

The Nursery Foundation Learning Center
1916 North Euclid Avenue
St. Louis, Missouri 63113
Phone 314-533-0671 Fax 314-533-0646
Nurseryfoundation@sbcglobal.net

Dear Parent or Legal Guardian:

Our center is currently participating in the Child and Adult Care Food Program. This program reimburses the center for the partial cost of meals provided to children and allows the center to provide nutritious meals without increasing the center's fees to you. If your yearly income is equal to or below the amount listed for your family size on the chart below, your child is eligible for free or reduced-price meals.

Family Size	Yearly Income	Family Size	Yearly Income
1	\$19,240	5	\$45,880
2	\$25,900	6	\$52,540
3	\$32,560	7	\$59,200
4	\$39,220	8	\$65,860
		For each additional	+6,660

To apply for free or reduced-price meal benefits for your children, you must complete the attached form. Your application for free or reduced-price meal benefits cannot be approved unless the attached application is completed according to the directions provided. You should notify the center if any member(s) of the household becomes unemployed. A child may be eligible for free or reduced-price meals during the period of unemployment. This application is valid for twelve months from the date it is signed by the center representative.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 1-800-795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Sincerely,



Terri Olack, Executive Director

* There is no additional charge for meals at the Nursery Foundation Learning Center; however, our participation in this program helps us keep tuition rates lower. Completion of this form is required for enrollment in the center.

Parent/Guardian Instructions for Completing the Income Eligibility Form (IEF)

PART 1: CHILDREN ENROLLED AT THE CHILD CARE CENTER

- List all children that you are applying for in the household.
- List each child's birth date.
- If you are applying for a foster child, list only one foster child per form. A foster child may be eligible for free meals regardless of household income.
- If your child receives Temporary Assistance (formerly AFDC, now funded by TANF) payments or food stamps, please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete part 2.
- If you do not have a food stamp or Temporary Assistance case number for all of your children enrolled at the center, you must complete parts 2 and 4.

PART 2: HOUSEHOLD AND INCOME INFORMATION – Not completed if case # provided above

- List all members of the household. A household is a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses).
- Report the monthly income by source for each household member.
- The income reported on the application must include all income before taxes and before other deductions.
- A foster child, defined as a ward of the court or welfare agency, is to be listed in both Part 1 and Part 2 of the IEF. Only the foster child's "personal use" income is listed. Personal use income includes:
 1. Funds that are specified by the welfare agency as being for the personal use of the child. If no funds are specified, the funds received from the welfare agency are not to be considered as income.
 2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, from the child's family, and earnings from the child's employment other than occasional or part-time jobs.

PART 3: RACIAL ETHNIC INFORMATION-COMPLETION IS VOLUNTARY

PART 4: SIGNATURE

- The adult household member completing the application must sign and date the application.
- If the child(ren) is not a Temporary Assistance or food stamp recipient, the adult signing the application must provide a social security number.
- If you do not have a social security number, write "none" in the space provided.
- Failure to provide the social security number, if you have one, will make the income application invalid if the child(ren) is not a food stamp or Temporary Assistance recipient.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
 CHILD AND ADULT CARE FOOD PROGRAM
INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

To apply for free or reduced-price meal eligibility for your child(ren), fill out this form and return it to your child care center.

PART 1 CHILDREN ENROLLED AT THE CHILD CARE CENTER

Complete information below for children enrolled at the center. If child(ren) are receiving food stamps or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a food stamp case number or Temporary Assistance case number **for all of the children listed in Part 1.**

NAME	BIRTH DATE	FOSTER CHILD	FOOD STAMP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

PART 2 HOUSEHOLD AND INCOME INFORMATION

List all other members of the household besides the children listed in Part 1. For each household member, indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE)	YEARLY	MONTHLY	2 X A MONTH	EVERY 2 WEEKS	WEEKLY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

PART 3 RACIAL ETHNIC INFORMATION (You are not required to answer this section)

Are you of Hispanic or Latino origin? YES NO

What is your race? (Select one or more)

AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 4 SIGNATURE

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

Section 9 of the National School Lunch Act requires that, unless your children's food stamp or Temporary Assistance case number is provided, you must include a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR CENTER USE ONLY

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):	FOOD STAMP	TEMPORARY ASSISTANCE
		YEAR MONTH 2 X A MONTH EVERY 2 WEEKS WEEKLY	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Eligibility Determination: Free Reduced Paid

SIGNATURE OF CENTER REPRESENTATIVE	DATE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES (MDHSS)
 COMMUNITY FOOD AND NUTRITION ASSISTANCE – CHILD AND ADULT CARE FOOD PROGRAM
ENROLLMENT FORM FOR CHILD CARE CENTERS

NOTE: DEPARTMENT OF HEALTH AND SENIOR SERVICES OFFICIALS OR A SPONSORING ORGANIZATION REPRESENTATIVE MAY CONTACT YOU TO VERIFY INFORMATION.

CHILD'S FULL NAME		DATE OF BIRTH	
PARENT OR GUARDIAN NAME		STREET ADDRESS	
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER ()
NAME OF CHILD CARE CENTER			PHONE NUMBER ()
CENTER CONTACT PERSON'S NAME		CHILD'S DATE OF ENROLLMENT (FIRST DATE ATTENDING THIS CENTER)	

IN THIS COLUMN, CHECK THE DAYS YOUR CHILD USUALLY ATTENDS DAY CARE ↓	WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY?		WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY?		WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION.
	CIRCLE	AM OR PM	CIRCLE	AM OR PM	
MON		AM PM		AM PM	
TUES		AM PM		AM PM	
WED		AM PM		AM PM	
THURS		AM PM		AM PM	
FRI		AM PM		AM PM	
SAT		AM PM		AM PM	
SUN		AM PM		AM PM	

CHECK WHEN YOUR CHILD IS IN CARE AT THIS CENTER

- | | | |
|---|---|---|
| <input type="checkbox"/> FULL DAY CARE | <input type="checkbox"/> BEFORE SCHOOL CARE | <input type="checkbox"/> EVENING CARE |
| <input type="checkbox"/> HALF DAY – MORNING | <input type="checkbox"/> AFTER SCHOOL CARE | <input type="checkbox"/> OVERNIGHT CARE |
| <input type="checkbox"/> HALF DAY – AFTERNOON | <input type="checkbox"/> BEFORE AND AFTER SCHOOL CARE | |

CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS CENTER

- | | | |
|--|--|--|
| <input type="checkbox"/> BREAKFAST | <input type="checkbox"/> LUNCH | <input type="checkbox"/> SUPPER |
| <input type="checkbox"/> MORNING SNACK | <input type="checkbox"/> AFTERNOON SNACK | <input type="checkbox"/> EVENING SNACK |

CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS CENTER

- | | |
|--|--|
| <input type="checkbox"/> NEW YEARS DAY (JANUARY 1) | <input type="checkbox"/> INDEPENDENCE DAY (JULY 4) |
| <input type="checkbox"/> MARTIN LUTHER KING'S BIRTHDAY (JANUARY) | <input type="checkbox"/> LABOR DAY (SEPTEMBER) |
| <input type="checkbox"/> PRESIDENT'S DAY (FEBRUARY) | <input type="checkbox"/> THANKSGIVING DAY (NOVEMBER) |
| <input type="checkbox"/> MEMORIAL DAY (MAY) | <input type="checkbox"/> CHRISTMAS DAY (DECEMBER 25) |

SIGNATURE OF PARENT OR GUARDIAN	DATE
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ANNUAL UPDATES: THE PARENT OR GUARDIAN SIGNING THIS FORM CERTIFIES THAT THE ENROLLMENT INFORMATION IS CORRECT. IF INFORMATION HAS CHANGED, THE PARENT OR GUARDIAN HAS WRITTEN THE APPROPRIATE CHANGES ON THE FORM AND INITIALED THE CHANGE. IF THERE ARE MANY CHANGES, PLEASE COMPLETE A NEW FORM.

FIRST ANNUAL UPDATE	PARENT SIGNATURE	DATE
SECOND ANNUAL UPDATE	PARENT SIGNATURE	DATE
THIRD ANNUAL UPDATE	PARENT SIGNATURE	DATE