



# ENROLLMENT PACKET CHECKLIST

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Circle:                      Full Time                      Part time                      Hourly  
                                     26 – 45 hour                      10-25 hours                      9 or less hours  
                                     \$150/week                      \$100.00                      \$2.50-22.50/week

Check ( √ ) the box that applies to you, the applicant.

SBC Student	SBC Employee	Outside employed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enrollment checklist	Parent initial	Director initial
Application for admission		
Application fee of \$20 to Business Office. Attach receipt with application.		
Parent's class schedule (each Semester)		
Proof of Income		
Official documentation of immunization		
Free/Reduced meal forms (USDA)		
Dental Screening forms		
Billing information sheet, payment plan, and agreement form		
Pickup and emergency information		
Handbook Sign off sheet		

Date received	Date completed	Date enrolled	Date withdrawal



# Application form

(701) 854-8080  
 FAX (701) 854-7171  
 9299 HWY 24  
 FORT YATES ND 58538

Student's information (Circle items that apply to the question)			
Child's name: _____			
First	Last	Middle	Nick name
Birthdate: _____	Gender: Male Female	Date of last immunization: _____	
Name of Parent/Legal Guardian:	Father Mother Other: _____		
	Address _____	City _____	State _____ zip code _____
Relationship to child: Son Daughter Grandchild Other: _____	Phone: _____		
	Work home Cell#		
	Email: _____		
		Work college	
Does your child have any food, medication or environmental allergies:      yes      no			
If yes, list Allergies:	Describe Allergy Reaction:	Usual Treatment:	
Is the child under current medical treatment? If yes, please list:			
Are there any medication that the child takes daily: If yes, please list:			
List special toys or security objects that gives your child comfort:			
List favorite foods:		List foods dislike:	
Does your child have siblings?	If yes, list siblings.		
Yes	Name: _____	age: _____	gender: _____
	Name: _____	age: _____	gender: _____
	Name: _____	age: _____	gender: _____
No	Name: _____	age: _____	gender: _____

Any other concerns or information about your child you want to share?	
What language is spoken in your home?      English      Dakota/Lakota      Other	
Does your child have a disability or special needs?      Yes      No	
Can the Teacher Providers of Kampus Kids Learning Center have permission to take photos of your child to be use in classroom activities, label belongings such as cubbies, tables, and rugs, and / or theme wall display?	Yes No
Can the Teacher Providers take your child on campus walks?	Yes No
As one of our goals to have everyone feel welcome and have a sense of belonging, are you willing to take a family picture or provide a copy of your family to display on our family tree in the Bébelá Room?	Yes No
Can Kampus Kids use photo/video of your child on Social Media such as Kampus Kids Facebook? Most pictures would be with no face shot but some might be group shots.	Yes No
Are you interested in volunteering in the Learning Center?	Yes No
<p><b>Labeling clothing:</b> Please label all clothing or articles such as bottles, wipes, cups, shoes, etc., that belong to your child. Other children might have the same kind of item and it is hard to tell which belong to whom.</p> <p><b>Supplies:</b> Parents/guardians will provide pampers/pull ups, extra set of clothing, bottles, formula, breast milk, changing accessories such as creams, powders, etc., and sippy cups.</p> <p><b>Custody:</b> If separate households, we will need a copy of custody papers for your child's file.</p>	
I certify that the above information is true to the best of my knowledge.	
Parent or Legal Guardian's signature	Date:
Parent or Legal Guardian's signature	Date:



# Non-Prescription Medication Products Authorization Only

TO BE COMPLETED BY PARENT

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Program Name: \_\_\_\_\_ Today's date: \_\_\_/\_\_\_/\_\_\_

The following external products may be applied to my child in accordance with the manufacturers instruction on the original container:

- \_\_\_\_\_ Diaper wipes
- \_\_\_\_\_ Diaper creams, ointments
- \_\_\_\_\_ Skin lotions/creams/Vaseline: specify if special brand: \_\_\_\_\_
- \_\_\_\_\_ Baby oil; (baby powder is not recommended due to inhalation hazards)
- \_\_\_\_\_ Soap, Brand Name: \_\_\_\_\_
- \_\_\_\_\_ Sunscreen: specify if special brand: \_\_\_\_\_
- \_\_\_\_\_ Insect repellants: specify if special brand: \_\_\_\_\_
- \_\_\_\_\_ Lip Balm
- \_\_\_\_\_ Chemical hand sanitizers
- \_\_\_\_\_ Toothpaste (an internal product but does fall under this category)
- \_\_\_\_\_ Other-paste specify: \_\_\_\_\_

Note: Teething gels are considered OTC medications and gels are not recommended and need to be used with extreme caution. They have been known to numb the throat which causes a potential choking hazard.

Parents/ Guardian's signature required: \_\_\_\_\_

Unused Products will be returned to the parents.

# Payment Plan agreement

Parents/Guardians Name: \_\_\_\_\_

Child/Children Name: \_\_\_\_\_

Please check the care that you will need from the Sitting Bull College Kampus Kids Learning Center. Please keep in mind that with full time and part time care you **will** be charged regardless if your child/children are in Kampus Kids Learning Center care.

\_\_\_\_ Full time services: A weekly rate of \$150.00 will be charged for services ranging from 26-45 hours per week. Any services beyond 45 hours will be charged at a \$2.50 per hour rate.

\_\_\_\_ Part time services: A weekly rate of \$100.00 will be charged for services ranging from 10-25 hours per week. Any service beyond 25 hours will be charged at the hourly rate of \$2.50 per hour.

\_\_\_\_ Hourly services of 9 hours or less per week will be charged \$2.50 per hour. Payment for Hourly is due by the end of the month.

- All rates for full time and part time will be charged regardless of whether the child is physically present at the Kampus Kids Learning Center during scheduled hours that week or not. It is not allowable to change from the status of the services when a parent knows the family will be on vacation or if the child is sick for a period of time.
- If a child exceeds the part time hours for a period of two weeks then the child will be placed into a full time category and charged at the full time rate.
- If Kampus Kids is full and unable to accept a child on a given day who is a full-time or part-time status, the parent will not be charged for the day they are unable to have their child in the Kampus Kids Learning Center.
- Due to bills reaching amounts that become too hard for parents/guardians to pay, Kampus Kids will not allow the parents'/guardians' bill to go higher than **\$450.00**. Once the bill has reached **\$450.00**, **the parent will have five working days to make a payment or** services will be suspended. The Kampus Kids Director will be notified when the bill has exceeded **\$450.00** and will also be notified when it has been paid.
- Kampus Kids Daycare Center will not tolerate unpaid bills. Should a bill go unpaid or Kampus Kids has had no contact from the parent to make any sort of arrangements to pay the bill, Sitting Bull College will have no choice but to take the parent to court for any unpaid balances. **Should this measure have to be taken, services are automatically suspended and the parent may not be able to utilize the daycare services in the future.**

By signing I agree to the terms and conditions of the Payment Plan Agreement between the signer and the Kampus Kids Learning Center.

Parents/ Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents/ Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Kampus Kids Learning Center Director: \_\_\_\_\_



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# AGREEMENT FORM

Child's name:									
First		Middle		Last					
Parent / Guardian									
First		Middle		Last					
Parent / Guardian									
First		Middle		Last					
Day and times my child will receive care:									
√ Check days of care.	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday				
Arrival time									
Departure time									
Total hours									
Total per week									
Kampus Kids Learning Center rates:									
Type of fee:		Rate per week		Week one	Week two	Week three	Week four	Week five	Total
Full time (26-45 hours)		\$150.		\$150	\$150	\$150	\$150	\$130	\$730
Part time (10-25 hours)		\$100.		\$100	\$100	\$100	\$100	\$80	\$480
Hourly (1-9 hours)		\$2.50-22.50		\$22.50	\$22.50	\$22.50	\$22.50	\$22.50	\$113
Payment is due:									
Full time 26-45 hours			Part Time 10-25 hours			Hourly 1-9 hours			
Every two weeks or \$450 mark.			End of the month or \$450 mark			End of the month			
Which rate do you choose? <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> hourly									
<p>I understand that even if my child does not attend on the regular schedule. I am still responsible for payment of weekly charges. Parents will be required reimbursed the College for returned or NSF Check Fees. I agree to promptly notify the Kampus Kids Learning Center of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated. The terms of this agreement are subject for review after one month. As specify in the Parent handbook, the director can terminate agreement if the policy and/or agreement is not being followed. I have read, understand and agree to comply with the policy and procedures given to me by Kampus Kids Learning Center.</p>									
Parent or guardian signature      Date				Parent or guardian signature      Date					
The Kampus Kids Learning Center agrees to provide services according to the above plan. The Director agrees to promptly notify the parents/guardians of any changes to above information.									
Sign: _____							Date: _____		
Director of Kampus Kids Learning Center									



# Billing Information

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Child's name:					
First		Middle		Last	
				( ) SBC Student	
				( ) SBC Employee	
Parent's/Guardian's name				( ) Outside employee	
Home #:	Work #:	Cell # :			
If other, list place of employment:				email:	
				( ) SBC Student	
				( ) SBC Employee	
Parent's/Guardian's name				( ) Outside employee	
Home #:	Work #:	Cell # :			
If other, list place of employment:				email:	
List names of other children in your care:					
1.					
2.					
3.					
4.					
Current Address: (If on Campus)			Permanent Address:		
Street/Apt./PO Box			Street/Apt./PO Box		
City	State	Zip code	City	State	Zip code
How will you be making your payments? Payment is due base on rate of:					
(Full time is biweekly)		(Part time is end of the month)		(Hourly is end of the month)	
<input type="checkbox"/>	Self - If you are a SBC student, by checking self, you give permission to withdraw from Financial Aid. (Payment will be made accordingly to time line set by Kampus Kids Director)				
<input type="checkbox"/>	I have Childcare Assistance from:				
<input type="checkbox"/>	I am aware that I will pay any copayment on my bill. (A copy of your letter must be submitted to the Business Office with this form before your child can attend the Kampus Kids Learning Center)				
<input type="checkbox"/>	Salary Deductions (Available for SBC employees)				
<b><i>Student's note: Transcripts and/or diplomas will not be released if you have financial obligations with Sitting Bull College including outstanding bill with Kampus Kids Learning Center.</i></b>					
By signing this form I am aware I will be responsible for payment on the listed child's daycare bill.					
Parent or guardian signature			Parent or guardian signature		
Date			Date		

( ) Parent/guardian Copy      ( ) Business Office      ( ) Kampus Kids Learning Center

# AUTHORIZATION for \_\_\_\_\_ (child's name)

## AUTHORIZATION TO RELEASE CHILD

The parent/guardian is required to sign their child/children out each day. The child will only be released to his/her parents, or someone the parent designates on the Pick Up Authorization form.

- Children will be released only to those people age 14 and over whose names appear on the Pick-up Authorization form.
- If there are Custody issues, KKLC requires a copy of the Custody Paper to have on file.
- If someone other than the people on the Pick Up Authorization is going to pick up the child/children, parent needs to notify the KKLC staff ahead of time in writing or verbally. The person picking up the child will be required to show a picture ID.

Name:		Relationship to child:	
Work #:	Home #:	Cell #:	
Name:		Relationship to child:	
Work #:	Home #:	Cell #:	
Name:		Relationship to child:	
Work #:	Home #:	Cell #:	
These people are <b>NOT</b> allowed to pick up my child.			
Name:		Relationship to child:	
Name:		Relationship to child:	

## EMERGENCY AUTHORIZATION

In case of an emergency and parents /guardians cannot be reached, who should be contacted?

Name:		Relationship to child:	
Work #:	Home #:	Cell #:	
Name:		Relationship to child:	
Work #:	Home #:	Cell #:	
Physician to call in an emergency:			
Name:		Clinic Telephone number:	
Dentist to call in an emergency:			
Name:		Clinic Telephone number:	
Clinic to call in an emergency:		Hospital to call in an emergency:	
Name:		Name:	

I hereby authorize the Kampus Kids Learning Center to secure emergency medical treatment for my child under the following conditions:

1. An emergency or unanticipated condition necessitates immediate action for the preservation of the life or health of the child, and
2. Reasonable attempts to contact me have failed.

Parent Signature:	Date:	Parent Signature	Date:
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**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 2017-2018

Household Size	1	2	3	4	5	6	7	8	Each Additional Person:
Yearly	\$22,311	\$30,044	\$37,777	\$45,510	\$53,243	\$60,976	\$68,709	\$76,442	\$7,733
Monthly	\$1,860	\$2,504	\$3,149	\$3,793	\$4,437	\$5,082	\$5,726	\$6,371	\$645
Weekly	\$430	\$578	\$727	\$876	\$1,024	\$1,173	\$1,322	\$1,471	\$149

If you have other questions or need help, call 701-854-8080.

Sincerely,

LaValla Moore, Kampus Kids Director

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, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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](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](mailto:program.intake@usda.gov).

USDA is an equal opportunity provider, employer, and lender.



CACFP Enrollment Form / Free and Reduced-Price Income Application (Child Care)

Center Name

Complete one application per household. Please use a pen (not a pencil).

STEP 1 REQUIRED - The parent / guardian must complete Parts 1 and 4. List ALL Children who attend day care

Table with columns: CHILD's Last Name, First Name, Date of Birth, Time of Care (Arrival, Leave), Regular Days of Care (M, T, W, T, F, S, S), Meals Served During Care (B, A, M, L, P, M, D, E, V)

Check all that apply

Table with columns: Foster Child, Migrant, Head Start

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

I choose to supply expressed breast milk to my child care provider to serve at meal time.

Infant Participation is:

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.

STEP 2 Optional - Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, 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 Optional - Parent / guardian should fill out household income to determine the amount of CACFP funds the center will be eligible to receive. This form will be placed in our confidential files.

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

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 table with columns: Weekly, Bi-weekly, Monthly, Bi-monthly

B. All Other 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'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Main income reporting table with columns: Name of Household Members, Earnings from Work, Welfare/Child Support/Alimony, Pension/Retirement/Social Security/SSI/VA Benefits, How often?

The "Sources of Income for Children" chart will help you with the Child Income section.

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 REQUIRED - Sign and date the application. The form must be signed by the parent or guardian.

"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 the Form

Signature of Adult

Today's Date

Address

City

State

Zip

Phone/Email

Source of Income for Children	
<b>Sources of Child Income</b>	<b>Examples</b>
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		
<b>Earnings from Work</b>	<b>Public Assistance/Alimony/ Child Support</b>	<b>Pensions/Retirement/ All other sources of income</b>
<ul style="list-style-type: none"> <li>Salary, wages, cashbonuses</li> <li>Net income from self-employment (farm or business)</li> <li>If you are in the U.S. Military:               <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> </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>

**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 (FDPRI) case number or other FDPRI 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 (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).

*This institution is an equal opportunity provider.*

**\*Only use this address if you are filing a complaint of discrimination.**

**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

**Total Income**  **How often?**  Weekly  Bi-weekly  Monthly  2x/month

**Household size**  **Category Eligibility**  **Eligibility**  Free  Reduced  Denied

**Determining Official's Signature**  **Date**  **Confirming Official's Signature**  **Date**

**Follow-up Official's Signature**  **Date**



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**

**Date**

Thank You, IHS Dental Staff

