

Adlerian Child Care Center Enrollment Application

Child Information		
Child's Full Name(First, Middle, Last)		Nickname
Date of Birth (Month, Day, Year)		Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		Home Phone
Are there any custody arrangements for the child? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, you must provide a copy of the court issued custody papers to Adlerian Child Care Center.		
Parent Information		
Mother/Guardian Name		
Home Address		
Employer Name		
Employer Address		
State Issued Photo ID Number		Email address
Home Phone		Work Phone
Cell Phone		Cell Phone Provider
Father/Guardian Name		
Home Address		
Employer Name		
Employer Address		
State Issued Photo ID Number		Email address
Home Phone		Work Phone
Cell Phone		Cell Phone Provider
Emergency Contact Information		
In the event that the parents/guardians are not available, the individuals listed below are authorized to pick up my child, may be contacted in an emergency and may obtain emergency medical care for the child. (All individuals must be 18 years of age.		
1. Contact Name		Relationship to child
Home address		
Home Phone	Work Phone	Cell Phone
2. Emergency Contact Name		Relationship to child
Home address		
Home Phone	Work Phone	Cell Phone

Authorized Release The individuals below are authorized to pick up my child. (All individuals must be 16 years of age.)

1. Contact Name		Relationship to child
Home address		
Home Phone	Work Phone	Cell Phone
2. Contact Name		Relationship to child
Home address		
Home Phone	Work Phone	Cell Phone

Daily Sign and In out Procedure

I agree to sign my child into and out of the center each day by entering my fingerprint signature or user PIN and password into the keypad entry system. I understand that I am required to enter the building to drop off and pick up my child and that I must escort my child to and from the designated classroom or playground and supervising staff member. All authorized contacts for my child must also use the keypad entry system and escort my child to and from the designated classroom or playground and supervising staff member. If I or my authorized contacts neglect to do so, I may be charged a maximum fee of \$5.00 per missed sign in or sign out.

Parent/Guardian Signature _____ Date _____

Child's Medical History

Child's Doctor	Address	Phone Number
Child's Dentist	Address	Phone Number
Child's Health Insurance Provider	Policy Number	Preferred Hospital

Does your child have any allergies YES NO If yes, you must provide Adlerian Child Care Center with a statement from the child's doctor explaining what the allergies are and what precautions must be taken. This statement must be updated annually or sooner if the condition changes.

Allergy _____

Does your child have any health conditions: asthma, diabetes, epilepsy, etc. YES NO If yes, you must provide Adlerian Child Care Center with a statement from the child's doctor explaining what the health conditions are and what precautions must be taken. This statement must be updated annually or sooner if the condition changes.

Health condition _____

Does your child have an Individual Education Plan or an Individual Family Service Plan? YES NO If yes a copy must be provided at the time of enrollment.

Does your child have any developmental issues that have been identified by a physician or supporting agency? Yes No If yes, please explain.

Will your child be seen by any therapists or interventionist while at the center? YES No If yes you must complete DSS form 2930 Authorization for Therapy, Intervention and Extracurricular Activities for each individual. The Director will provide you with the form.

Medication Policy Adlerian Child Care will only administer medication that has been prescribed by a doctor. If a child is to receive medication while at the center, the parent must sign the medication in complete with child's name, medication name, date, time and dosage of medication. The medication must be in its original container with the child's name and dosage instructions. I give permission to Adlerian Child Care Center to administer medication prescribed by a doctor to my child. I agree to supply the director of the facility with a written and signed dosage schedule for any medication which is to be administered to my child.

Parent/Guardian Signature _____ Date _____

Statement of Health and Immunization Certificate A current SC Department of Health and Environmental Control Immunization Certificate is required for all children. Prior to enrollment, the parent/guardian must provide a copy to Adlerian Child Care Center and is responsible for providing copies to Adlerian Child Care Center when the child's immunizations are updated.

My child is in good mental and physical health and able to participate in the child care program at Adlerian Child Care Center.

Parent/Guardian Signature _____ Date _____

Medical Emergency Authorization In the event my child becomes ill or suffers injury of any kind and Adlerian Child Care Center cannot contact myself or those persons designated by me to be contacted for emergency pick-up, I hereby authorize Adlerian Child Care Center to transport my child by ambulance to obtain emergency medical treatment for my child.

Parent/Guardian Signature _____ Date _____

After School Transportation Adlerian Child Care has my permission to provide transportation from his/her elementary school to Adlerian Child Care Center.

Parent/Guardian Signature _____ Date _____

Child's Elementary School	Grade	Child's Teacher
---------------------------	-------	-----------------

Field Trip Permission (applies to children ages 4 and up.) My child may be transported to and from field trips by Adlerian Child Care Center. The destination, date, departure times and return times of the field trip will be posted in the center in advance of field trips.

Parent/Guardian Signature _____ Date _____

Swimming Permission (applies to children ages 6 and up) My child has my permission to participate in swimming activities provided by Adlerian Child Care Center. I understand I must provide a labeled swimsuit and towel for swimming.

Parent/Guardian Signature _____ Date _____

Change of Status I understand that if there is a change in any of the information provided on this enrollment application I will notify Adlerian Child Care Center immediately and update the information on a revised enrollment application.

Parent/Guardian Signature _____ Date _____

South Carolina Department of Social Services
Child Care Regulatory Services

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

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

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

Name of Facility: Adlerian Child Care Center County: Richland
Address: 104 Hillpine Road Columbia, SC 29212
Street Address -- no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

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

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

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

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

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

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

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

Is Child currently enrolled in school? (5K up to 11 years old) Yes No

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

Check all days Child will regularly attend this facility: Mon Tue Wed Thurs Fri

Check all meals Child will receive daily: Breakfast Lunch Afternoon Snack

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

Street Address City, State, Zip Telephone

Dental Care Provider: _____
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: _____

Certificate of Immunization: ___ Yes ___ No ___ N/A Please explain: _____

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

Additional Comments: _____

I certify that to the best of my knowledge _____
Child's Name

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

Adlerian Child Care Center

Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee

Adlerian Child Care Center

COVID-19 Screening for New and Returning Students

Has your child had a fever of 100.0 degrees or higher in the past 48 hours?

_____Yes _____No

Has your child had any of the following symptoms in the past 48 hours? Check all that apply.

- | | | |
|------------------------|----------|---------|
| Cough | _____Yes | _____NO |
| Shortness of breath | _____Yes | _____NO |
| Sore Throat | _____Yes | _____NO |
| Nasal Congestion | _____Yes | _____NO |
| Runny Nose | _____Yes | _____NO |
| Body Aches | _____Yes | _____NO |
| Loss of Taste or Smell | _____Yes | _____NO |
| Diarrhea | _____Yes | _____NO |
| Nausea | _____Yes | _____NO |
| Vomiting | _____Yes | _____NO |
| Fever/chills, sweats | _____Yes | _____NO |

Has your child or any household member been in close contact in the last 14 days with someone diagnosed with COVID-19?

_____Yes _____No

What were the child care arrangements for your child in the last 14 days?

_____ Staying home with family member

_____ Enrolled in another child care facility

_____ Other (Please explain) _____

Signature of Parent/Guardian _____

Date _____

ADLERIAN CHILD CARE CENTERS, INC.
PARENT/GUARDIAN POLICIES

1. It is the policy of Adlerian Child Care to admit all children without regard to gender, race, color, religion, or national origin. There is no distinction in eligibility for, or in the manner of providing any child care services. All program and educational activities are available without distinction and rules of courtesy are uniformly applied to all regardless of gender (including gender orientation), race, color, religion or national origin.

2. **CHILD DELIVERY AND PICK-UP COVID PROCEDURES.** Parent/guardian must wear a mask and escort his or her child to the center entrance door. Adlerian Child Care Center faculty will check the child's temperature upon arrival. An Adlerian faculty member will escort the child to his or her classroom where the child will wash his or her hands. At the end of the day the parent/guardian is to come to the center entrance door. An Adlerian faculty member will get the child and escort him or her to the parents. No child may leave the center unless accompanied by individuals at least 16 years of age. Only those persons designated by the parents/guardians on the child's application form may pick up the child. Parents/guardians must notify the director if someone not on the form is to pick up the child. All individuals must be prepared to show proper identification. This policy is in effect until the pandemic has subsided.

3. **TEMPERATURE CHECK.** Upon arrival each day, a child's temperature will be checked. If the child's temperature is 100.4 degrees or higher, he or she may not attend the center until he or she has seen a doctor and the doctor has provided a note stating that the child may return to the center. This policy is in effect until the pandemic has subsided.

4. **ATTENDANCE:** Children must arrive at the center no later than 9:30 a.m. unless they are being picked up by the center from their elementary school. For the benefit of your child we ask that you maintain a regular pattern of attendance. **If your child is going to arrive after 9:30 a.m. due to an appointment, or if your child is going to be absent; the parent/guardian must call the center by 8:30 a.m. to notify the Director.** If your child will be absent due to illness, he or she may not return to the center without a note from a doctor stating he or she may return to the center.

5. **AFTER-SCHOOL PICK-UP.** Parents/ guardians are to contact the center by 1:00 p.m. if their child is not to be picked up by the center that day. Children are to come to the bus as soon as they are dismissed from school.

6. **PARENT/GUARDIAN INVOLVEMENT.** Parents/ guardians are welcome in the center anytime. They are encouraged to participate in their child's class activities. For example, they may want to join their child for lunch, to read the class a story or to take part in an art activity, outdoor play activity, or field trip. There are many planned activities parents/guardians may join their child for at the center. These are posted on the monthly activity calendar and lesson plans. **COVID 19 Exception.** During the pandemic, parents/guardians are not permitted into the building. This is to reduce the risk of exposure to COVID-19 for Adlerian Child Care Center staff and students. This policy is in effect until the pandemic has subsided.

7. **CUSTODY AGREEMENTS.** If a court ordered custody arrangement is in effect for any child, the parent/guardian must provide a copy of the court ordered custody agreement to the center. If any changes are made to the custody agreement, the parent/guardian is responsible for providing a copy of the revised custody agreement to Adlerian Child Care.

8. **BIRTH CERTIFICATE.** Parent/guardian must provide a copy of the child's birth certificate prior to enrollment.

9. **IMMUNIZATION RECORD.** Parent/guardian of child must provide a copy of the child's Immunization Record in accordance with S.C. DHEC's requirements prior to enrollment. It is the responsibility of the parent to provide updated copies of immunization records to the center when the child receives new shots.

10. INSURANCE. An accident insurance policy is in effect for each child in the center. The center's insurance only pays what is not covered by the parent/guardian's insurance company. Procedure for filing insurance: parent/guardian must complete the center's insurance claim form and must file for reimbursement from their insurance company. Parent/Guardian must provide the name of their health insurance provider, policy number and provider's phone at the time of enrollment.

11. NUTRITION AND MEALS. Breakfast, lunch and snack are provided. Children may not bring food into the center. Children with food allergies must provide the center with a statement from their doctor specifying what foods present a problem for them. This statement must be updated annually or sooner if a change in the allergy has occurred. Parents may be requested to provide alternative foods for their children. Breakfast is served at 8:30 a.m. If your child will arrive after 8:45, your child will need to have already eaten breakfast. School age students who are enrolled in the Full Day Virtual Learning Program will **not** be provided breakfast due to their school day schedule. The center provides nutritious meals in accordance with CACFP and the ABC Quality Program guidelines. Weekly menus are posted at the entrance to the center. Whole milk to served to children ages 0 - 2. Skim or 1% milk is served to children ages 3 and above. Sweet foods are not served more than once a week. Whole grain foods are served at least twice a day. Children receive 100% juice. Water is available to children throughout the day. Fruit is served at least twice a day and vegetables are served at least once a day. Mealtimes and class activities are used to help promote healthy eating habits.

12. INFANT FOOD. Infant bottles must have lids and must be ready to serve and must be labeled with the child's name and brought into the center in a labeled diaper bag. Glass bottles are not permitted. Written instructions regarding the infant's feeding schedule and daily routines must be provided prior to enrollment and updated as necessary. Parents of infants must complete an infant formula statement and an infant feeding schedule. The infant feeding schedule is to be updated as new foods are introduced to the infant. Mothers who wish to breast feed their infant are welcome to come and feed their infant in the infant room after the pandemic has subsided.

13. NAP TIME. Children in the infants – 4K classes take a nap each day. As a COVID-19 precaution, blankets are not permitted. This policy is in effect until the pandemic has subsided.

14. CLOTHING. All children must be dressed in weather-appropriate clothing. All children must have change of clothing in their cubby. Clothing must be labeled. For safety reasons, children are not permitted to wear jewelry. Flip flop style shoes are not permitted. Tennis shoes or close toed shoes are required. The center is not responsible for lost or damaged clothing or jewelry.

15. TOILET TRAINING. We are happy to assist with toilet training toddlers and two year olds. Parent/guardians who would like to start toilet training will need to let the Director know. The child must arrive dressed in cloth underwear and have 5 changes of cloth underwear and 3 changes of clothes. Pull ups are not permitted if a child is toilet training.

16. ACTIVE PHYSICAL PLAY: All children go outside for active physical play each day, weather permitting. In the event of inclement weather, active physical activities will be provided in the classroom. A daily schedule is posted in the classroom with the outside play times. Teachers lead active physical play both inside and outside. Children are provided with a choice of materials and equipment to engage in active physical play for at least 90 minutes daily. Adlerian Child Care Center does not permit screen time for children under the age of two.

17. ILLNESSES: The parent/guardian of a child will be contacted to pick up a child immediately if the child has any of the following symptoms: fever, rash, respiratory difficulties, severe congestion, vomiting or diarrhea, the child will be isolated from the other children. Children who exhibit the symptoms listed above, or other symptoms will be excluded from the center and may return to the center after being seen by a doctor. The doctor will have to provide a note stating that the child is healthy and may return to the center.

18. DISCIPLINE: Staff members will discipline children using methods consistent with principles of Adlerian Psychology. All parents are provided with a copy of the book *The Courageous Parent* upon enrollment. The book

outlines Adlerian parenting approaches as well as techniques for stopping the use of misbehavior and techniques that encourage cooperative, responsible and caring behavior. In the classroom teachers will give children choices, use natural and logical consequences, and deliberate encouragement. Teacher use open ended questions and reflective statements to interact positively with children and help them to connect and contribute to the class. No child will be punished physically or verbally. Staff are trained to redirect children to a different play area if a child is having a problem such as misusing materials, engaging in unfriendly behaviors, yelling or screaming inappropriately. When the child reengages at the new area the teacher makes a point to play an interact with the child when he or she is engaged in cooperative, caring and responsible behaviors. If two children have a problem they are provided the opportunity to work out a solution to the problem which they will share with the teacher. Children may be provided an area within the classroom to cool down should a serious problem occurs. Should this occur the child will be under the supervision of an adult and the child will rejoin the group when he or she is ready. Food will not be withheld from children for discipline purposes. Additional techniques will include redirecting behavior, activities that invite cooperation, one-on-one talking with a child, and strategies designed to help the particular child. If a child engages in significant and repeated misbehavior, the parent/guardian will be advised of the problem immediately and consulted on procedures to be followed. Behavior that fails to improve will be brought to the Coordinator's attention for further assistance.

19. CONFERENCES. Parent/Teacher Conferences are held in the fall and spring for children ages 6 weeks to 4. A Parent/Guardian must attend at least one conference each year. A parent/guardian who wishes to schedule additional conferences may do so with the director. Teachers cannot speak with a parent/guardian about their child in front of their child or when they are responsible for supervising children.

20. PARENTING CLASS. Adlerian Child Care offers Parenting Seminars in the fall that are free for all parents with children enrolled in the center. Parenting seminars will be offered after the pandemic has subsided.

21. TOYS, JEWELRY & VALUABLES. Children may not bring toys into the center unless a teacher has asked them to for a special class activity. With the exception of students enrolled in the Full Day Virtual Learning Program, children may not bring electronic devices or toys into the center. Violent toys, such as guns, action figures and swords are not permitted into the center. For safety reasons, children may not wear jewelry into the center. The center is not responsible for any lost or damaged toys, books, jewelry or valuables.

22. FEES. Tuition is due on Monday at the beginning of each week. Payments are due every Monday by electronic draft, check or money order. Any account not paid in full by 6:00 p.m. on Tuesday of the same week will be assessed a \$25.00 late tuition fee. Any payment returned for non-sufficient funds will be assessed a \$30.00 fee. Child care services will be suspended if an account is not paid in full before Wednesday morning of each week. A non-refundable registration fee is due at the time of enrollment for new students. An annual renewal fee is charged every August for all children currently enrolled.

23. AFTER SCHOOL FULL DAY FEES. Students who are enrolled in full day elementary school programs during the regular academic year will be charged full day rates on the days that the elementary schools are closed or have early dismissal. If the elementary school closes and/or dismisses early for 2 or more consecutive days in a week during the academic year, and the elementary school student does not attend the center, the student will not be charged for those days. There is no reduction for absenteeism if the elementary school closes or dismisses early for only 1 day. There is no reduction for absenteeism on regular schedule school days. During the summer, these students will be charged full time rates with no reduction for absenteeism.

24. FULL DAY INTERNET ACCESS FOR VIRTUAL LEARNING. Adlerian Child Care Center offers a Full Day Internet Access for Virtual Learning Program for students enrolled in grades 5K-5th. Parent/guardians who wish to enroll their child in this program must complete the enrollment form and parent/guardian policies for the program.

25. LATE PICK-UP FEES. A late fee of \$2.00 per minute per child will be assessed for children picked up after 6:30 p.m. This fee must be paid no later than the following week's tuition.

26. VACATION. Parents/guardians of full time children are entitled to 5 days of vacation after a child has been enrolled and attended the center continuously for six months prior to using the vacation. Another 5 days vacation is available to the parents/guardians after the child has been enrolled and attended the center for 12 months. Vacation time may be used only if the account balance is clear and when the child is absent from the center. Parents/guardians must tell the Director in advance that vacation time will be used. Vacation time not used within the year it was accrued, will be lost. Vacation time does not apply to children enrolled in part time programs.

27. HOLIDAY SCHEDULE. The center will be closed for the following holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and Christmas Day. The center is closed on Election Day for In-Service Training for staff. The center will close at 12:00 p.m. on Christmas Eve.

28. INCLEMENT WEATER: In the event of severe weather that requires closing the center, calls will be made to parents and announcements will be posted on local news channels. Full tuition for the week will be due unless the center is closed for 2 or more consecutive days in a week.

29. COVID CASE WITHIN THE CENTER. If the center is made aware that a student or faculty member has tested positive for COVID, and it was established that the individual was in the center while contagious, parents/guardians will be notified that a confirmed case has been reported. The center will close the room used by the individual for 24 hours and clean and disinfect the room. Once cleaned and disinfected the room will be reopened. The individual with the confirmed case will not be permitted to return to the center until being cleared by a doctor. Should two or more positive cases occur at the center within a 7 day period, DHEC will be notified and the center will be closed, cleaned and disinfected. The center will reopen with DHEC's recommendations. ***Due to the ever changing information being learned about COVID19, this policy may be updated if new recommendations are made by DHEC and the CDC.

30. HEALTH PRACTICES. All faculty have their temperatures checked upon arrival at the center. If a staff member's temperature is at or above 100.4, he or she is not permitted at the center and may return only with a doctor's note. Provided the faculty member has no fever, he or she then washes their hands and is provided a new mask for the day. Faculty must wear masks at all times while at the center. All faculty assist throughout the day with cleaning and disinfecting classroom surfaces and materials. Faculty encourage children, as much as possible, to socially distance when in the classroom. Playground schedules have been altered to limit the number of children on the playground. All classrooms have a bathroom and hand washing sink within them making it possible for children and staff to wash their hands frequently throughout the day. Parents/guardians of children ages 3 and above are welcome to send their child in wearing a mask. Faculty will encourage the child to wear the mask throughout the day except during meal times and nap time. This policy is in effect until the pandemic has subsided.

31. CONFIDENTIALITY. Information about children enrolled at the center may only be shared with the child's parent/guardian, the staff who teach and care for the child and regulatory agencies in accordance with licensing requirements.

32. NOTIFICATION OF COMPLIANCE WITH S.C. CODE OF LAWS Sections 63-13-40 and Section 63-13-45. It has been and will continue to be the policy of Adlerian Child Care Centers, Inc. to submit requests for the following background checks to be performed on all of our employees prior to beginning work: Central Registry of Abuse and Neglect, Federal Bureau of Investigation, South Carolina Law Enforcement Division. The Department of Social Services is responsible for returning the results of the background checks to all centers in South Carolina in a timely fashion, but there have been times when they take up to 3 weeks. In the event that the results of the background checks are delayed and the center must be staffed to avoid violating staff/child ratios, the individual for whom the results have not been received is provisionally employed in accordance with the S.C. Code of Laws Sections 63-13-40 and 63-13-45. The individual must sign a notarized statement that he or she has not committed any crimes that would prevent him or her from working with children and an on-line South Carolina Law Enforcement Division background check will be performed with favorable results. During this provisional employment, the individual will be placed under the direct supervision of a staff member who has received favorable results of all background checks.

33. COURTESY. Parents/ guardians are expected to treat all children, staff and other persons in the center with kindness and respect. Parents/guardians may not use loud, profane or strong language in the center. Parents/guardians may not physically discipline their children in the center.

34. CELL PHONES. Parents/guardians are to refrain from using their cell phones while bringing their children into the center and when picking up their child.

35. WITHDRAWAL. Two weeks written notice of withdrawal is required to be given to the Director and a reason for withdrawal is requested. Parents/ guardians who want to withdraw their children for the summer and plan to return in the fall must pay a registration fee to guarantee their children a space.

36. TERMINATION OF SERVICES. The center reserves the right to terminate services for the following reasons: nonpayment of fees and chronic late pick-up. The center will also terminate services for children who are not able to progress or function in a group situation and do not respond to the described discipline approaches. The center reserves the right to terminate services to individuals violating the courtesy policy.

36. QUESTIONS OR CONCERNS. Any parent/guardian who has a concern or question about the center or their child is to call or stop by the Director's office to speak with the Director. Parents/ guardians are asked to bring concerns to the immediate attention of the Director so that he or she can follow up on the concern promptly. **COVID Precautions:** Due to the pandemic, parents/guardians who have concerns or questions are to call the Director. This is for the safety of our faculty and students. This policy is in effect until the pandemic has subsided.

37. ENROLLMENT FORMS: All parent/guardians must complete and return the following forms at least two business days prior to a child attending the center: Enrollment application, DSS Form 2900, Signed Parent Policies, S.C. DHEC Immunization Certificate, Birth Certificate and Free and Reduced Meal Application. Custody agreements must be provided if applicable. Medical Statement from a doctor must be provided if the child has a medical condition. All forms must be accompanied with a check or money order for the non-refundable Registration Fee. Parent/guardians are responsible for updating contact information in writing on the enrollment application and DSS Form 2900 if and when changes occur.

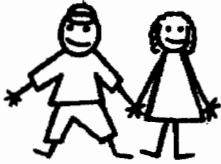
I have read, understand, and agree to Adlerian Child Care Centers' Policies for Parents/Guardians.

Parent/Guardian
Signature _____

Date _____

RECURRING PAYMENT PLAN AUTHORIZATION FORM: ACH

Complete and return this form to:



Adlerian Child Care Center - Hillpine
 104 Hillpine Road
 Columbia, SC 29212
 803-781-0552

RECURRING PAYMENT PLAN AUTHORIZATION

I authorize Adlerian Child Care Center - Hillpine, to initiate either an electronic debit, or create and process a demand draft against my Checking or Savings Account for the purpose of collecting childcare related payments. I authorize Adlerian Child Care Center - Hillpine to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Adlerian Child Care Center - Hillpine to use the third party sender, Tuition Express, to process all payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Account Holder's Name:		Phone:
Email:		
Children Names (if applicable):		
<i>Please enter children names if the account holder's last name is different.</i>		
Account Holder's Address:		
City:	State:	ZIP Code:
Bank/Credit Union Name:		
Bank/Credit Union Address:		
City:	State:	ZIP Code:
Bank Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Business Checking		
Routing Number: <i>(See Sample Below)</i>		Account Number: <i>(See Sample Below)</i>
This authorization will remain in full force and effect until I notify Adlerian Child Care Center - Hillpine in writing of its termination. Notification must be received 10 business days in advance of termination date to permit Tuition Express and your bank reasonable time to act upon it.		
Signature:		Date:

(Please attach a copy of a voided check below - deposit slips not accepted)

Bank Name Street Address City, State, ZIP
⑆044 204 224⑆ 029999999999⑈00403

This is the location of the 9 digit Transit Routing Number for your Bank.

This is where you will find your account number.

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

Hillpine

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

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

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

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

CHECK ALL THAT APPLY

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

IF NO > Go to STEP 3

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

CASE NUMBER:

Write only one case number in this space.

STEP 3 Total Household Gross Income

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

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

A. Child Income

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

Child Income How often?
 Weekly Bi-Weekly 2x Month Monthly
 \$

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

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

Total Household Members (Children and Adults)

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

Check if No SSN

STEP 4 Contact Information and adult signature.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

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

OPTIONAL Children's Ethnic and Racial Identities (Optional)

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

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

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

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation

for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html, 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

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

DO NOT FILL OUT For official use only

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

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

INSTRUCTIONS FOR DSS FORM 16160

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

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

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

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

A. Child Income

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

B. All Adult Household Members (including yourself)

List all Household Members not listed in step 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report the total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report. The applicant must also enter the Total Household Members, the Last Four Digits of Social Security Number (SSN) of the primary wage earner or other adult household member or check the box if the applicant does not have a SSN.

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

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

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

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

Ethnicity:

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

Race:

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

USDA Non-Discrimination Statement

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, audiotope, 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, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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.

Adlerian Child Care is an equal opportunity provider and employer.



LETTER FOR NON-PRICING CHILD CARE INSTITUTIONS Participating in the Child and Adult Care Food Program

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. Adlerian Child Care Center offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Application for Free and Reduced-Price Meals in Child Care Food Program Forms (DSS Form 16160). This form will be placed in our files and treated as confidential information. All children in our program receive their meals free of charge, but the determination of eligibility category affects the amount of Federal funding received by us. Please review the following questions and answers and the instructions for completing the attached DSS Form 16160.

- 1. Do I need to fill out an Application for Free and Reduced-Price Meals form for each of my children in child care?** You may complete and submit one DSS Form 16160 for all children enrolled in child care in your household only if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to:** Center Director
- 2. Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Family Independence (FI), or Food Distribution Program on Indian Reservations (FDPIR) can qualify for free meals. Foster children and children enrolled in Head Start are also eligible for free meals. You must provide supporting documentation of a child's enrollment in the Head Start program.
- 3. May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.
- 4. Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.
- 5. How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, FI or FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household

becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

6. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.
7. **What if I have foster children?** 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. Households may include foster children on the DSS Form 16160, but are not required to include payments received for the foster child as income.
8. **We are in the military; do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call Center Director or 803-798-0732.

Thank you for your cooperation.

Cindy Walton-McCawley

Institution Representative



WIC FUTURE

WIC has the answers to all of these questions:

- What kind of food should your children be eating?
- Where can your children get immunizations (shots)?
- How can you learn more about breastfeeding?

WIC helps:

- **Women:** Pregnant, recently pregnant, breastfeeding, or who have a new baby
- **Infants:** Newborn to age 1
- **Children:** Ages 1 to 5



Even if you are working, you might be eligible for healthy foods and personalized nutrition information.

To apply for WIC or make an appointment, call 1-855-4-SCDHEC (1-855-472-3432).

Visit www.scdhec.gov/wic.

WIC INCOME ELIGIBILITY GUIDELINES

Effective July 1, 2020 to June 30, 2021

FAMILY SIZE	INCOME (185% POVERTY)		
	YEARLY	MONTHLY	WEEKLY
1	\$23,606	\$1,968	\$454
2	\$31,894	\$2,658	\$614
3	\$40,182	\$3,349	\$773
4	\$48,470	\$4,040	\$933
5	\$56,758	\$4,730	\$1,092
6	\$65,049	\$5,421	\$1,251
7	\$73,334	\$6,112	\$1,411
8	\$81,622	\$6,802	\$1,570
For each additional family member add:	\$8,288	\$691	\$160

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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, 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.

This institution is an equal opportunity provider.



Aunque esté trabajando, usted puede ser elegible para recibir alimentación saludable e información personalizada sobre nutrición.

Para aplicar a WIC o solicitar una cita, llame al 1-855-4-SCDHEC (1-855-472-3432).

Visite www.scdhec.gov/wic.

WIC tiene las respuestas a todas estas preguntas:

- ¿Qué tipo de alimentos deberían comer sus hijos?
- ¿Dónde pueden obtener inmunizaciones (vacunas) sus hijos?
- ¿Cómo puede aprender más acerca de la lactancia materna?

WIC ayuda a:

- **Mujeres:** embarazadas, en primeros meses de gestación, lactantes o con bebés recién nacidos
- **Bebés:** desde su nacimiento hasta la edad de 1 año
- **Niños:** de 1 a 5 años de edad

PAUTAS DE ELEGIBILIDAD POR INGRESOS PARA WIC

Vigentes desde julio 1 de 2020 hasta junio 30 de 2021

NÚMERO DE PERSONAS EN LA FAMILIA	INGRESOS (185% DEL NIVEL DE POBREZA)		
	ANUAL	MENSUAL	SEMANAL
1	\$23,606	\$1,968	\$454
2	\$31,894	\$2,658	\$614
3	\$40,182	\$3,349	\$773
4	\$48,470	\$4,040	\$933
5	\$56,758	\$4,730	\$1,092
6	\$65,049	\$5,421	\$1,251
7	\$73,334	\$6,112	\$1,411
8	\$81,622	\$6,802	\$1,570
Para cada miembro adicional de la familia, agregue:	\$8,288	\$691	\$160

Los demás programas de asistencia nutricional del FNS, las agencias estatales y locales, y sus beneficiarios secundarios, deben publicar el siguiente Aviso de No Discriminación: De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compilant_6_8_12_9.pdf y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por: (1) correo: 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; (3) correo electrónico: program.intake@usda.gov.

Esta institución es un proveedor que ofrece igualdad de oportunidades.