A+ PREP SCHOOL

Achieving Academic Excellence Begins Here

Preschool School Program

Dear Parents,

Thank you for choosing A+ Prep School for your child's educational needs. We strive to provide a superior academic program and excellent care that surpasses others for him/her.

Attached is the enrollment package. Please take the time to fill the forms out completely. For emergency contacts, please fill out not only the name, but also the phone number, the address, and driver license number.

A+ Prep School participates in the Texas Food Program to ensure that we provide quality meals for our students. We need form #1531 for each student enrolled. Please complete the enrollment form and income eligibility form and return it sealed in the enclosed envelope. Please make sure all applicable questions are answered, and provide a list of people living in your household. There are many factors used to decide whether your household is eligible for the full or half food program, income is not the only one.

Thank you for your cooperation. Please be assured that your child's well-being is always our first priority.

Thank you,

A+ Management

Ms. Sherry-Director

Ms. Heather-Assistant Director

A+ PREP SCHOOL

Admission Information - (Please Print)

(Preschool Program)

Program(s) selected: _____ Date of Admission: _____

(A) Referred by: _____

Student's Name: _____ Birth Date: _____ Sex: M F

Student's Address: _____ City: _____ Zip: _____ Phone:( ) _____

(B)

Mother's or Guardian's Name	Texas D.L. No.	Last 4 of Social #
		XXX-XX-
Address (if different from child)	Zip Code	Phone#
Place of Employment:		
Address of Employer:		
Work Phone: ext.	Cellular Phone#	

Father's or Guardian's Name	Texas D.L. No.	Last 4 of Social #
		XXX-XX-
Address (if different from child)	Zip Code	Phone#
Place of Employment:		
Address of Employer:		
Work Phone: ext.	Cellular Phone#	

Marital Status of Parents: Married ( ) Separated ( ) Divorced ( ) Widowed ( )
If divorced, who has custody? Mother ( ) Father ( ) Guardian _____

E-Mail Address: (Optional) _____

(C) Person(s) to be notified in case of Emergency: (Other than parents)

Name: _____ Relationship: _____ Work Phone: _____

Address: _____ Home Phone: _____

Texas D.L. No. _____ Cellular Phone: _____

Name: _____ Relationship: _____ Work Phone: _____

Address: _____ Home Phone: _____

Texas D.L. No. _____ Cellular Phone: _____

A+ PREP SCHOOL is to allow this child to leave the school facility ONLY with the following persons:
( ) Mother ( ) Father ( ) Guardian ( )emergency contact(s) listed above and -

Name: _____ Texas D.L. No. _____Phone#_____

Name: _____ Texas D.L. No. _____Phone#_____

Name: _____ Texas D.L. No. _____Phone#_____

(D)PERTINENT HEALTH INFORMATION:List and explain any health conditions or required medications i.e. heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic condition.

_____

_____

DOCTOR: 1st choice _____ Phone# _____

Address: _____

2nd choice _____ Phone# _____

Address: _____

DENTIST: _____ Phone# _____

Address: _____

CLINIC/HOSPITAL: _____ Phone# _____

Address: _____

I, the undersigned, do hereby authorize employees of A+ PREP SCHOOL to contact directly the persons and health care providers named on this form, and do authorize the named physicians, clinics and/or hospitals to render such treatment as may be deemed necessary for the transportation and health care of said child. In the event the physicians, other persons named on this form or parents can't be contacted, the school employees are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school financially responsible for the emergency care and/or transportation for said child.

I request that the physicians, dentists and staff of the medical facility perform any diagnostic pro-operative procedures and x-ray treatments and anesthetics as may be necessary in the diagnosis and procedures, treatment of my child. I authorize the medical facility to dispose of any specimen or tissue taken from named person.

I certify I am a parent with legal parental custody of the child, the child's legal guardian, or have other court control of the child. I understand that I must notify A+ PREP SCHOOL in writing to change any information on this form or to revoke any consent given herein.

_____ _____

Printed Name of Parent/Guardian Signature of Parent or Legal Guardian

_____ _____

Printed Name of Student Date

(E) PUBLICITY RELEASE INFORMATION:

I understand that various photographs may be taken by the school. I give my permission for (student name) _____ picture(s) to be used at the discretion of the program staff.

_____ _____

Parent/Guardian Signature Date

(F) "SCHOOL POLICIES AND PROCEDURES" for this specific program attached.
I have read and agree to follow all the A+ PREP SCHOOL policies and procedures as required.

_____ _____

Parent/Guardian Signature Date

(G) "FIELD TRIP(S)-the notice will be posted in the school for 48 hours prior to the trip taken place.
I hereby ( ) give ( ) do not give my consent for my child to participate in the field trips.
I hereby ( ) give ( ) do not give my consent for my child to participate in water activities.

_____ _____

Parent/Guardian Signature Date

(H) IMMUNIZATION VERIFICATION/HEALTH REQUIREMENTS:
Up-to-date information is required to keep on file, separate form is attached for completion.

_____ _____

Parent/Guardian Signature Date

( ) " Discipline Guidelines for School Sponsored Transportation" is attached.

* PLEASE ATTACH A COPY OF YOUR CURRENT MEDICAL INSURANCE CARD. Thank You!

A+ PREP SCHOOL

DISCIPLINE GUIDELINES FOR SCHOOL SPONSORED TRANSPORTATION.

The safety of all students is a top priority when traveling in school sponsored transportation. Students being transported are held to a high standard of conduct. Appropriate behavior is expected to ensure the safety of all students.

When students are involved in disciplinary infractions (i.e. including but not limited to: fighting, excessive noise level, using inappropriate language, not staying seated, disrespect. destroying property, refusing to buckle their seat belt, littering, hanging out windows, etc.), appropriate disciplinary action will be taken as follows:

1st violation: Oral and Written warning will be submitted to the parents. Both parents and teachers should talk to the student about the importance of the bus safety and the consequences for not following the instruction.

2nd time: The student will not be allowed to ride the bus for 2 days. Parents will be required to find alternative transportation arrangements for these days.

3rd time: The student will not be allowed to ride the bus for 5 consecutive days. Parents will have to make alternative arrangements.

4th time: At this point, in order to consider other students' safety who are riding in the same vehicle, the school will have no choice but to remove the student's privilege to ride the bus for the remainder of the school year.

.....

We have read and understand the responsibilities outlined in the Discipline Guidelines for the school sponsored transportation and understand the student, _____ (student's name) shall be held accountable for A+ PREP SCHOOL sponsored transportation, including to and from school, extracurricular activities, and field trips. We also understand that all precautions will be taken to prevent any accident, and I do hereby release A+ PREP SCHOOL , its agents, or employees from any liability for an accident involving my child while on the school sponsored transportation.

Safety of all students on transportation is everyone's responsibility. We understand that any student who compromises the safety of others shall be subject to disciplinary action and/or suspension of transportation privileges. This includes any misconduct, regardless of time or location when traveling on any school sponsored transportation.

Parent/Guardian Signature: _____

Date: _____

/busrule2002

Texas Dept of Family and Protective Services

Child Assessment Form

Form 7293
November 2012

A+ Prep School

Child Name (last, first, middle)		Social Security No.*	Enrollment Date	Date of Birth
Street Address (if rural, attach directions)		City	County	Zip
Mailing Address (if different) -- Street or P.O. Box		City	County	Zip
Telephone No. (include A/C)				

* If applicable.

1. Health

Does your child have any allergies?	☐ Yes	☐ No
If so, what allergies does your child have?		
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness?	☐ Yes	☐ No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?	☐ Yes	☐ No
Is your child taking any medication?	☐ Yes	☐ No
If so, how is the medication administered, and will it need to be administered while he/she is in care?		
Is the medication prescribed for continuous use?	☐ Yes	☐ No
Are there any side effects we should be alerted to?	☐ Yes	☐ No

2. Toileting:

Does your child need assistance with toileting?	☐ Yes	☐ No
How can we best help?		
What are your ideas about toilet training?		
How can we best help?		

3. Behavior:

Does your child have any special fears?	☐ Yes	☐ No
How does your child communicate his/her needs?	☐ Yes	☐ No
Are there any special words that your child uses that might not be readily recognized?		
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?		
When your child gets upset, what helps him/her calm down?		
What is a good way to distract your child when he/she is having a temper tantrum?		
Are there any particular routines that are particularly helpful at naptime?		

Texas Dept of Family and Protective Services

Child Assessment Form

A+ Prep School

Form 7293
November 2012

What position is most comfortable for your child when he/she is napping?	

4. Eating Preferences:

What are your child's favorite foods?			
Does your child use utensils, eat with fingers, feed self?			
Does your child choke easily while eating?		☐ Yes	☐ No

5. Activities:

What activities do you like to do with your child?	
What activities does your child like to do when playing with other children?	
What does your child like to do when he is playing alone?	

6. Family History:

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)	

I verify that the above assessment was discussed with the parent(s) of _____

_____

_____

_____ _____

Signature of Director Date Signed

I verify that the director appropriately relayed the information concerning my child's assessment.

_____ _____

Signature of Parent Date Signed

Additional Comments:

ADMISSION INFORMATION

HEALTH REQUIREMENTS

Name of Child: | **Date of Birth:**

Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococccal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required) ☐ Positive ☐ Negative Date:

Signature or stamp of a physician or public health personnel verifying immunization information above.

Signature _____ Date _____

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Parent's signature _____ Date _____

☐ I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at www.dshs.state.tx.us/immunize/public.shtm

Signature – Parent or Legal Guardian _____ Date _____

ADMISSION INFORMATION

SCHOOL AGE CHILDREN:

☐ My child attends the following school:

_____ _____
Name of School and Address School Ph.#

CHECK ALL THAT APPLY:

☐ His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

Name of sibling(s):

My child has permission to: ☐ walk to or from school or home, ☐ ride a bus, and/or ☐ be released to the care of his/her sibling(s) under 18 years old.

IMMUNIZATION RECORD:

☐ I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. ☐ HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

_____ _____
Health Care Professional's Signature Date

2. ☐ A signed and dated copy of a health care professional's statement is attached.
3. ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
4. ☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

_____ _____
Signature - Parent or Legal Guardian Date

VISION	R 20/ _____	L 20/ _____	☐ PASS ☐ FAIL
SIGNATURE _____		DATE _____	

HEARING	1000 Hz	2000 Hz	4000 Hz	
R				☐ PASS ☐ FAIL
L				
SIGNATURE _____		DATE _____		

_____ _____
Signature – Parent or Legal Guardian Date

FP Assistance

Feeding the Future

Food Program Enrollment Form

Center Name: _____ CODE: _____

Child's Name: _____ Date of Birth: _____

Admission date: _____ Withdrawal Date: _____

1. Circle the days that your child will <u>normally</u> attend the center:

Mon Tue Wed Thu Fri Sat Sun

2. Circle the meals <u>normally</u> served to your child in the center:

Breakfast AM Snack Lunch PM Snack Supper Evening Snack

3. What hours will your child <u>normally</u> be in the center:

____:____ to ____:____

4. Participant's ethnic and racial identities (optional)

Ethnicity (choose one ethnic identity):

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Race: (choose one or more racial identities):

- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ White
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Black or African American

_____ _____

Parent Signature Date of Signature

(_____) _____-_____

Day Time Phone Number

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME:_____ ELIGIBILITY NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660),* provide the name of the program and eligibility number: NAME: _____ ELIGIBILITY NUMBER: _____

Check here if no eligibility number ☐

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List **only** household members with income)	**B. Gross income and how often it was received** **Note:** Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Example) *Jane Smith*	$200/weekly	$150/twice a month	$100/monthly	$200/bi-monthly
	$____/____	$____/____	$____/____	$____/____
	$____/____	$____/____	$____/____	$____/____
	$____/____	$____/____	$____/____	$____/____
	$____/____	$____/____	$____/____	$____/____
	$____/____	$____/____	$____/____	$____/____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the next page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City:_____ State: _____ Zip Code: _____

Last four digits of Social Security Number: _ _ _ - _ _ - _ _ _ _ ❑ I do not have a Social Security Number

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. **This 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 Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

1. Do I need to fill out a Meal Benefit Form for each of my children in day care? You may complete and submit one CACFP Meal Benefit Income Eligibility Form 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:**

Name of Center:

Address:

City State and ZIP:

Phone number:

2. Who can get free meals without providing income information? Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children (reference question #8 for more information on foster children) and children enrolled in a Head Start Program (HSP), Early Head Start Program (EHSP), or Even Start Program (ESP) and have not entered kindergarten) are also eligible for free meals. Households with children enrolled in a HSP, EHSP or ESP can provide a certification letter from the program of the child's enrollment and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

3. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Income Chart, sent with this application. Children in households participating in WIC may be eligible for reduced price meals.

4. 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.

5. 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.

6. 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, TANF, 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.

7. 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.

8. 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 Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children can provide the Texas Department of Family and Protective Services Form 2085FC, *Placement Authorization Foster Care/Residential Care*, to their child's caregiver and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

9. 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 **888-454-3663**.

Sincerely,

INSTRUCTIONS FOR
CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM
(CHILD CARE)

Follow these instructions, if your household gets SNAP, TANF or FDPIR:

Part 1: List all enrolled children and household members.
Part 2: List the eligibility number for any household members (including adults) receiving SNAP or TANF or FDPIR benefits. The SNAP or TANF number must be the 8 or 9 digit EDG# assigned by HHSC.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.
Part 6: Answer this question if you choose.
Part 7: Answer this question if you choose.

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If **all** children you are applying for are foster children, or if you are only applying for benefits for the foster child:

Part 1: List all foster children. Check the box indicating that the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. A Social Security Number is **not** necessary.
Part 6: Answer this question if you choose.
Part 7: Answer this question if you choose.

If some of the children in the household are foster children.

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.
Part 2: If the household does not have an eligibility number, skip this part.
Part 3: **Applies only to parents/guardians of children in Tier II Day Care Homes.** Sponsors must provide the *List of Eligible Federal/State Funded Programs* (H1660), with this form to households with children enrolled in Tier II Day Care Homes. Parents/Guardians can enter the program name and number as applicable.
Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income,** not the take-home pay. Gross income is the amount earned before taxes and **other deductions. You should be able to find it on your stub or your boss can tell you.**

Box 2: List the amount each person got from the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. *For ONLY the self-employed, report income after expenses in Box 1*. Box 4 is for your business, farm or rental property. Do not include income from SNAP, TANF, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got from the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. *For ONLY the self-employed, report income after expenses in Box 1*. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

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

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

WIC --The Special Supplemental Nutrition Program for Women, Infants and Children

1. What is WIC?

WIC provides nutritious foods, nutrition education (including breastfeeding promotion and support), and referrals to health and other social services to participants at no charge. WIC serves low-income pregnant, postpartum and breastfeeding women, and infants and children up to age 5 who are at nutrition risk.

The Texas Department of State Health Services (DSHS) administers this Federal program in Texas, to pay for WIC foods, nutrition education, breastfeeding promotion and support, and administrative costs.

2. Who is eligible?

Pregnant women, women who are breastfeeding a baby under 1 year of age, women who have had a baby in the past six months, and parents, step-parents, guardians, and foster parents of infants and children under the age 5 can apply for their children. To be eligible on the basis of income, applicants' income must fall at or below 185% of the U.S. Poverty Income Guidelines (see below).

A person who participates or has family members who participate in certain other benefit programs, such as the Supplemental Nutrition Assistance Program, Medicaid, or Temporary Assistance for Needy Families, automatically meets the income eligibility requirement.

WIC INCOME GUIDELINES

The WIC income guidelines below are effective beginning

July 1, 2016

FAMILY SIZE	ANNUAL	MONTHLY	TWICE MONTHLY	BI-WEEKLY	WEEKLY
1	$21,978	$1,832	$916	$846	$423
2	$29,637	$2,470	$1,235	$1,140	$570
3	$37,296	$3,108	$1,554	$1,435	$718
4	$44,955	$3,747	$1,874	$1,730	$865
5	$52,614	$4,385	$2,193	$2,024	$1,012
6	$60,273	$5,023	$2,512	$2,319	$1,160
7	$67,951	$5,663	$2,832	$2,614	$1,307
8	$75,647	$6,304	$3,152	$2,910	$1,455

For each additional family member add:	$7,696	$642	$321	$296	$148

3. What is "nutrition risk?"

Two major types of nutrition risk are recognized for WIC eligibility:

- Medically-based risks such as a history of poor pregnancy outcome, underweight status, or iron-deficiency anemia, and

- Diet based risks, such as poor eating habits that can lead to poor nutritional and health status.

Nutrition risk is determined through an initial health and diet screening at the WIC clinic.

4. What are the Health Benefits of WIC?

Studies show that WIC plays an important role in improving birth outcomes and containing health-care costs. WIC has a positive impact on children's diets. WIC improves infant-feeding practices by actively promoting breastfeeding as the best method of feeding infants. WIC clients have improved rates of childhood immunizations and a regular source of health care.

- Improved infant-feeding practices
- Premature births reduced
- Fetal death rate reduced
- Low birthweight reduced
- Long-term medical expenses reduced
- Improved dietary intake
- Improved cognitive development
- Fewer premature births

5. How do I contact DSHS about WIC?

Call toll free at (800) 942-3678 or (800) WIC-FOR-U; or go online to http://www.dshs.state.tx.us.

Complaint/Grievance Procedure

Any dispute which may arise from an employee or parent complaint with respect to the interpretation of the terms and conditions of the Agreement shall be subject to the following Grievance Procedure, unless expressly excluded from such procedure by the terms of the Agreement. All grievances shall be initiated at Step 1. Time limits set forth herein may be extended upon mutual agreement of the parties.

- Step 1: The employee or parent shall present the grievance to the most immediate supervisor who has the authority to make adjustments in the matter within 14 days of the alleged grievance or knowledge thereof.
- Step 2: If a satisfactory settlement is not reached in Step 1 within three days following its completion, the employee or parent may present the grievance to the supervisor's immediate authority. Upon the request of the 2nd authority, the grievance shall be in writing and shall state the grievant(s) name(s).
- Step 3: If a satisfactory settlement is not reached in Step 2 within five days of the date of submission of the written grievance to the 2nd authority, the employee or parent may serve written notice upon the employer that they desire to present the grievance to the Board of Directors or company President.
- Step 4: The Board of Directors or the company President shall act as an arbitrator. The decision of the arbitrator shall be final and binding upon the parties except in cases related to Civil Rights.

If the grievance is related to a civil rights issue, then Step 5 will be followed:

- Step 5: If a satisfactory settlement is not reached in Step 4, the Board of Directors or company President shall provide the employee or parent with written instructions on how to make a civil rights complaint to USDA. It shall read as follows:

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:
(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.

- The written instructions must be available in both English and Spanish.

December 2014

Building for the Future

This child care center receives Federal cash assistance to serve healthy meals to your children. Good Nutrition today means a stronger tomorrow!

Meals served here must meet nutrition requirements established by USDA's **Child and Adult Care Food Program**

Questions? Concerns?
Call USDA at **1-866-873-2263**

or

Food and Nutrition at **1-800-TELL-TDA**
(835-5832)

or

Your child care center at

FP Assistance 1-866-454-3663

USDA is an equal opportunity provider and employer.