

Kickapoo Community Childcare Center

PO Box 458 / 10525 S Hwy. 102
McCloud, OK 74851.



Phone: (405) 964-2064
Fax: (405) 964-2106

Enrollment Application

Welcome to the Kickapoo Community Childcare Center.

The Center was established in 2004.

The Kickapoo Childcare Center Hours of operation are:

Monday through Friday

6:00 a.m. to 6:00 p.m.

Phone: (405) 964-2063

Fax: (405) 964-2106

Enrollment Criteria

Complete the enrollment application, return with:

- ◆ Current immunization records
- ◆ Guardianship documents (if applicable)

Applications will be considered in the order they are received, with the following exceptions:

- ◆ Priority will be given to families in need of full-time regular care.
- ◆ Kickapoo Tribal Members and Kickapoo Tribal Employees will be given preference.

***Please be advised that completion of this enrollment application does not guarantee placement.**

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES

CHILD INFORMATION

Child's name		Sex	Date of birth
Name(s) of person(s) with whom the child lives			
Relationship			
Home address		Home telephone	
City	State	Zip	
Mother/guardian's place of employment		Business, cellular, or page phone number	
Father/guardian's place of employment		Business, cellular, or page phone number	

In case of emergency; if parent/guardian cannot be reached, list in order of preference person(s) to notify:

Name	Telephone

IMMUNIZATION RECORD

A child two months of age or older cannot be admitted to a child care facility unless the parent presents certification from a licensed physician or authorized representative of any state or local Department of Health that such child has received or will receive immunizations at the medically appropriate time. Record the dates of immunizations below or attach a copy of the immunization record or Form FSS-TANF-1, Certificate of Exemption.

Immunizations	Date	Date	Date	Date	Date
DTP/DTaP					
Polio					
HIB					
Hepatitis A					
Hepatitis B					
MMR					
Varicella (chicken pox)					
Other					

HEALTH RECORD

Child's physician or clinic		Telephone
Address		Zip
City	State	

Does your child have any individual special needs involving routine care, behavior and guidance, communication, or positioning? If yes, please describe:

Is your child allergic to any foods; medications, etc.? If yes, please describe:

Describe any special precautions for diet, medication, or activity, if applicable:

I give permission to the child care staff to consult with health and child development professionals regarding my child's needs. Yes No

TRANSPORTATION

I do not give permission for my child to be transported.

I give permission for my child to be transported by _____

- to nearest medical facility, if a medical emergency occurs and I cannot be reached.
- on field trips.
- to and from school.
- to and from home.
- other (please specify) _____

Persons having permission to pick up child:

Name	Telephone

I understand this form is supplied by the Oklahoma Department of Human Services (OKDHS) as a service and that supplying the form in no way imposes any responsibility or obligation upon OKDHS.

Signature of parent/guardian _____

Date _____

Date child entered facility: _____

Date child withdrawn: _____

"The ABC's of Quality Child Care: Parent Handbook" is available through your child's child care provider.

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Please Print

Parent / Guardian Name _____

Child's Name _____

My method of payment will be: (check one)

I will pay 100% of my childcare expenses without any assistance.

I am eligible for the Kickapoo Tribal Assistance below:

_____ Tribal Employee

_____ Tribal Member

Staff Use Only:

Discount Eligibility: _____ Payroll Deduct _____ Tribal Member

Department: _____

Amount Figured: \$ _____ per wk X 2 wks = \$ _____

DHS Assistance will assist with my childcare expenses

My co-pay amount is \$ _____ County: _____

My Caseworker's Name is: _____ Phone# _____

Tribal CCDF will assist with my childcare expenses

Amount: \$ _____ Assisting Tribe: _____

I understand any assistance that is not approved or available. I will be responsible for the payment of my childcare expenses.

Parent / Guardian Signature _____

Date _____

KCCC Staff Signature _____

Date _____

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Child's Name: _____ Age: _____

Tribe Affiliation: _____ Roll Number: _____

When will you need childcare? Start Date: _____

Are the parents veterans of the United States Military Service? Yes No

Branch: _____ Dates: _____

Specify Days and Times Childcare is needed:

Monday	From: _____	To: _____
Tuesday	From: _____	To: _____
Wednesday	From: _____	To: _____
Thursday	From: _____	To: _____
Friday	From: _____	To: _____

Comments: _____

Staff Use Only:

Did Parent or Guardian provide a work or school schedule? Yes No

If no, when will this be available? _____

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Consent for Emergency Treatment

I hereby give permission for my child/children, _____
to be given emergency treatment (first aid and CPR) by a qualified staff member at
Kickapoo Community Childcare Center.

I also give my permission for my child/children to be transported by ambulance, aid car,
or staff car to an emergency center for treatment.

In the event that I cannot be contacted, I further consent to the medical, surgical, and
hospital care treatment and procedures to be performed for my child by a licensed
physician or hospital when deemed immediately necessary or advisable by the physician
to safeguard my child's health. In case of emergency, and if emergency transportation
is needed, I _____ agree to pay all costs of transportation.

Child's Physician: _____

Physician's Address: _____

Preferred Hospital: _____

Hospital Address: _____

Clinic or Hospital Phone Number: _____

Medical Insurance: _____

Insurance Numbers: _____

Date of last tetanus (or DPT): _____

Allergies: _____

Print Father's Name _____

Father's Signature _____

Date _____

Print Mother's Name _____

Mother's Signature _____

Date _____

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Center and Bus Policies

Please read with your child, sign, date, and return to center. Please keep a copy on the refrigerator so it is accessible.

CENTER

- ◆ If you don't want it broken, lost, wrote on, or tampered with **DON'T** send it to school. KCCC will try to help with this matter, but the responsibility starts with you and your child.
- ◆ There is to be **NO** makeup or candy brought from home to the center. The children are sharing the lipstick, lip gloss, and candy. This is causing disagreements between the children so we are stopping it now. Any confiscated makeup or candy will be thrown away if opened or shared; otherwise it will be brought to the front office for pickup.
- ◆ Destruction of KCCC property includes vandalism, breaking items, improper use of playground equipment, and misuse of books, games, and puzzles. Each of these offenses fall under the zero tolerance policy resulting in parent replacement cost or permanent dismissal from KCCC.

Bus

Along with the fun of riding the bus there are also rules and responsibilities that ensure your child's safety. Please remember that riding the bus is a privilege. If there are any concerns regarding your child's bus privilege, a meeting will be scheduled to discuss this. We ask for your support and assistance in teaching your child the following rules.

- ◆ All persons riding the bus **MUST** wear seat belts and remain seated while the bus is in motion. Bus seats are assigned for safety reasons.
- ◆ When the bus windows are down, all safety precautions will be taken, including not allowing extension of arms, hands or head from the window or throwing objects out the window.
- ◆ Please clearly label your child's coats, hat's and other personal belongings.
- ◆ No food, drinks, or glass objects are allowed on the bus.
- ◆ Hands and feet are to be kept to your self.
- ◆ Inside voices and appropriate language needs to be used at all times.

I have read and understand the center and bus policies. I understand that by not following any of these policies, I am subject to attend a meeting to address the concern.

Parent / Guardian Signature

Date

Child's Signature

Date

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Discipline and Transportation Statement

Dear Parent:

KCCC works with parents/guardians of children in our care to determine the cause of misbehaviors and deal with behavior positively.

KCCC uses strategies that allow the child to take responsibility for his/her actions. In addition, we focus on teaching children appropriate behavior, KCCC does use Time Out when we feel the child needs a break away from the group. We focus on teaching children how to interact socially and continually reinforce the limits in childcare. Physical punishment will not be used, even if requested by the parent.

KCCC expects children in our care and their parents to respect others, respect the environment and respect themselves. Hitting, kicking, spitting, biting, hostile verbal behavior and other behaviors, which will hurt another child physically or mentally, are not permitted in the center or on the bus.

Each child will be dealt with individually. Consequences will occur immediately after the behavior. As a parent, KCCC asks that you discuss with your child at home about misbehavior shown while in our care. Please trust that KCCC will handle the matter at our center. Furthermore, KCCC will not discipline your child for an incident, which happened anywhere other than the center or bus.

If your child continually misbehaves, we will call you and discuss the difficulty by phone or make an appointment to discuss the difficulty with you. We prefer not to discuss problems in front of your child, other children or other parents.

The following disciplinary actions will be taken to resolve issues at the center and on the bus:

- ◆ Verbal Warning
- ◆ Written Warning (2)
- ◆ 1 Week Suspension
- ◆ Permanent Suspension

KCCC will keep you posted on all happenings that we are involved in at the center. If we are experiencing behavior difficulties with your child, we will let you know as soon as possible. We hope that together we can create a behavior management strategy, which will control the behavior.

In those instances when a behavior is very disruptive or harmful to the child or other children, KCCC will discuss the issue with you. If an intervention can be made and will warrant success, the child can remain enrolled. If you will not seek appropriate assistance or we cannot effectively meet the needs of your child, you will be asked to make other arrangements within 1 week. Thank you in advance for your assistance.

Gina Mouse, Director

Mother's Signature

Father's Signature

Child's Signature

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Permission to Photograph

I, _____ give permission for Kickapoo Community Childcare Center
Parent/Guardian Name
to photograph my child, _____ for the following purposes:
Child's Name

Type of Use:	Grant Permission	Decline Permission
(please check one)		
Still Photographs:		
Display in provider's personal scrapbook		
Give photographs to current clients		
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on facility's website*		
Use still photos in promotional materials		
Videos:		
Give video to current parents		
Display video on facility website		
Use Videos in promotional materials		
Other (please list):		

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree this form will remain in effect during the term of my child's enrollment.

Parent / Guardian Signature

Date

Building for the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet United States Department of Agriculture (USDA) requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals

CACFP homes and centers follow meal patterns established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups)
Milk Fruit or Vegetable Grains or Bread	Milk Meat or Meat Alternate Grains or Bread Two different servings of fruits or vegetables	Milk Meat or Meat Alternate Grains or Bread Fruit or Vegetable

Participating Facilities

Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **At-Risk Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

Eligibility

State agencies reimburse facilities that offer nonresidential day care to the following children:

- Children aged 12 and under
- Migrant children aged 15 and younger
- Youths through the age of 18 in At-Risk Programs in needy areas.

Contact Information

If you have questions about CACFP, please contact one of the following:

Sponsoring Organization/Center

State Agency Director, Dee Baker
 State Department of Education
 Child Nutrition Programs
 2500 North Lincoln Boulevard
 Oklahoma City, Oklahoma 73105-4599
 (405) 521-3327

USDA is an equal opportunity provider and employer.

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ENROLLMENT FORM

1. Child's Name: _____ Date of Birth: _____

2. Normal Days in Attendance:

--	--	--	--	--	--	--

SUN MON TUE WED THU FRI SAT

3. Head Start Facilities Only: Indicate session and sign and date form.

A.M. P.M. All Day

4. Normal Hours of Attendance: _____ to: _____
a.m./p.m. a.m./p.m.

5. Normal Meals Eaten:

Breakfast Lunch Supper

A.M. Snack P.M. Snack Late P.M. Snack

6. Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian: _____

Address: _____ City: _____ Zip: _____

Home Telephone Number: _____

RENEWAL UPDATES

If there are no changes to the above information, sign and date. If there are changes, a new enrollment form must be completed, signed, and dated.

Parent/Guardian Signature

Date

This letter to household will be/was sent out on: _____

(Date)

LETTER TO HOUSEHOLD
(October 1, 2010 – September 31, 2011)

Dear Parent or Guardian:

The Kickapoo Childcare Center

(Name of Child and Adult Care Food Program [CACFP] Institution)

serves

nutritious meals every day.

We receive reimbursement from the United States Department of Agriculture (USDA) through the Oklahoma State Department of Education (SDE) Child Nutrition Programs (CNP) based on the need of the child. The amount of money this center receives to help provide food service depends upon the child's family size and income. Following is the income scale for reduced-price eligibility. Households with income equal to or less than these would be eligible for free or reduced-price meals.

ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS					
185 Percent of Poverty Level					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 20,036	\$ 1,670	\$ 835	\$ 771	\$ 386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
For each additional family member, add:	\$ 6,919	\$ 577	\$ 289	\$ 267	\$ 134

SNAP/TANF/FDPIR HOUSEHOLDS: If you currently receive SNAP, TANF, or FDPIR for your children, you only have to list your children's names and the SNAP number, TANF case number, or FDPIR case number for each household and sign the application.

ALL OTHER HOUSEHOLDS: If your household income is at or below the level shown on the above scale, your child is eligible for either free or reduced-price meals. To apply for meal benefits, the following information must be completed on the Family-Size and Income Application (FSIA).

- **HOUSEHOLD MEMBERS:** List the names of everyone who lives in your household. Include parents, grandparents, all children, other relatives, and unrelated people who live in your household.
- **SOCIAL SECURITY NUMBER:** List the social security number of the primary wage earner or the adult who signs the application. If the adult signing the application does not have a social security number, print *NONE* next to the name.

- **INCOME:** List total income (*BEFORE* deductions for taxes, social security, etc.). If you have a household member for whom income was higher or lower than usual, list that person's expected average income.
- **SIGNATURE:** An adult household member must sign the application.

VERIFICATION: The information on the application may be checked by the institution or other officials at any time during the year.

NONDISCRIMINATION: In accordance with federal law and USDA policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

CONFIDENTIALITY: The information you provide will be treated confidentially. It will be used only for eligibility determination and verification of data. Information may also be distributed if you want the application to be used to receive other benefits. See Part 7 on the application.

REAPPLICATION: You may apply for benefits at any time during the year. If you are not eligible now but have a decrease in household income, become unemployed, or have an increase in family size, fill out an application at that time.

If you have any questions or need help completing the application form, please contact us.

Sincerely,

* **FOSTER CHILD:** If you have a foster child living with you, this child may be eligible for meal benefits. If you wish to apply for meal benefits for a foster child, please contact the institution for help with the application.

2010 FISCAL YEAR CHILD AND ADULT CARE FOOD PROGRAM (CACFP) FAMILY-SIZE AND INCOME APPLICATION

PART 1. Print CHILD'S NAME (first and last).			PART 2. List SNAP,* TANF,* or FDPIR* case number, if any. Skip to PART 5.		
NAME	AGE	BIRTH DATE	SNAP NUMBER OR	TANF NUMBER	OR FDPIR NUMBER

*SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families; FDPIR = Food Distribution Program on Indian Reservations

PART 3. FOSTER CHILD: List the child's monthly *personal use* income. Write 0 if the child has no *personal use* income. \$ _____

PART 4. Total Household Gross Income

Name (List everyone in household)	Gross Income and How Often It Was Received				Check if NO Income
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income	
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___	<input type="checkbox"/>
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___	<input type="checkbox"/>
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___	<input type="checkbox"/>
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___	<input type="checkbox"/>
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___	<input type="checkbox"/>
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___	<input type="checkbox"/>
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___	<input type="checkbox"/>
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___	<input type="checkbox"/>

PART 5. SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds, that institution officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

X _____ Signature of Adult Household Member Date: _____
 X _____ Social Security Number** (See reverse page) I do not have a social security number.

Home Phone Number: _____ Work Phone Number: _____ Printed Name: _____
 Street/Apt. No.: _____ City/State/Zip: _____

PART 6. Children's Racial and Ethnic Identities (Optional)

Mark one or more racial identities:

<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	Mark one ethnic identity:
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Black/African American		<input type="checkbox"/> Not Hispanic or Latino

PART 7. OTHER BENEFITS: You do not have to complete this part to participate in the CACFP.

Health Insurance Yes, I want health insurance for my children. Institution officials may give information from my Family-Size and Income Application (FSIA) to the Sooner Care Health Benefits officials so that they can send me information about free or low-cost health insurance for my children.

No, I *do not* want information from my FSIA shared with Medicaid or Sooner Care Health Benefits.

I certify that I am the parent/guardian of the children for whom applications are being made.

I understand that I will be releasing information that will show that I qualify for free and/or reduced-price meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: _____

Date: _____

****PRIVACY ACT STATEMENT:** Unless you list the children's SNAP, FDPIR, or TANF case numbers or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or that you indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of the information listed on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income; contacting a SNAP, FDPIR, or TANF office to determine current certification for SNAP, FDPIR, or TANF benefits; contacting the state employment security office to determine the amount of benefits received; and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain federal, state, and local education, health, and nutrition programs. Your social security number may be released for children's health insurance benefits if the box in Part 7 is checked Yes.

ELIGIBILITY DETERMINATION FOR INSTITUTION USE ONLY

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

TOTAL HOUSEHOLD SIZE: _____ TOTAL INCOME: \$ _____ SNAP TANF FDPIR Foster Child

ELIGIBILITY DETERMINATION: Approved Free Approved Reduced-Price Not Eligible
 Temporary Until: _____

REASON FOR DETERMINING NOT ELIGIBLE: Income Too High Incomplete Application
 Other: _____

SIGNATURE OF INSTITUTION REPRESENTATIVE: _____ DATE: _____

SDE Comments: _____

APPLICATION INSTRUCTIONS

Complete the application using the instructions for your household. Sign the application, and return the application to the institution. Please complete a separate application for each foster child. Call the institution if you need help: # _____

PART 1—CHILDREN'S INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART.

- (1) Print the name (full last name and first name), age, and birth date of each child.

PART 2—HOUSEHOLDS GETTING SNAP, TANF, OR FDPIR: COMPLETE THIS PART AND PART 5.

- (1) List a current SNAP, TANF, or FDPIR case number.
- (2) Sign the application in PART 5. An adult household member must sign. A social security number is not required. SKIP PART 4. Do *NOT* list names of household members or income if you list a SNAP, TANF, or FDPIR case number.

PART 3—HOUSEHOLDS WITH A FOSTER CHILD: COMPLETE THIS PART AND PART 5: (A foster child is the legal responsibility of a welfare agency or court.)

- (1) List the foster child's monthly *personal use* income. Write 0 if the foster child does not get *personal use* income. SKIP PART 4: Do *NOT* list any other children, household member, or income.
- (2) A foster parent or other official representing the child must sign the application in PART 5. A social security number is not required.

Personal use income is (a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (b) all other money the child gets, such as money from his/her family and money from the child's full-time or regular part-time job.

PART 4—ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 5.

- (1) Write the names of everyone in your household, whether they get income or not. Include yourself, the children you are enrolling, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of income each household member gets, before taxes or anything else was taken out, and where it came from, such as earnings, welfare, pensions, and other income. If any amount was more or less than usual, write that person's usual income or check the box if *NO* income is received.
- (3) An adult household member must sign the application and give his/her social security number in PART 5.

PART 5—SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.

- (1) All applications must have the signature of an adult household member.
- (2) The application must have the social security number of the adult who signs. If the adult does not have a social security number, check the box. If you listed a SNAP, TANF, or FDPIR number for each child or if you are applying for a foster child, a social security number is not needed.

PART 6—RACIAL/ETHNIC IDENTITY: Complete the racial/ethnic identity question if you wish.

PART 7—OTHER BENEFITS: You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

INCOME TO REPORT

Earnings From Work	Pensions/Retirement/Social Security	Welfare/Child Support/Alimony	Other Income (continued)
Wages/salaries/tips	Pensions	Public assistance payments	Income from estates/trusts/investments
Strike benefits	Supplemental Security Income	Welfare payments	Regular contributions from persons not living in the household
Unemployment compensation	Retirement income	Alimony/child support payments	Net royalties/annuities/net rental income
Worker's compensation	Veteran's payments	Other Income	Military/military housing
Net income from self-owned business or farm	Social Security	Disability benefits	Any other income
		Cash withdrawn from savings	
		Interest/dividends	