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: ____________________
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:

If:

Your income isn’t always the same

Your household includes members who aren’t citizens

You are in the military

Then:

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.

You or your children don’t have to be U.S. citizens to qualify for meal benefits.

Don’t include your Family Subsistence Supplemental Allowance (FSSA), combat pay, or the money you receive for privatized housing. If deployed, count the amount of pay that is made available to your household as income.

Step 4:

An adult household member must sign this form. The signer promises that all information is true and complete.

Print the name, address, and telephone or email of the adult signer. Sign and write today’s date in the marked boxes.

Optional

We ask about your children’s ethnicity and race to make sure we do our best to serve our community. Providing this information is not required. You won’t be denied benefits based on your race, color, national origin, sex, age, or disability.
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:

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>

Federal Income Standards for Reduced-Price Meals for July 1, 2019 - June 30, 2020

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

<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. This institution is an equal opportunity provider.
EAST PROVIDENCE SCHOOL DEPARTMENT
145 TAUNTON AVENUE, EAST PROVIDENCE, R.I. 02914
TELEPHONE: 383-5797 FAX: 572-3875

YMCA
BEFORE and AFTER SCHOOL DAYCARE
TRANSPORTATION APPEAL FORM FOR SCHOOL YEAR 2019-20

(PLEASE PRINT)
STUDENT NAME: ___________________________ GRADE: _______ SCHOOL: ___________________________

STUDENT ADDRESS ___________________________ TELEPHONE ___________________________

I would like to request transportation for my child as follows: (please check):

To school (a.m.) _____ From school (p.m.) _____

Parents are responsible for notifying the Transportation Dept (401-383-5797), of any changes, but are expected to adhere to the Monday – Friday schedule.

Students are expected to follow the bus conduct rules and regulations at all times, or Appeal will be revoked. Please understand the strict policy of an appeal is to grant transportation upon availability. Students who are not eligible for transportation may be approved providing there is room available on bus route.

You will be notified by telephone if your appeal has been granted or denied. Appeal forms must be completed and filed with the Transportation Office on an annual basis and must be accompanied with your proof of residence. DEADLINE: August 16th for transportation the 1st day of school.

Name of
Parent/Guardian __________________________________________

Parent/Guardian Signature ___________________________ Please Print ________________ Date ___________

Transportation use only:

Denied: _____ Approved: ______ Start Date ___________________________

Bus # _______ Pick-Up Time _______ Stop ___________________________

Bus/# _______ Return Time _______ Stop ___________________________
REQUIREMENTS FOR TRANSPORTATION APPEAL

All children requiring transportation services through the East Providence School Department, and for the YMCA, must prove legal residence in the city. Students include all school age children attending the district public schools.

Only a parent or guardian can register the student(s) for transportation.

Three (3) forms to prove residency are required. One (1) item from each column below will be accepted, it must contain the parent/guardian’s name and address, and must be within the last 30 days.

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
<th>Column C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortgage statement</td>
<td>Recent Utility Bill</td>
<td>Payroll Stub</td>
</tr>
<tr>
<td></td>
<td>Gas/Electric/Cable/Cell Phone</td>
<td></td>
</tr>
<tr>
<td>Lease</td>
<td>Credit Card Statement</td>
<td>Bank statement</td>
</tr>
<tr>
<td>Section 8 Agreement</td>
<td>State/Federal Assistance (ex WIC/unemployment)</td>
<td>W-2 Tax Return</td>
</tr>
<tr>
<td>Legal Affidavit from Landlord</td>
<td>Student Loan</td>
<td>Property Tax</td>
</tr>
</tbody>
</table>
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</td>
<td>To</td>
<td>To</td>
<td>To</td>
<td>To</td>
</tr>
<tr>
<td></td>
<td>And</td>
<td>And</td>
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<td>And</td>
<td>And</td>
</tr>
<tr>
<td></td>
<td>To</td>
<td>To</td>
<td>To</td>
<td>To</td>
<td>To</td>
</tr>
</tbody>
</table>

Meals normally served to my child

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>AM Snack</th>
<th>Lunch</th>
<th>PM Snack</th>
<th>Supper</th>
<th>Evening Snack</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Parent/Guardian Name (Please Print):  
Address (Please Print):  
Work Phone:  Home Phone:  
Parent/Guardian Signature:  Date:  
Sponsor Representative Signature:  Date:  