from the date it is signed by the household member.** For example, a form signed on May 12, 2023 is valid until May 31, 2024.