



CAREFULLY READ AND REVIEW THE ENTIRE PACKET.

ENCLOSED ARE THE FORMS YOU NEED TO FILL OUT AND RETURN.

On the day of your scheduled appointment, you will need to bring the following documents to meet with **Administration** to the center:

- ✓ Registration Application
- ✓ Parent Fee Agreement (Contract)
- ✓ Emergency Contact Form
- ✓ Family Social/Developmental History
- ✓ Permission to Pick-Up & Drop-Off
- ✓ Media Release Form
- ✓ Informed Consent Form
- ✓ Authorization and Release For Emergency Medical Treatment
- ✓ Enrollment/Registration CACFP
- ✓ CACFP Food Form (Child and Adult Care Food Program) fill out completely include all income information.
- ✓ Child's Current Medical Record (must be completed by doctor)
- ✓ Immunization Card/ Printout
- ✓ Original Child's Birth Certificate (Copies not accepted)
- ✓ Class Schedule from CUNYFirst with Name and EMPLID ID
- ✓ MEC Identification Card
- ✓ Income Verification and Documentation

(Current Income Tax, PA Card along with a Notarized Letter, 3-6 Pay Stubs, Child Support Letter, Notarized Statement Letter with Income Status)



Dear Parent,

You have been selected to **begin the enrollment process** at the EBCR Child Development Center. We hope that this will be the beginning of a long and rewarding relationship for us all. Before your child can actually be accepted into our center, there are some things you need to do and to know:

1. First, please CAREFULLY REVIEW THIS PACKET. In it are forms that you need to fill out and return on the day of your appointment. ***(You must complete all forms and return them to us before your child can be formally accepted into our program.)***

2. Then, Call to schedule an appointment to register your child. PLEASE CALL ADMINISTRATION WITH ANY QUESTIONS AT 929-359-3447.

3. NOTE! To insure full classrooms at our center, we often select more parents to begin enrollment than we have immediate room for. This means two things. First, the more quickly you respond and complete the enrollment process, the sooner your child will be able to begin. And second, there is a chance that we will need to place you on our Priority Waiting List until a space opens in a classroom that is age appropriate for your child. Once you are on the Priority Waiting List, your child will automatically be accepted as soon as space becomes available.

These forms must be completed and returned to the office on the day of your appointment:

Registration Application

- Parent Fee Agreement (Contract)
- Emergency Contact Form
- Family/Social/Development History
- Permission for Visits, Pick-Up and Drop-Off
- Media Release Form
- Informed Consent Form – signed
- Authorization and Release for Emergency Medical Treatment
- CACFP Enrollment Form
- CACFP Food Form (USDA)
- Child's Medical Record – needs to be completed by your doctor or clinic (Must have doctor stamp and hospital or clinic stamp)
- Proof of Income (Acceptable proof includes: Current Tax Return, Pay Stubs, PA Card, Notarized Letter of Support w/Income Tax, Unemployment Papers)
- MEC Identification Card
- Child's Birth Certificate
- Your Complete Class Schedule

Most of these forms are required by law. But they also help us bring in the funding that keeps our parent fees low and help us protect and meet the needs of your child. Again, please be sure to have all requested forms completed and signed before returning.

The forms in this packet will help you better understand the policies and the educational philosophy of the EBCR Child Development Center.

Sincerely,

The EBCR Child Development Center



Ella Baker/ Charles Romain Child Development Center
1150 Carroll Street, C103 Brooklyn, NY 11225
718-270-6017/18





REGISTRATION APPLICATION

This application is the first step toward enrolling your child in the EBCR Child Development Center at Medgar Evers College. **If you are called, you will need to contact us immediately (by telephone or in person) to schedule a visit to the Center for you and your child.** Please note that there will also be additional forms to fill out. The full process must be completed before your child can be accepted in our program.

Information on this side refers to the **PARENT** (MEC Student). **Please Print Clearly.**

Parent's Name _____ SS#: XXX/XX/_____
(Last) (First) (Middle Initial)

Parent's Address _____
(Street Number) (Apt. #)

(City) (State) (Zip Code) (Telephone)

Major _____ **Email:** _____

EMPLID ID _____

Please attach a complete front and back copy of your CLASS SCHEDULE.
If your child is accepted, you will need to provide a current schedule for each semester.

Have you been awarded Federal Work Study? YES NO

If yes, please list the name of the department and hours you anticipate working.

EMERGENCY CONTACT (if parents cannot be reached)

(Print Name) (Telephone #) (Relationship to the child)

I have read and completed this application fully and carefully.

(Signature)

(Date)

REMEMBER TO FILL OUT BOTH SIDES OF THIS APPLICATION





Information on this side refers to CHILD for whom the services will be provided. Please print:

Child's Name _____ /_____/_____
 (Last) (First) (M.I.) (Date of Birth)

Child's Age _____ **Male** _____ **Female** _____

Child's Address _____
 (Street Number) (Apt. #)
 _____ (City) _____ (State) _____ (Zip Code) _____ (Telephone)

Which service session are you requesting for your child? (Please check all that apply)
 Day () Extended day (Evening-after 4:00pm) () Saturday () Overlap (Day classes combines with Evening classes)

Parental Info.	Parent/Guardian	Parent/Guardian
Name		
Date of Birth		
Occupation		
Work Address		
Daytime Phone #		
Email Address		

Marital Status: (check one)
 ___ Single ___ Married ___ Separated ___ Divorced





Other Members of the household

Full Name	Birth Date	Age	Relationship to Child

Are there any other important adults in your child's life?

Previous Experience Outside Home	Where?	How Frequent
Public/Private School		
Family Day Care		
Extra Curricular		
Other		

Reaction to experience away from home:

REMEMBER TO FILL OUT BOTH SIDES OF THIS APPLICATION



Ella Baker/ Charles Romain Child Development Center
 1150 Carroll Street, C103 Brooklyn, NY 11225
 718-270-6017/18





TUITION POLICY

Tuition

Ella Baker Charles Romain CDC offers childcare at a heavily subsidized rate of \$40 per week. Along with our rates, there is also a New Student registration fee of \$25. Every semester after, there will be a re-enrollment fee of \$15. Tuition is calculated based on the total number of weeks in your enrolled semester. How do I calculate the number of weeks per semester? That's easy, the answer is:

- **Fall or Spring Semester: 16 weeks x \$40 = Total tuition for each semester**
- **Winter Semester: 3 weeks x \$40 = Total tuition**
- **Summer Semester: 3-8 weeks (depending on the calendar year)
Number of weeks x \$40 = Total tuition**

NOTE: Some courses may extend longer than others, in this event; your tuition will reflect the total number of weeks for that course.

Tuition is charged on a weekly basis for the days you are scheduled in the entire semester. **Non-attendance or college closure will not be a reason to adjust your tuition.** Tuition **MUST** be paid prior to your child's identified start date. It may be paid in full or in installments on the 23rd of each month during your enrolled semester. All payments should be made to the Bursars office. **Unpaid tuition will result in a hold in your CUNY First account and an interruption of services and will remain interrupted until the balance is satisfied.**

**HRA vouchers are gladly accepted*

Request for Tuition Reimbursement

Partial tuition reimbursement is provided to eligible student-parents and must be approved by the Executive Director. **Eligibility requirements state that you notify the childcare center of any changes to your class schedule including withdrawals no later than two weeks into your enrolled semester.** You may request a schedule change form from the childcare center.

Record keeping

You are responsible for maintaining an accurate record of your validated receipts. Do not discard of your receipts as it will assist in verifying payments made toward your account.



EMERGENCY IDENTIFICATION FORM

CHILD'S INFORMATION

Child's name: _____ D.O.B: _____

Allergies: _____

Medications: _____

PARENT AND OR/LEGAL GUARDIAN INFORMATION

Social Security. #: xxx - xx - _____

Full Address _____

Home Phone #:(_____) _____

Cell Phone #:(_____) _____

Alternate #:(_____) _____

EMERGENCY CONTACT 1

Name: _____

Date of Birth: _____

Home Phone # _____

Cell Phone# _____

Address: _____

Relationship to child: _____

EMERGENCY CONTACT 2

Name: _____

Date of Birth: _____

Home Phone #: _____

Cell Phone #: _____

Address: _____

Relationship to child: _____

REMEMBER TO FILL OUT BOTH SIDES OF THIS APPLICATION



PLEASE READ CAREFULLY; SIGN YOUR NAME AND DATE WHERE INDICATED

I hereby grant permission for the Director or a member of the professional staff of EBCR Child Development Center at Medgar Evers College, to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

- a. Contact student-parent on campus.
- b. Contact persons listed on emergency form/card submitted to the Center.
- c. Obtain emergency medical care or referral from the Medgar Evers College Health Services Center.
- d. Transportation by emergency medical vehicle to nearest hospital.
- e. **NOTE:** People on the Emergency Contact List **may not** Pick-up or drop off your child/ren

The Center will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

The Center will not assume responsibility for a child who has not signed in when he/she arrives for the day.

SIGN: _____

DATE: _____



FAMILY/SOCIAL/DEVELOPMENTAL HISTORY

Child's Name _____ **DOB** _____

Mother/Guardian _____ **D.O.B:** _____
(Include Maiden Name)

Address _____

Telephone # _____

Occupation _____ **Birthplace** _____

Father/Guardian _____ **D.O.B:** _____

Address _____

Telephone # _____

Occupation _____ **Birthplace** _____

Is the child your birth child? _____ Foster or adopted? _____ At what age? _____
Does your child know he/she is adopted? _____ (Please provide supporting documents)

Marital Status of Parents: (Check all that apply)

Never married? _____ Married? _____ Living together? _____ How Long? _____

Separated? _____ How Long? _____ Divorced? _____ How Long? _____

Custody / visiting arrangements? **Yes/No**

Explain: _____

(Please provide supporting documents)

Is mother or father married or living with another partner? **Yes/No**

Explain _____

Brothers and Sisters of Child:

Name _____ **D.O.B.** _____ **Lives in home?** _____

Name _____ **D.O.B.** _____ **Lives in home?** _____

Other persons living in the household (include relationship and age?)

Who cares for child other than parents?

Health History:

How would you describe your child's overall health?

What past illnesses has your child had and at what ages?

What hospitalizations or serious accidents has your child had?



Does your child have frequent colds? ____ Ear aches? ____ High fevers?
____ Stomach aches? ____ Other illnesses? ____

Is your child receiving special services? (If yes, please attach the supporting documentation) _____

Social / Developmental History:

At what age did your child: Walk? ____ Talk in simple sentences? ____

Become toilet trained? _____

Dress self? _____

Speech:

Does your child express his/her self well? ____ If not, what difficulties is your child having with his/her speech? _____

What language(s) does your child speak? _____

Eating:

How is your child's appetite? Good ____ fair ____ poor ____ irregular ____

Food favorites? _____

Food dislikes? _____

Does child feed self? ____ Fork? ____ Spoon? ____

What if any dietary restrictions do your family have? _____

Food allergies? _____

Sleeping:

What time does your child go to bed? ____ Get up? ____

Where does your child sleep? In own room? ____ In room with? ____

In own bed? ____ In bed with? ____

Does your child sleep through the night? _____

Have bad dreams? _____

If yes, describe? _____

Toileting:

Does your child have toilet control? _____

If accidents, when and what kind? _____

Personality:

How would you describe your child's personality? _____





How does your child act with adults?

With children?

What are your child's special interests?

What are your child's fears?

Discipline:

What method of discipline is used in your home?

What is your child's usual reaction?

In what area does your child have the most difficulty cooperating?

What do you do to get your child to cooperate?

Play/ Activities:

What is your child's favorite: Indoor play activities?

Outdoor play activities?

Has your child had group play experience? _____ Where? _____

What does your child watch on TV?

How many hours a week?

What play activities does your child dislike?

SIGNATURE: _____ DATE: _____





PERMISSION FORM

Pick Up and Drop Off

I _____, Parent/Guardian of _____,

Do hereby give permission for the following people to drop off/ pick up my child:

Print Name	Relation to child	Phone number	Date of Birth

I agree to drop off and pick up my child at the times set in my schedule. If any changes occur, I agree to give at least one (1) day's written notice. I am aware that the EBCR Child Development Center closes at 9:45PM. (if applicable).

Parent's Signature: _____ **Date:** _____

Changes made and/or addition/date:





Media Release Form (Child)

I am the parent or legal guardian of _____ (*child's name*). I hereby grant permission to The City University of New York and anyone acting pursuant to its authority (collectively "CUNY") to take photographs, video and/or film recordings, and/or audio recordings of my child while participating in activities of a CUNY childcare center. I authorize the use of such recordings, for any purpose that CUNY may deem appropriate, including without limitation educational uses and promotion of CUNY and its programs and activities, including in particular CUNY childcare centers, in perpetuity, in CUNY publications and promotional materials, websites and social media sites, as well as in all other media and manners, whether now known or later developed. I waive any right to inspect and approve such uses. I understand that such recordings of my child may identify the CUNY childcare center that my child attends, but they will not identify my child by name. I understand that CUNY will be the owner of all rights in and to such photographs, videos and uses and that neither I nor my child will receive any monetary or other compensation for such uses.

I hereby release and hold harmless CUNY from liability for any and all claims by me in connection with CUNY's activities as authorized by this consent and release.

I understand that I am not required to sign this release as a condition of enrollment of my child in a CUNY child care center or participation in a center's programs and activities.

Printed Name of Parent/Legal Guardian

Date

Signature

Phone#

Address

City

State/Zip





Authorization and Release for Emergency Medical Treatment

Child's Name _____ Child's Date of Birth _____

I am the parent or legal guardian of the above named child .

My child is enrolled at Ella Baker/ Charles Romain Child Development Center .

By signing this form, I authorize the Center to obtain emergency medical care for my child if my child is injured or becomes ill while in the Center's physical custody and the Center deems such care to be necessary. I also authorize the Center to arrange for any needed transportation for my child if my child needs emergency medical care.

In addition, by signing this form, I acknowledge that :

(1) I have been advised that New York City's Department of Health is now requiring center based child care programs, including the Center, to give epinephrine to a child with symptoms of anaphylaxis (severe allergic reaction that can be caused by certain foods, insect stings, latex or some medications). I understand that anaphylaxis can be life- threatening and requires emergency treatment . Epinephrine is widely regarded as an appropriate treatment.

(2) I have been advised that if a child shows symptoms of anaphylaxis, the epinephrine will be administered by trained staff using an epinephrine auto -injector (dosed for children) with a retractable needle, consistent with New York City's Department of Health regulations (Articles 43 and 47 of the NYC Health Code).

By signing this form, I authorize the Center to administer epinephrine using an epinephrine auto-injector (dosed for children) with a retractable needle if my child shows symptoms of anaphylaxis (severe allergic reaction).

I understand that if I have provided a written, individual health care plan to the Center indicating the specific medications that can be administered and the schedule of such administration(s) for my child, including in cases of emergency, and there **is a** direct conflict between such plan and any of my other authorizations in this Authorization and Release, then the Center will follow my child's individual health care plan.

I hereby release and forever discharge **Ella Baker Charles Romain Child Development Center, Medgar Evers College**, The City University of New York, The Research Foundation of the City University of New York, New York State and New York City, and the directors, officers, employees and agents of each of them from any and all liability arising in law or equity as a result of the Center providing emergency treatment in conformance with this Authorization and Release provided that the Center has used reasonable care in carrying out such actions.

I HAVE READ THIS AUTHORIZATION AND RELEASE AND UNDERSTAND IT, AND I AM SIGNING IT VOLUNTARILY.

Parent or Legal Guardian's Name (please print)	
Signature	Date



INFORMED CONSENT FORM

Access

I will be able to visit my child in the classroom at anytime except for nap-time (12pm-2pm).

Arrival and Departure

If enrolled in the preschool program, I will make sure that my child arrives at the Center no earlier than 15 minutes prior to the start of my scheduled class. To ensure my child's safety, the center will only accept my child from or release my child to those persons I have authorized on the Pick Up Release Form. I will pick up my child no later than 15 minutes after my last class scheduled ends for the day. I am also aware that the EBCR Child Development Center closes at 9:30PM sharp and will pick up my child no later than 15 minutes prior to close (if applicable). I am also aware that there is no drop-off between 11:00am-1:45pm.

Staff

Qualified staff will be present at all times in staff-to-child ratios meeting the New York City Department of Health regulations.

Meals

Children will be served breakfast and lunch. Meals are provided by CACFP, the food service program. Menus will be available on a regular basis. I am allowed to bring food from outside provided that the food is healthy and follows the guidelines set by the Department of Health.

Trips

I give permission for my child to participate in walks around the college or in the area with appropriate staff supervision.

Media Images

I give consent for the Center to use media images (i.e. photographs, videotapes) for documentation of the classroom program, research, public education, promotion and news reports. I will be asked for additional permission before my child is *individually identified* in a published photograph.

Research

MEC students and faculty and those from other CUNY colleges may conduct observational research of my child. If my child is to participate in any interactive research, I will be asked to sign a release.

Emergency and Medical Procedures

In case of illness, I will be called and possibly required to pick up my child as soon as possible. In the case of simple injury, (abrasion, skinned knees, splinters, ect.), the center staff will perform routine first aid measures, such as washing wounds and applying bandages. I will be informed when I arrive to pick up my child any incidents and the actions taken. In case of a medical emergency, I will be called and will take responsibility for obtaining the necessary medical treatment. If, in the judgment of the Center staff, circumstances require immediate or professional care, 911 services will be called by MEC's Office of Public Safety. In the event emergency treatment is required I give consent for my child to be taken to a nearby medical facility for treatment by a qualified physician. Costs incurred from treatment of an injury or illness occurring within the program is my responsibility.

Children's Records

All children's records are kept confidential. Upon written request, I may receive a copy of my child's records. Except in the case of appropriate state and city officials, who have the right to inspect center files at anytime, my child's records will not be released to anyone unless authorized by me in writing.

Group Care and My Child

To the best of my knowledge, my child has no condition that restricts his/her full participation in the Center program. If in the future any restrictions are necessary, I will inform the Center in writing.

The Center adheres to the guidelines of the Americans with Disabilities act. We serve children who are able to function in a group setting and will make every effort to facilitate this. However, occasionally, if we are unable to meet the needs of a particular child, the Center may ask the family to withdraw their child.

Child Abuse and Neglect

The Center operates accordingly to a plan designed to protect children from any danger of abuse or neglect. Center staff members are required by law to report to the State's Child Abuse and Maltreatment Hotline any evidence that a child has been or is in danger of being abused or neglected.

I have read and agree to the terms of this consent form:

Parent or Legal Guardian's Name (please print)	Child's Name	DOB
Signature		Date
EBCR Child Development Center Administrator		Date





Dear Parent, Guardian or CACFP Participant,

This center participates in the Child and Adult Care Food Program (CACFP) and provides healthy meals at no cost to all children and adults enrolled in the daycare center. By completing and returning the attached Income Eligibility Form, you will help your center receive money from CACFP for the meals that are served. If your household's income is equal to or less than the amounts indicated for your household size on the chart below, the center will receive a higher rate of funding for the meals served. The Income Eligibility Form needs to be completed every year. Your center and CACFP will keep all information private.

**INCOME ELIGIBILITY GUIDELINES
(Effective July 1, 2021 until June 30, 2022)**

HOUSEHOLD SIZE	REDUCED-PRICE MEALS		
	YEAR	MONTH	WEEK
1	23,828	1,986	459
2	32,227	2,686	620
3	40,626	3,386	782
4	49,025	4,086	943
5	57,424	4,786	1,105
6	65,823	5,486	1,266
7	74,222	6,186	1,428
8	82,621	6,886	1,589
FOR EACH ADDITIONAL FAMILY MEMBER	+8,399	+700	+162

SPONSOR/CENTER OFFICIAL

SPONSORING ORGANIZATION

DATE

This institution is an equal opportunity provider.

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME _____

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

1. _____ 2. _____ 3. _____

DIRECTIONS

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 SPONSOR USE ONLY
CACFP Agreement # _____
Total Number of Household Members _____ <small>(INCLUDING FOSTER CHILDREN, IF APPLICABLE)</small>
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 get Federal funds based on the information I give.

Signature _____

Print Name _____

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER

--	--	--	--

 DATE _____

USDA is an equal opportunity provider and employer.

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 Section 226.2. *Family* means a group of related or non-related 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 CENTERS AND SPONSORS

The For Sponsor Use Only section is to be completed, signed and dated by center or sponsor 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, 2014 is valid until May 31, 2015.