

This combination registration packet is **for before & after-school programs and camps.** Please fill out the portions you will **need**. If all programs (school age and camp) are needed, the entire registration MUST be completed.

Program Choice (Please select all that apply)

- ☐ Before School (Elementary School ONLY)
- ☐ After School
- ☐ Camp
- ☐ Early Riser Breakfast Program for camp (6:00-7:30)

Required Documents (Must Be Submitted at the time of registration)

- ☐ Physical
- ☐ Immunizations
- ☐ Asthma/Allergy Action plans (If applicable)
- ☐ Medication consent form (If applicable)
- ☐ IEP/504 (If applicable)

Additional Required Information for Camp & 2024 School Year

Camp

- A one-time \$15.00 Maintenance Fee and Deposits (50.00 per child per session) are due at the time of registration for camp.
- The Early Riser Breakfast Program is optional for families needing care before camp hours (6:00 am -7:30 am) at an additional cost weekly. Drop-off after 7:30 will be turned away.
- Camp is a 5-day program Monday-Friday 7:30 am-5:30 pm. We do not offer a part-time schedule.
- Payments for camp and the school year program will be deducted every **Monday by EFT** before services are rendered. Payment will be deducted from the method you submitted at the time of registration.
- If an account is behind will be turned away until the balance is settled.
- If an account gets to be 2 or more weeks behind the child will be subject to termination.

School Age Program

- Our before-school program is for elementary students only (K-5).
- Before school runs 6:00 am-7:30 no late drop-offs would be accepted.
- Afterschool runs from when children are dismissed until 6:00 pm
- All changes for camp or the school program MUST be put in writing and will be made within 48 hours.
- Meal forms must be completed with the registration regardless of income eligibility.

Enrollment Packet 2024-2025

Camp:		Transportation: Yes or No		
After School Site:	Before School:	Transportation: Yes or No		
Payment Method:	Private	Financial Aid	EEC	Voucher

Above section for Office Use only

Child's Name:		D.O.B.
Address:		
City:	State:	Zip:
School:		Grade in the fall:
Does your child have an IEP/BIP/504?		
Yes No If Yes Please provide a copy		
If you would like your child to start on a specific date other than the actual start date of our program, please specify:		

Additional Information regarding your child's wellbeing:

Parent/Guardian Information

Please print legibly.

Primary Parent/Guardian 1:

Name: _____

Address: _____

D.O.B: _____

Phone Number: _____

Work Name & Number: _____

Email: _____

Parent/Guardian 2:

Name: _____

Address: _____

D.O.B _____

Phone Number: _____

Work Name & Number: _____

Email: _____

Unauthorized Pickup

Please list anyone that is unauthorized to pick up please supply documentation.

Name	Document

Emergency & Authorized Contact Information

I authorize the following people to be contacted and pick up my child in case of an emergency. Emergency contacts will be called in the order placed.

Emergency Contact 1:

Name: _____

Phone Number: _____

Relationship: _____

Emergency Contact 2:

Name: _____

Phone Number: _____

Relationship: _____

Authorized Contact 1:

Name: _____

Phone Number: _____

Relationship: _____

Authorized Contact 2:

Name: _____

Phone Number: _____

Relationship: _____

Authorized Contact 3:

Name: _____

Phone Number: _____

Relationship: _____

School Year Program 2024/2025

☐ **I DO NOT NEED THE AFTER-SCHOOL PROGRAM FOR 2024/2025 SCHOOL YEAR**

(Please skip to camp portion)

By checking the following program, I acknowledge that my child will participate in the following school year program offered by the YMCA of Greater Springfield.

I acknowledge that if I do not select a specific program now and the capacity is reached, I will be placed on a waiting list.

☐ I will need vacation weeks and full/extended care.

☐ I will NOT need vacation weeks and full/extended care.

☐ **Before school (elementary school only)**

Monday	Tuesday	Wednesday	Thursday	Friday
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☐ **After School**

Monday	Tuesday	Wednesday	Thursday	Friday
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☐ I will need School Closure **ONLY**. (This when the public school is closed, it will include professional development days/vacation weeks and summer.)

Parent Signature	Date
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Summer Camp & Program 2024

Please check off your camp choice:

- ☐ Camp Weber **(please select a transportation option)**
- ☐ Fun City summer program **(No transportation)**
- ☐ Camp Stony Brook Acres **(No transportation)**
- ☐ Small Fry summer program **(4 or 5 going into Kindergarten, No transportation)**
- ☐ Teen Adventure camp at Weber **(Must be 13-15, Please select a transportation option)**
- ☐ Teen Adventure Camp at Stony Brook Acres **(Must be 13-15)**

Please select the sessions you would like your child to attend:

<input type="radio"/> Session 1 June 24-June 28	<input type="radio"/> Session 2 July 1-July 5	<input type="radio"/> Session 3 July 8-July12
<input type="radio"/> Session 4 July 15-July 19	<input type="radio"/> Session 5 July 22-July 26	<input type="radio"/> Session 6 July 29-August 2
<input type="radio"/> Session 7 Aug 5-Aug 9	<input type="radio"/> Session 8 Aug 12-Aug16	<input type="radio"/> Session 9 Aug 19-Aug 23

- There will be NO camp on July 4 and August 23.
- Our vans are limited to a first come first served basis.

Transportation for camp

Camp Weber ONLY

If you do not select a transportation route, you will automatically be registered for pick and drop off at camp.

Route 1	Check	AM Pick Up	Check	PM Drop Off
Duggan Middle School (Bradley Road behind the school)		8:00 am		4:15 pm
Commerce Shuttle		8:15 am		4:25 pm

Route 2	Check	AM Pick up	Check	PM Drop Off
Robinson Gardens (start of Robinson Dyer Circle off Berkshire)		7:45 am		4:15 pm
Van Sickle Middle (Carew Street in front of school)		7:55 am		4:25 pm
Zanetti (in front of school)		8:05 am		4:35 pm
Bowles (in front of school)		8:15 am		4:45 pm
Old Chicopee School Department (Broadway Street)		8:30 am		4:55 pm
Stefanik (Meadow Street back lot)		8:40 am		5:05 pm

Route 3	Check	AM Pick up	Check	PM Drop Off
Talmadge School		7:45 am		4:15 pm
Washington School (Washington Street)		7:55 am		4:25 pm
Forest Park Middle (Oakland Street)		8:10 am		4:35 pm
Marble Street Apt (Dwight Street Apt)		8:20 am		4:40 pm

Route 4	Check	AM Pick up	Check	PM Drop Off
Congress St. & Main Street		7:20 am		4:25 pm
Main St. & Jefferson (Medians Market)		7:30 am		4:35 pm
Plainfield St. & Clyde St.		7:40 am		4:25 pm
Drop off at camp then head to pick up shuttle run.				
Commerce Shuttle		8:30 am		4:45 pm

Route 5	Check	AM Pick Up	Check	PM Drop Off
Save A Lot Plaza (Indian Orchard)		7:45 am		4:20 pm
Kensington School		8:05 am		4:50 pm

Van 1	Check	AM Pick up	Check	PM Drop Off
Freedman School		7:55 am		4:40 am
Colonial Estates & North Branch Pkwy		8:05 am		4:50 am

Shuttle Location: This shuttle will have two buses picking up children and taking them camp.

This location may be subject to change if the school does construction. In this event we will disclose the new location via email.

Because this is a shuttle location, please note the 8:30 cut off is **strictly enforced**.

Shuttle	Check	AM Pick up	Check	PM Drop off
Commerce High School (Back of the school in the field area on Union Street)		7:30-8:30 am		5:30 pm

I choose to Pick up and drop off at Camp Weber

Camp Weber		7:30 am		4:00 pm
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- Timing, please arrive 10 minutes prior to the morning pick up and the afternoon drop off.
- An adult over 18 must be present at both pick up in the morning and drop off in the afternoon.
- ID's will be required for a child to be released.
- Any child that is not picked up on time will be taken to Tower Square.

First Aid and Medical Consent 102 CMR 1.09 (3)

I authorize the YMCA staff for both school age and camp program who are trained in the basics of first aid to give my child aid when it is appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to secure necessary medical treatment for my child.

If something is not applicable, please put N/A do not leave blank.

Child's Physician Name:		
Address & Phone Number:		
Child's Allergy:		
Chronic health condition:		
Special Identifying marks:		
Concerns or limitations:		
Eye Color:	Hair Color:	Skin Color:
Height:	Weight:	Primary Language:
Health Insurance Coverage:		
Policy Number:		

Parent /Guardian Name

Date

YMCA of Greater Springfield 2024-2025

Transportation Plan and Authorization [7.09(3) and 7.12(1)]

Child's Name: _____

My child will be dropped off to the YMCA before school program.

- ☐ Parents drop off.

My child will arrive to the after-school program by:

- ☐ Bus or Van (Springfield & Chicopee schools ONLY)
(HWSRD transportation will be provided by HWRSD school department)
- ☐ Parent Drop off.
- ☐ Other: _____

My child will depart form the after-school program by:

- ☐ Parents pick up.
- ☐ Other: _____

Parent/Guardian's Name

Date

Authorization & Permission Form 2024/2025

The following statements are optional by initialing you acknowledge my child's participation and involvement.

I give permission for:

☐ My child to attend all field trips to locations within walking distance from the center.

☐ My child to watch movies with a rating no higher than PG.

☐ School, Administrators, or school teaching staff to access any records (enrollment forms, assessments, any medical documentation) from my child's file.

☐ My child to participate in supervised YMCA Gym/playground programming.

☐ My child to participate in supervised YMCA swim programming.

☐ My child to be observed and interact with authorized student interns and volunteers.

☐ My child to begin their homework while at the program but understand that they may not complete their homework during program hours.

☐ The YMCA to use my child's picture in YMCA publicity and media promotions.

☐ The YMCA to use my child's picture inside the school building.

☐ I hereby authorize that my child (only 1st grade and up) is ready to experience an outdoor camp setting.

☐ I give permission for him/her to travel on the bus to camp/or on field trips.

☐ I also give permission for the camper to participate in all planned camp activities and programs.

☐ I give permission for my child to receive emergency medical attention in my absences.

☐ The YMCA to communicate with my child's school any information that is relevant to the success of my child in both school and the YMCA's school out program. I authorize

_____, _____, and _____ to sign/and/or review any childcare documents in my absence.

Wavier of Liability

While it is the aim and the responsibility of the YMCA of Greater Springfield to provide your child with an enjoyable experience, you must realize that participation in the YMCA Program has some inherent risk. I hereby release myself and my child, our heirs, executors, and administrators, and forever discharge the YMCA of Greater Springfield, its agents, servants, representative and employee for any injury, loss, liability, damage, or cost which my child may receive/incur as a result of participation in any program/activity/service conducted and/or provided by The YMCA of Greater Springfield.

Parent Signature

Date

Registration & Payment Policy

Parents enter a contract relationship with the YMCA in which both parties agree to certain conditions in writing. Those conditions include the child's schedule and tuition rates, acceptance of the center's policies, and support of the program.

Billing

___ I understand that I am responsible for updating all information on my child's registration.

___ I understand that if I do not renew my child's subsidy (EEC, voucher, or financial aid) and my child attends the program, I will be charged the private rate until reassessment is completed.

___ I understand that tuition is due every Monday for the following week.

___ I understand that failure to pay tuition for two weeks will result in a termination notice.

___ I understand that I am responsible for payments regardless of my child's attendance including the vacation week.

___ I understand that I will only pay my weekly rate during vacation week even though I have opted to not send my child.

___ I understand that if I did not sign my child up for those full care/ extend care or vacation weeks and my child attends it will be a \$50.00 charge for that specific day.

___ I understand that a two-week written Notice of Withdrawal from the before and after school program is required and MUST be submitted to the Front Desk prior to my child's last day.

___ I understand that I will continue to be billed and responsible for all fees two weeks from the date that the YMCA was informed of my child's intended withdrawal from the program.

___ I understand that that all monies must be paid on my account for my child to be readmitted into a YMCA program.

Additional Policy

___ I understand if there are any changes with my child's wellbeing, I will update the YMCA with all information and necessary legal or medical information including medication if applicable.

___ I understand that an administrative charge of \$25.00 will be added to my bill if one or more changes related to my child's schedule. The fee will automatically be withdrawn on the next billable date.

___ I understand that a late fee will be charged to me for late pick up, and I am responsible to pay in full all fee for childcare services provided to me by the YMCA.

___ I understand that failure to respond to termination notice within a given timeframe will result in termination from all YMCA programs.

___ I understand that field trips are optional in order to attend my account must be in good standing and any fees must be paid at the time of registration.

___ I understand that I have access to a copy of YMCA School Age Policies and Procedure on the www.springfieldy.org website.

Electronic Funds Transferred EFT

As stated in the Registration and Policy Contract the YMCA will automatically deduct weekly childcare fees unless there is a zero-parent fee. Vouchers are not exempt from filling this form, if there is a zero-parent fee no monies will be deducted. If there is a late fee, or field trip the money will be deducted from the account given.

I understand that if I opt to use a bank account it may take up to three days to post to your account.

All Payments will be deducted on the **Monday** prior to services rendered. This will be 7 days early to ensure all account activities are current.

Please print legibly.

Child's Name:

Child's Date of Birth:

Debit/Credit Card

Name on Account:

Type of Card:	Master Card	Visa	Discover	American Express
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Card Number:	-	-	-
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Card Exp:	CVC Code:
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Banking Account

Name on Account:

Routing Number:

Account Number:

Account Type:	Checking	Savings
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Parent Signature:

Date:

This page is intended to be blank.



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

INSTRUCTIONS FOR COMPLETING THE CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

If any member of the household gets SNAP or TAFDC, follow these instructions:

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

Part 2: List the case number for any household member receiving SNAP or TAFDC benefits.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your Child Care Sponsor for further instructions. If not, 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.

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 to.

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 a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your Child Care Sponsor for further instructions. If not, skip this part.

Part 4: Follow these instructions to report total household income for 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 pay stub or your boss can tell you.

Box 2: List the amount each person got for 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. Report income after expenses in Box 1 only if self employed. 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.



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

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: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your Child Care Sponsor for further instructions. If not, 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 paystub 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. Report income after expenses in Box 1 only if self employed. 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.

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.



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 received SNAP or TAFDC cash assistance, provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME: _____ CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call the Child Care Sponsor at Phone #: _____ Homeless ☐ Migrant ☐ Runaway ☐

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

A. Name (List only household members with income) (Example) Jane Smith	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/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 back of this 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

CACFP Meal Benefit Income Eligibility
Child Care Form



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Mark one or more racial identities:

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

Don't fill out this part. This is 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: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____

Categorical Eligibility: _____ Eligibility: Free _____ Reduced _____ Denied _____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Effective July 1, 2024 to June 30, 2025	
Household size	Yearly
1	27,861
2	37,814
3	47,767
4	57,720
5	67,673
6	77,626
7	87,579
8	97,532
Each additional person:	+9,953

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The 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 for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- fax:**
(833) 256-1665 or (202) 690-7442; or
- email:**
program.intake@usda.gov

This institution is an equal opportunity provider



SHARING INFORMATION WITH MEDICAID/CHIP

Dear Parent/Guardian:

If your children qualify for free or reduced price meals, they may also be able to get low to no cost health insurance through Medicaid or the Children's Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to become sick.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and CHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children in this health insurance program. Filling out the CACFP Meal Benefit Income Eligibility Forms does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or CHIP, fill out the form below and send it with your Income Eligibility Form to **[address]** by **[date]**. (Sending in this form will not change whether your children get free or reduced price meals.).

☐ **No! I DO NOT** want information from my CACFP Meal Benefit Income Eligibility Form shared with Medicaid or the Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Signature of Parent/Guardian: _____

Today's Date: _____

Print Your Name: _____

Address: _____

For more information, you may call **[name]** at **[phone]**

