Newman YMCA Out of School Time
Alternative Transportation Plan For Students That
Receive East Providence Busing to Afterschool Program

Child's Name: ____________________________________________

Parent Name: ____________________________________________

School Attending: ________________________ Classroom #: ______

In the event that there is early dismissal or after school activities and programs are cancelled my child:

☐ Will be picked up at the school dismissal time by an authorized adult.

   Authorized Adult: ______________________________________
   Authorized Adult: ______________________________________
   Authorized Adult: ______________________________________

☐ Will take the school bus home

   Bus #: ________________________________________________

☐ Will walk home or to another designated location

☐ Other:

   _______________________________________________________

Parent Signature: ________________________________________ Date: ________________________
Important Reminder of Program Closure

If the school calendar says early release or no school we will follow their calendar. If the weather looks like we could close, please tune in for cancellation updates. The YMCA will ask the RI Broadcasters Association to notify all radio and television stations of program cancellations. We are unable to call each parent individually to remind them of closings. Parents are responsible for providing the school with an alternate transportation plan if the OST program is closed for any reason. Please see your site coordinator if you have any questions.

Delay of School
- AM OST will **not** run
- PM OST will run

Early Dismissal
- AM OST will run
- PM OST will **not** run

After School Activities Cancelled
- AM OST will run
- PM OST will **not** run

No School
- All OST/Child Care is cancelled

*There are no refunds or credits given due to closures.
*Vacation weeks are a separate program that require registration
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:

Newman YMCA.

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.

This institution is an equal opportunity provider.
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:**

<table>
<thead>
<tr>
<th>If:</th>
<th>Then:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your income isn’t always the same</td>
<td>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.</td>
</tr>
<tr>
<td>Your household includes members who aren’t citizens</td>
<td>You or your children don’t have to be U.S. citizens to qualify for meal benefits.</td>
</tr>
<tr>
<td>You are in the military</td>
<td>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.</td>
</tr>
</tbody>
</table>

**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 Gloria Silvia at 401-427-1829 or gsilvia@gpymca.org.

This institution is an equal opportunity provider.
July 1, 2019

Dear Parent or Guardian:

Newman YMCA OST Program offers healthy meals and snacks to children as part of the Child and Adult Care Food Program (CACFP). Newman YMCA 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:

<table>
<thead>
<tr>
<th>Household size</th>
<th>Yearly Income</th>
<th>Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,107</td>
<td>$1,926</td>
</tr>
<tr>
<td>2</td>
<td>$31,284</td>
<td>$2,607</td>
</tr>
<tr>
<td>3</td>
<td>$39,461</td>
<td>$3,289</td>
</tr>
<tr>
<td>4</td>
<td>$47,638</td>
<td>$3,970</td>
</tr>
<tr>
<td>5</td>
<td>$55,815</td>
<td>$4,652</td>
</tr>
</tbody>
</table>

Please fill out a CACFP Meal Benefit Income Eligibility form. It will help us find out how much support Newman YMCA 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:
Newman YMCA, 420 Tauton Ave, Seekonk, MA 02771

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 Gloria Silvia at 401-427-1829 or gsilvia@gpymca.org.

Sincerely,

Signature

Gloria Silvia
Central Business Office

This institution is an equal opportunity provider.
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.

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Lunch or Supper</th>
<th>Snacks (Two of the five groups: )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk</td>
<td>Milk</td>
<td>Milk</td>
</tr>
<tr>
<td>Fruit or Vegetable</td>
<td>Meat or meat alternate</td>
<td>Meat or meat alternate</td>
</tr>
<tr>
<td>Grains</td>
<td>Grains</td>
<td>Grains</td>
</tr>
<tr>
<td></td>
<td>Fruit</td>
<td>Fruit</td>
</tr>
<tr>
<td></td>
<td>Vegetable</td>
<td>Vegetable</td>
</tr>
</tbody>
</table>

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:

**Greater Providence YMCA**
21 Peace Street
6th Floor
Providence, RI 02907

**Child Nutrition Programs**
RI Department of Education
255 Westminster 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, 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.
Child and Adult Care Food Program (CACFP)

Day Care Center Child Enrollment Form

The ___________________________ Newman YMCA OST and Child Care Program 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:

<table>
<thead>
<tr>
<th>Normal day of care (check each applicable day)</th>
<th>☐ Monday</th>
<th>☐ Tuesday</th>
<th>☐ Wednesday</th>
<th>☐ Thursday</th>
<th>☐ Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal hours in care (Indicate AM or PM)</td>
<td>☐ To And</td>
<td>☐ To And</td>
<td>☐ To And</td>
<td>☐ To And</td>
<td>☐ To And</td>
</tr>
<tr>
<td>Meals normally served to my child</td>
<td>☐ Breakfast</td>
<td>☐ AM Snack</td>
<td>☐ Breakfast</td>
<td>☐ AM Snack</td>
<td>☐ Breakfast</td>
</tr>
<tr>
<td></td>
<td>☐ Lunch</td>
<td>☐ AM Snack</td>
<td>☐ Lunch</td>
<td>☐ Lunch</td>
<td>☐ Lunch</td>
</tr>
<tr>
<td></td>
<td>☐ PM Snack</td>
<td>☐ PM Snack</td>
<td>☐ PM Snack</td>
<td>☐ PM Snack</td>
<td>☐ PM Snack</td>
</tr>
<tr>
<td></td>
<td>☐ Supper</td>
<td>☐ Supper</td>
<td>☐ Supper</td>
<td>☐ Supper</td>
<td>☐ Supper</td>
</tr>
<tr>
<td></td>
<td>☐ Evening Snack</td>
<td>☐ Evening Snack</td>
<td>☐ Evening Snack</td>
<td>☐ Evening Snack</td>
<td>☐ Evening Snack</td>
</tr>
</tbody>
</table>

Parent/Guardian Name (Please Print): ____________________________________________

Address (Please Print): ____________________________________________

Work Phone: __________________________ Home Phone: __________________________

Parent/Guardian Signature: __________________________ Date: __________________________

Sponsor Representative Signature: __________________________ Date: __________________________
CAGFP Meal Benefit Income Eligibility (Child Care)

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

A. Childcare
   List children in the household born or enrolled in childcare. Please include the total income earned by all household members listed in Step 4 here.

B. All adults household members including yourself
   List all household members not listed in Step 4, including yourself even if they do not reside alone. For each person, list their income below and total income earned by all household members listed in Step 4 here.

I certify (promised) 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 CAGFP officials may verify the information. I am aware that if I purposely give false information, the participant/recipient may lose meals benefits, and I may be prosecuted under applicable Ohio and Federal laws.
We are required to ask for information about your children's name and ethnicity. This information is important and helps us to make sure we are fully serving our community. Responding to this section is optional and does not affect your child's eligibility for receiving meals during school. Please check one.

**Ethnicity/Group/Background:**
- Hispanic or Latino
- Not Hispanic or Latino

**Race (check all that apply):**
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Your information will be kept confidential unless you request otherwise.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, USDA, its agencies, andpile, and Federal civil rights regulations and policies. Federal civil rights regulations and policies. For more information about program regulations, visit http://www.fns.usda.gov. For more information about USDA programs, visit http://www.fns.usda.gov. To contact the local school district, please call [phone number].