

LETTER TO HOUSEHOLDS – CACFP/NO CHARGE

(Rev 5/15) G/Tools/CACFP/Letter to Households-CACFP2011 No Charge

Dear Parent/Guardian:

Kampus Kids Learning Center participates in the Child and Adult Care Food Program (CACFP). There is no charge to any child for meals or snacks served. This application will allow us to receive additional federal money for meals and snacks served to eligible children according to eligibility criteria. Please complete, sign, and return the enclosed application as soon as possible. We cannot approve an application with missing information. A new application must be completed each year.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free or reduced price meals. Use *one Free and Reduced Price School Meals Application for all children in your household*. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Kampus Kids Learning Center**.
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) the Food Distribution Program on Indian Reservations (FDPIR) or the Temporary Assistance Program for Needy Families (TANF) can get free meals regardless of your income. Also, your children can get free or reduced price meals if your household income is within the limits on the Federal Income Chart.
3. **CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for one year.
5. **I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
6. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year if your household size goes up, income goes down, or if you start receiving SNAP TANF or FDPIR. If you lose your job, your children may be able to get free or reduced price meals during the time you are unemployed.
7. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
8. **WHOM SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you.
9. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes.
10. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income.
11. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.

FEDERAL INCOME CHART
For School Year 2016-2017

Household Size	1	2	3	4	5	6	7	8	Each Additional Person:
Yearly	\$21,978	\$29,637	\$37,296	\$44,955	\$52,614	\$60,273	\$67,951	\$75,647	\$7696
Monthly	\$1,832	\$2,470	\$3,108	\$3,747	\$4,385	\$5,023	\$5,663	\$6,304	\$642
Weekly	\$423	\$570	\$718	\$865	\$1,012	\$1,160	\$1,307	\$1,455	\$148

If you have other questions or need help, call LAVALLA MOORE AT 854-8080.

Sincerely,

LaValla Moore, Kampus Kids Director

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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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 discrimination complaint, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), AD-3027, found online at 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:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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APPLICATION FOR FREE AND REDUCED-PRICE MEALS - CACFP
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS
 (Rev. 6/11) G/Tools/CACFP/2011 Application for Free and Reduced-Price Meals-CACFP

Complete one application per household.

1. **SNAP, TANF or FDIPIR Benefits**
 Enter the SNAP, TANF or FDIPIR case number for ANY household member currently receiving benefits: _____ (Social Security, Medicaid and EBT numbers are not accepted.) In section 2, list all children in the household, indicating their center and age. Do not list any adult household member names or income information. Then go to section 3

2. **Households that do not receive SNAP, TANF or FDIPIR Benefits:**
 • List the names of EVERYONE living in your household. If you need more space, attach a separate sheet of paper.
 • Indicate if the household member is a foster child or receives no income by checking the box.
 • For each child enrolled in child care, list the name of the center and the age.
 • List all income on the same line with the person who receives it. Record income under the correct pay period category. See the back of this application for additional assistance with income.
 • Print the last 4 digits of Social Security Number of the household member who signs the form. If this household member does not have a Social Security Number, check the "I do not have a Social Security Number" box.

HOUSEHOLD MEMBERS: List the names of all household members	Check if Foster Child	Check if No Income	CENTER (if applicable)	Age	Earnings from work before deductions. Enter gross income under the appropriate pay period. Record each income only once.			Indicate How Often Received			Other Income	
					Weekly	Every Two Weeks	Twice a Month	Monthly	Farm/Self Employment Annual - See Back	Child Support/Alimony		Interest, Unemployment, Social Security, etc.
1.	<input type="checkbox"/>	<input type="checkbox"/>										
2.	<input type="checkbox"/>	<input type="checkbox"/>										
3.	<input type="checkbox"/>	<input type="checkbox"/>										
4.	<input type="checkbox"/>	<input type="checkbox"/>										
5.	<input type="checkbox"/>	<input type="checkbox"/>										
6.	<input type="checkbox"/>	<input type="checkbox"/>										
Name of the Household Member who Signs this Form: _____												Social Security Number (last 4 digits) XXX-XX-____ <input type="checkbox"/> I do not have a Social Security Number

Does your child have health insurance? Many children who qualify for free and reduced priced meals may also qualify for low-cost or free health coverage. For information or to see if your child may qualify, call: 1-877-KIDS-NOW (1-877-543-7669) or online at www.healthystepsnd.com
 The information provided in the application may be shared with Medicaid or SCHIP office to seek enrollment of children into the programs. You are not required to consent to the disclosure of this information; this will not affect your students' eligibility for school meals. Your information WILL be shared unless you check the box: Please do NOT share my information with the Medicaid or CHIP office.

Children's Racial and Ethnic Identities (Optional)
 Mark one ethnic identity:
 Black or African American
 American Indian or Alaska Native
 Asian
 White
 Not Hispanic/Latino
 Native Hawaiian or Other Pacific Islander

3. I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that center officials may verify the information on the application, and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.
 Signature of Adult Household Member _____ Date _____ Home Phone _____ Work Phone _____
 Print Name (last, first) _____ Street Address _____ City _____ State _____ Zip _____

Privacy Act Statement: This explains how we will use the information you give us.

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, we cannot approve your child 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 application. The last four digits of the social security number are 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 if your child is eligible for free or reduced price meals and for administration and enforcement of the lunch and breakfast programs. 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.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

FOR OFFICIAL USE ONLY

Calculating Income

To determine yearly income:

- if paid every week, multiply the weekly gross income by 52.
- if paid every two weeks, multiply the gross income by 26.
- if paid twice a month, multiply the gross income by 24.
- if paid once a month, multiply the gross income by 12.

Date Received _____ Date of Approval & Notification to Family _____

Determination:

Approved Free Reduced-Price Denied

Reason For Denial:

Signature of Determining Official _____

Calculating Farm or Self-Employment Income

Persons who are engaged in farming or who operate other types of private businesses may experience variations in cash flow or monthly income throughout the year. These persons may use their income tax records from the preceding calendar year as a basis for applying for the free and reduced price meals. The income to be reported is income derived from the business venture less operating costs incurred while making that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing gross business income.

Additional income from other kinds of employment must be treated as separate and apart from the income generated from your business venture. USDA DOES NOT recognize income the same way as IRS. USDA does not permit a loss from a business venture to offset earnings from wages or salary. Though your business may have suffered a net operational loss, for purposes of this application, it is not possible to have a negative income. The least self employed income possible is zero (no income). For example, if you operated a business at a net loss but held another job where you received wages, your income for purposes of applying for free or reduced price meals would be the income from your wages only. The loss from the business cannot be deducted from the amount of the income earned in the other job.

A prior year loss from farming or other private business operation cannot be used to reduce the current year net income for determining free and reduced price eligibility. Wages paid to a spouse or other family member in the operation of a farm or private business must be shown as household income in Part 2 of the application.

Income from private business operations is to be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Use the lines from the 1040 that are identified.

Line Number	Type of Income	Amount listed on Form 1040
12	Business income or (loss)	\$
13	Capital gain or (loss)	\$
14	Other gains or (losses)	\$
17	Rent royalties, etc.	\$
18	Farm income or (loss)	\$
Total		\$

(Transfer this total to the front of the application under Farm/Self Employment Income. If the total is negative, it must be transferred to the front of this application as \$0). A NEGATIVE CANNOT BE USED TO OFFSET ANY OTHER INCOME.

NOTE: THIS IS FOR THE CALCULATION OF FARM AND BUSINESS INCOME ONLY. ALL OTHER INCOME RECEIVED BY THE FAMILY MUST BE LISTED ON THE FRONT OF THIS FORM.

CHILD ENROLLMENT/INFANT PARTICIPATION FORM - CACFP

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS
(Rev. 7/15) G/Tools/CACFP/Child Enrollment/Infant Participation form-CACFP

To be completed by parent or guardian only

Center Name:

In the chart below, please indicate the normal days and hours your child(ren) is in care, and the meals received while in care

Children's Names	Date of Birth	Age	Normal hours in child care	Please check (✓) meals your child normally receives while in care				
				Breakfast	AM Snack	Lunch	PM Snack	Supper
				<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"/>

Children are usually present in the Day Care Center on a:

Full-time Basis
 Part-time Basis
 Before and After School Care
 School -Out days
 Summer Care

Parent's Name	Parent's Signature
Address	
Telephone Number	Date

PARENTS OF INFANTS

Your child care center must offer at least one brand of formula if your child is on formula. You have the option of declining that brand and supplying your own formula. Children must be served breast milk or iron-fortified infant formula until they are one year of age. All other food items must be provided by your center when age-appropriate, consistent with CACFP guidelines.

My Choice of CACFP Infant Participation is:

- I choose to supply expressed breast milk to my child care provider to serve at meal time.
- I choose to accept the iron-fortified infant formula (brand: _____) that my child care center has offered.
- My child care center has offered the following brand, _____, I have chosen to decline this brand and provide the formula for my infant.

Parents Signature

Date

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339; or (800)845-6136 (Spanish).

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In Reply Refer To:

PHS Indian Hospital
Fort Yates, ND

SEAL OUT DECAY!! NO PAIN!! NO NEEDLES!!

- Sealants are a thin plastic coating painted and hardened onto the pits and grooves of the back teeth (Molars/Premolars). Fluoride is painted onto the teeth to strengthen the enamel. Silver Diamine Fluoride (SDF) is an antibiotic solution that is placed on the cavity and kills the bacteria associated with tooth decay. One drop can treat up to ten teeth. Similar to fluoride varnish, it is safe and works best if placed on teeth 3 to 4 times a year.**
- By having the teeth cleaned, sealed and fluoride treated this will help prevent tooth decay. The procedure is painless.**
- Children will have a visual screening to see if they need dental sealants. If you agree/consent, the teeth will be cleaned, sealed, and a fluoride will be applied as needed. This does not replace a dental exam.**

Child's Name: _____

Birthdate: _____ **Grade:** _____

Name of School: _____

Please Print Father's Name: _____

Please Print Mother's Name: _____

Telephone Number (used for emergencies): _____

Allergies: _____

Medical Conditions: _____

Medications Taking: _____

_____ **Yes, Please clean, seal and apply fluoride to my child's teeth if needed. Place SDF if needed.**

_____ **No, Do not clean, seal or apply fluoride to my child's teeth. Do not place SDF.**

Parent/Guardian Signature
Thank You, IHS Dental Staff

Date

