

FAMILY CHILD CARE  
ENROLLMENT APPLICATION

FOR: EXCELLENT LEARNING  
PRESCHOOL INC.



**Please fill out these forms completely. The forms must be in the educator's possession on or before the first day your child begins care. Please notify your educator if any of the information changes.**

**\* PLEASE PRINT CLEARLY**

**General Information**

Date of admission: \_\_\_\_\_ Age at Admission: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Nickname: \_\_\_\_\_

Allergies/Special Diets: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Home address (if different): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

**Parent(s)/guardian(s) business address/location during child care:**

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Where: \_\_\_\_\_ Where: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

---

**Emergency Contact/Authorized pick-up person in the event of an emergency when I may not be reached, the Educator may contact the following individuals (in the order given) whom I authorize to take my child from the child care premises.**

(1) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency:

---

List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should be medical or health related:

---

### **Diapering Statement**

Is your child toilet trained? ☐ Yes (If yes, skip to Emergency Transportation Authorization section)    No (if no, fill out the following)

The program's policy is to check diapers every 1-2 hours. Please indicate if you want your child's diaper checked per Excellent Learning Center's policy:

☐ I agree with the program's schedule

☐ I do not agree

### **Emergency Transportation Authorization**

#### **Do Not Give Permission to Transport**

Does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:

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

\_\_\_\_\_  
Date

#### **Give Excellent Learning Preschool Permission to Transport**

Has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported

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

\_\_\_\_\_  
Date

### **Acknowledgement of Policies and Procedures**

I have reviewed and received a copy of the Excellent Learning Center Parent Handbook and vow to abide by the rules and regulations within the hand book. Check One: Yes ☐    No ☐

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care. After the child is attending the program the administrator shall have the parent/guardian review and initial the form when any changes/updates are made and at least annually. The parent/guardian and the administrator or designee shall initial and date the form in the section below to indicate when the form was last reviewed.

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

Administrator/Designee Signature: \_\_\_\_\_

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

**South Carolina Department of Social  
Services Child Care Regulatory Services**

**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION TO CHILD  
CARE FACILITY**

**This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.**

**GENERAL INFORMATION:** (to be completed by Parent or Guardian)

Name of Facility: Excellent Learning Preschool County: Florence  
Address: 807 North Irby Street Florence, SC 29506  
Street Address – no Post Office Boxes City, State, Zip

**Child's**

Last	First	Middle Initial	Nick Name
<b>Date of Birth:</b> _____ <b>Enrollment Date:</b> _____			

Child's Current Home Address: \_\_\_\_\_  
Street Address City, State, Zip

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Name:**

**You must have two individuals who have the authority to obtain emergency medical treatment for the child.**

1. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name	Relationship
Address: _____	
Street Address	City, State, Zip
Telephone Number(s): _____	Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name	Relationship
Address: _____	
Street Address	City, State, Zip
Telephone Number(s): _____	Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) ☐ Yes ☐ No

My Child will regularly attend this facility FROM \_\_\_\_\_ am/pm TO \_\_\_\_\_ am/pm

If Child is a drop-in, indicate hours of care: **FROM** \_\_\_\_\_ am/pm TO \_\_\_\_\_ am/pm

**Check** all days Child will regularly attend this facility: ☐ Mon ☐ Tue ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

**Check** all meals Child will receive daily: ☐ Meals are not offered ☐ Breakfast ☐ Morning Snack ☐ Lunch  
☐ Afternoon Snack ☐ Dinner ☐ Evening Snack

**HEALTH INFORMATION:** (to be completed by Parent or Guardian) Family Physician or Health Resource:

\_\_\_\_\_

Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Telephone

Emergency Care Provider: \_\_\_\_\_

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Telephone

DSS Form 2900 (MAR 10) Edition of OCT 07 is obsolete.

Dental Care Provider: \_\_\_\_\_

\_\_\_\_\_

Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Telephone

Health Insurance Provider: \_\_\_\_\_

Certificate of Immunization: ☐ Yes ☐ No ☐ N/A Please explain: \_\_\_\_\_

**My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:**

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

Additional Comments:

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

I certify that to the best of my knowledge \_\_\_\_\_

Childs Name:

is in good mental and physical health and able to participate in the child care program at:

\_\_\_\_\_

Name of Child Care Facility

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

Director/ Operator / Staff Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Excellent Learning Preschool Inc.

807 North Irby Street Florence SC 29506

PARENT AUTHORIZATION FORM FOR CDCC & GDCH

Preschool Name: Excellent Learning Preschool Inc. Child's Name: \_\_\_\_\_

**A. Discipline:**

Do you understand the discipline policy of Excellent Learning Preschool? \_\_\_\_ yes \_\_\_\_no (Please read the discipline policy carefully before signing. The discipline policy is in the application packet).

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**B. Medicine:**

I have read the medication policy and understand the procedure stated in the handbook. I give Excellent Learning Preschool permission to administer prescription medication and or Tylenol/Motrin once I have filled out the proper form within the classroom.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**C. Emergency Medical Treatment**

I give permission to Excellent Learning Preschool to obtain emergency medical treatment in the event of an emergency.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**D. LIST ALL PERSON(S) THAT YOU GIVE PERMISSION TO PICK-UP YOUR CHILD FROM PRESCHOOL (PLEASE NOTE, IF NOT LISTED BELOW AND HAVE PROPER ID WHEN ARRIVE, YOUR CHILD WILL NOT BE RELEASED TO THEM, EVEN IF YOU CALL IN TO ADVISE. "DSS REGULATION OF SAFTEY")**

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**E. Transportation**

I give permission for my child to be transported on field trips.

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

**Media Release**  
**Consent and Release Form**  
**(Initial the appropriate line)**

\_\_\_\_\_ I give my permission for Excellent Learning Preschool to use any type of media for my child pertaining to only Excellent Learning Preschool.

\_\_\_\_\_ I do not give permission for Excellent Learning to use any likeness of my child for any type of media pertaining to Excellent Learning Preschool.

**Liability/Insurance**

I give permission for my son(s) or daughter(s), \_\_\_\_\_ to attend Excellent Learning Preschool for the school year. I understand that this may involve bus transportation to and from various events including but not limited to field trips. I also give my permission to the sponsors of the activity to act in my behalf should my son or daughter become ill or injured and the resulting condition require medical attention.

The undersigned does hereby acknowledge that Excellent Learning Preschool does not provide any health insurance covering for said child during any school related activities including outdoor and indoor play activities. I further acknowledge that it is the responsibility of the undersigned to obtain his/her own health insurance covering said child. Parents agree to accept the sole responsibility for the cost of medical care.

**Employment of Staff Members**

I understand that all staff members of Excellent Learning Preschool must have a sled background check and Central Registry of Abuse and Neglect cleared before employment begins.

---

I am providing my signature stating that I understand an agree with all the above.

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

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

Telephone Number: \_\_\_\_\_

## Discipline Procedures

**Excellent Learning Preschool Inc. policy:** To provide a safe and caring environment, which will enhance a child's self-worth.

**Purpose:** To define the disciplinary methods used at Excellent Learning Preschool Inc.

**Inappropriate behavior is defined as going beyond limits set forth by the class, the center, and the behavior that jeopardizes the safety and well-being of the children and staff.**

**Procedure:**

The goal of discipline is to help children gain self-control, learn to respect the rights of others, learn the rules by which the adult world operates, and play in a safe environment. Inappropriate behavior, which disrupts normal classroom activity on a frequent extended basis, may be the action of physical or emotional problems.

1. When inappropriate behavior occurs, the teacher's first response is an attempt to redirect the child's behavior verbally. If the inappropriate behavior continues, redirection of activity, which consists of five short periods of time-out will be used.
2. Parents will be notified (verbal/written) of the behavior and asked to work with the center in the correction of the inappropriate behavior.
3. When the safety and well-being of children and staff are jeopardized due to the inappropriate behavior, the center may request the removal of the child from the center, until the child can control the inappropriate behavior.

We at Excellent Learning Preschool, Inc. do not use corporal punishment, but enforce time-out. We use time-out per their age. Our staff does not participate in any strategies that may hurt, shame, belittle, threaten, intimidate, or force a child. Praise and positive reinforcement are effective methods of behavior management of children. We do not by any mean use food as a reward or punishment. We also do not withhold your child from participating in physical activity as punishment. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this Center will practice the following discipline and behavior management policy.

---

Signature

---

Date

---

Director Signature

---

Date

## ENROLLMENT CONTRACT

It is my/our desire to have my/our child-children enrolled in the preschool program at **Excellent Learning Preschool, Inc.**

I/we have received a copy of the Excellent Learning Preschool Inc. policy handbook. I/we have read, understand and agree to abide by the policies contained therein. I/we also understand that my/our child can adapt to the preschool surroundings. Unless otherwise notified, my child/children will be accepted and permanently enrolled. I/we further understand that if policies outlined in this handbook were not adhered to it would be sufficient cause for the removal of my child/children from the preschool program.

I/we also agree to **give a minimum of two weeks written notice** (ten full preschool days) of my/our intent to withdraw our child/children from the preschool program. If two weeks' notice is not given, I/we **agree to make full tuition payment for the final two weeks.**

Please sign off on each item. We want to be sure you **UNDERSTAND and AGREE** to these policies:

- I understand that hours of operation are from **6:30am** to **5:30pm** Monday through Friday.
- I understand the early drop off/ late pick-up fee is **\$50 per-child.**
- I understand the policy for person's picking up my child/children other than myself.
- I /we understand the illness policy.
- I/we understand the meal policy.
- I/we understand and have read the preschool's Nutrition and Physical policy to the best of my ability.
- I/we understand the behavior policy and I/we have read and shared the preschool rules with my/our child/children.
- I/we understand that I must maintain accurate and up-to-date contact information.
- I/we understand that all staff members of Excellent Learning Preschool Inc. must have a sled background check and Central Registry of Abuse and Neglect cleared before employment begins.
- I understand that my child has to wear uniforms Monday through Friday during the school year.
- I give permission and understand the Liability /Insurance policy stated in the handbook.
- I/we understand that my child must have an up to date immunization record before starting.
- I/we understand that payments are still due when our facility is closed on holidays or special events.
- I/we give permission for Excellent Learning Preschool to use any type of media for my child pertaining to only Excellent Learning Preschool.
- I/we understand that there are 52 weeks out of the year and whether the child attends or not I still have to pay for my child's tuition unless we withdraw.

Vanessa J. Harrell (Owner)

Parent Signature \_\_\_\_\_

Date\_\_\_\_\_



**SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES  
CACFP MEAL BENEFIT INCOME ELIGIBILITY (CHILD CARE)**

COMPLETE ONE APPLICATION PER HOUSEHOLD. PLEASE USE A PEN (NOT A PENCIL).

**STEP 1** List ALL Household Members who are infants, children, and students up to and including grade 12. (If more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related. Children in Foster Care and children who meet the definition of **Homeless, Migrant or Runaway**, are eligible for free meals.

CHILD'S FIRST NAME	MI	LAST NAME	ENROLLED IN CHILD CARE <input type="checkbox"/> YES <input type="checkbox"/> NO	FOSTER CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD START <input type="checkbox"/> YES <input type="checkbox"/> NO	HOMELESS/MIGRANT/RUNAWAY <input type="checkbox"/> YES <input type="checkbox"/> NO
CHILD'S FIRST NAME	MI	LAST NAME	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHILD'S FIRST NAME	MI	LAST NAME	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHILD'S FIRST NAME	MI	LAST NAME	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHILD'S FIRST NAME	MI	LAST NAME	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHILD'S FIRST NAME	MI	LAST NAME	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**STEP 2** Do any household members (including you) currently participate in one or more of the following assistance programs: **SNAP, TANF (FI), or FDIPIR**?

**IF NO >** Go to STEP 3

**IF YES >** Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space.

**STEP 3 Total Household Gross Income**

Are you unsure what income to include here? Turn to page 3 and review the charts titled, "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

**A. Child Income**

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income	How often?			
	Weekly	Bi-Weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. All Adult Household Members (including yourself)**

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. 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" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance Child Support Alimony	How often?				Pensions/Retirement Social Security/SSI/VA Benefits/Other	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$	<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"/>	<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"/>	<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"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X	X	X	X	X	X				
---	---	---	---	---	---	--	--	--	--

Check if No SSN ☐

**STEP 4 Contact Information and adult signature.**

"I certify (promise) 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 CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

PRINT NAME OF ADULT SIGNING FORM		SIGNATURE OF ADULT			DATE
ADDRESS	CITY	STATE	ZIP	PHONE/EMAIL	

**SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES  
CACFP MEAL BENEFIT INCOME ELIGIBILITY (CHILD CARE)**

PAGE TWO

**OPTIONAL Children's Ethnic and Racial Identities (Optional)**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

**Ethnicity (check one):** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

**Race (check one or more):** ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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 the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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)

**\*Only use this address if you are filing a complaint of discrimination.**  
*This institution is an equal opportunity provider.*

**DO NOT FILL OUT For official use only**

**Annual Income Conversion:** Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

<b>Total Income</b>		<b>How often?</b>				<b>Household Size</b>	<b>Eligibility</b>			<b>For Child Care Homes Only:</b> Tier I _____ Tier II _____
<input type="text"/>		Weekly <input type="checkbox"/>	Bi-Weekly <input type="checkbox"/>	2x Month <input type="checkbox"/>	Monthly <input type="checkbox"/>	<input type="text"/>	Categorical Eligibility <input type="checkbox"/>	FREE <input type="checkbox"/>	REDUCED <input type="checkbox"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
Determining Official's Signature		Date		Confirming Official's Signature		Date				

## INSTRUCTIONS FOR DSS FORM 16160

To apply for free and reduced-price meals, complete this application using the instructions below, sign your name and return the application to the center.

**Step 1**—List ALL Household Members who are infants, children, and students up to and including grade 12. Check if the child is enrolled in the Child Care facility, Foster Child, is in Head Start or is Homeless, Migrant or a Runaway. Check all that apply

**Step 2—Households Getting SNAP, Participating in the Family Independence (FI) Program or Participating in the Food Distribution Program on Indian Reservations (FPIR):** List current SNAP, Family Independence or FPIR case number. Complete steps 1 and 4. Do not complete step 3.

**Step 3**—If you did not provide a SNAP, FI or FPIR case and you do not have an eligibility statement for Head Start or Even Start, complete this step and step 1.

**A. Child Income**

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in step 1.

**B. All Adult Household Members (including yourself)**

List all Household Members not listed in step 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report the 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 fields blank, you are certifying (promising) that there is no income to report. The applicant must also enter the Total Household Members, the Last Four Digits of Social Security Number (SSN) of the primary wage earner or other adult household member or check the box if the applicant does not have a SSN.

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> </ul>
Social Security - Disability Payments - Survivors Benefits	<ul style="list-style-type: none"> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>
Income from person outside of household	<ul style="list-style-type: none"> <li>A friend or extended family member regularly gives a child spending money</li> </ul>
Income from any other source	<ul style="list-style-type: none"> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li>Net income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

**Step 4**—Applicants must have the adult household member sign, print name, date and complete all other boxes in this step.

**OPTIONAL—Ethnic/Racial Identity:** Put a check ( ☒ ) next to the ethnicity you identify with. Put a check ( ☒ ) next to the race or races you identify with. We need the information to be sure everyone gets benefits on a fair basis. You do not have to answer these questions to get free or reduced price meals. USDA is an equal opportunity provider and employer.

**Ethnicity:**

- Hispanic or Latino.* A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."
- Not Hispanic or Latino.*

**Race:**

- American Indian or Alaskan Native.* A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian.* A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American.* A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- Native Hawaiian or Other Pacific Islander.* A person having any origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White.* A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.