



**Chardon Community
Day Care Center**

Providing caring, skilled and affordable service since 1970

CACFP FY 2012 ENROLLMENT FORMS



12797 Mayfield Rd. Chardon, OH 44024 (440) 286-4135



www.chardondaycare.org

ccdcc@live.com

www.facebook.com/chardondaycare



A Program of



CACFP FY 2012 Enrollment Packet Table Of Contents

PAGE NUMBER (red ink)	TOPIC	INSTRUCTIONS
1 - 2	Building for the Future	Keep this page
3 - 4	Infant Meals – Parent Preference	Complete and return this page if you are enrolling an infant under 1 year of age
5	Household Letter	Keep this page
6	And Justice for All Poster	Keep this page
7	Child and Adult Care Food Program – Income Eligibility Application for Free and Reduced Price Meals FY2011 - 2012	Complete this page only if you ARE income eligible according to guidelines on page 5
8	Child and Adult Care Food Program Enrollment Form A	Complete and return this page regardless of your household income but ONLY if your child is school-age
9 – 10	Child and Adult Care Food Program Enrollment Form C	Complete and return this page regardless of your household income but ONLY if your child is school-age
11 – 12	USDA Food Program Waiver	Complete this form if you are NOT income eligible according to guidelines on page 13
13	WIC Clinic Locations (Geauga County)	Keep this page



12797 Mayfield Rd. Chardon, OH 44024 (440) 286-4135

www.chardondaycare.org ccdcc@live.com

www.facebook.com/chardondaycare

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 child care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet 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 requirements 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 Child Care Homes:** Licensed or approved private homes.
- **After School Care Programs:** Centers in low-income areas provide free snacks to School-age children and youth.
- **Emergency Shelters:** Programs providing meals to homeless children.

Eligibility State agencies reimburse facilities that offer non-residential day care to the following children:

- Children age 12 and under,
- Migrant children age 15 and younger, and
- Youths through 18 in emergency shelters and after school care programs in needy areas.

Contact

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

Sponsoring Organization/Center

Chardon Community Day Care Center 12797 Mayfield Rd. Chardon, OH 44024 (440) 286-4135
--

Ohio Department of Education

CACFP Consultant 25 S. Front Street, MS 303 Columbus, OH 43215-4183 614-466-2945

Nondiscrimination. In accordance with Federal Law and U.S. Department of Agriculture 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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

This Page Intentionally Left Blank

INFANT MEALS – PARENT PREFERENCE

TO: Parents and Guardians of infants under one year of age
FROM: Center or Provider: Chardon Community Day Care Center
TOPIC: Who will provide food for your infant's meals

Due to participation on the Child and Adult Care Food Program (CACFP), all children enrolled at this child care center or family child care (FCC) home receive meals free of charge. The CACFP is a child nutrition program of the United States Department of Agriculture. Child care centers and family child care homes are reimbursed a meal rate to help with the cost of serving nutritious meals to enrolled children. These centers and FCC homes can be reimbursed daily for up to two meals and one snack served to each enrolled child, including infants. Emergency Shelters can be reimbursed for up to three meals. The meals must meet CACFP meal pattern requirements for children and infants.

To meet CACFP requirements, the center or FCC home is required to **offer** formula and other required infant food to all enrolled infants. The iron fortified infant formula we will provide for infants until they turn one year of age is:

Parent's Choice™ brand

A parent or guardian may decline the formula offered by the center or home and supply the infant's formula themselves. However, when an infant turns one year of age, the center or FCC home will begin to provide milk and the other required food items to meet the meal pattern requirements for toddler age children.

To assist us in your infant formula and food preferences, please complete the questions below by checking one item each in the formula and solid food section.

PLEASE CHECK YOUR PREFERENCES:

Formula or Breast Milk: (check one)

- I want the center or FCC home to provide formula for my infant.
- I will bring iron fortified infant formula for my infant
- I will bring expressed breast milk for my infant
- I will come to the center or FCC home to breast feed my infant

Solid Food: (check one)

- I want the center or FCC home to provide solid food for my infant when he/she is developmentally ready for it
- I will bring solid food for my infant when he/she is developmentally ready for it

Infant's Name: _____ **Birthdate:** _____

Parent/Guardian Signature: _____ **Date:** _____

***Note: If your feeding preferences change, the center or provider will ask you to complete a new form.**

In accordance with Federal law and U.S. Department of Agriculture 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, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

This Page Intentionally Left Blank

HOUSEHOLD LETTER - Dear Parent or Guardian:

Please help us comply with the requirements of the United States Department of Agriculture's Child and Adult Care Food Program (CACFP) administered through the Ohio Department of Education by completing the attached Income Eligibility Application for free and reduced price meals. All information will be treated with strict confidentiality. The CACFP provides reimbursement to the child care center for healthy meals and snacks served to children enrolled in child care. The completion of the Income Eligibility Application is OPTIONAL. Complete the application on the reverse side using the instructions below for your type of household. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center. Households with incomes less than or equal to the reduced price values listed on the chart at the bottom of this page are eligible for free meal benefits. An application must contain complete information to be considered for free or reduced price meals. Households are no longer required to report changes regarding the increase or decrease of income or household size or when the household is no longer certified eligible for Food Assistance or Ohio Works First (OWF). Once properly approved for free or reduced price benefits, a household will remain eligible for these benefits for a period not to exceed 12 months. During periods of unemployment, your child(ren) is eligible for meal reimbursement provided the loss of income during this time causes the family to be within eligibility standards for meals. In operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability §226.23(e)(2)(iv). If you have questions regarding the completion of this application, contact the child care center.

PART 1 – CHILD INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART

- Print the name of the child(ren) enrolled at the child care center. All children (including foster children) can be listed on the same application.
- List the enrolled child's age and birth date.
- Check box indicating if the child is a foster child. Foster children that are under the legal responsibility of the foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.

PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCES OR OWF: COMPLETE THIS PART AND PART 4 – If a child is a member of a Food Assistance or OWF household, the child is automatically eligible to receive free CACFP meal benefits subject to application completion.

- Circle the type of benefit received (food assistance or OWF).
- List a current Food Assistance or OWF case number for each child. This will be a 10 or 12-digit number. Do not list a swipe card number.

SKIP PART 3 – Do not list names of household members or income if you listed a valid Food Assistance or OWF case number for each child in Part 2.

PART 3 – TOTAL HOUSEHOLD SIZE, GROSS INCOME & HOW OFTEN RECEIVED: ALL OTHER HOUSEHOLDS COMPLETE THIS PART & PART 4.

- Write the names of all household members including yourself and the child(ren) that attends the child care center, whether they receive income or not. A household is defined as a group of related or unrelated individuals who are living as one economic unit that share housing and/or significant income and expenses of its members. This might include grandparents, other relatives, or friends who live with you. Attach another piece of paper if you need more space to list all household members.
- Check the box for any person listed as a household member (including children) that has no income.
- For each household member, list each type of income received during the last month and list how often the money was received.
 - Earnings from work before deductions:* Write the amount of total gross income each household member received the last month, before taxes/deductions or anything else is taken out (not the take-home pay) and how often it was received (weekly, every other week, twice a month, monthly). Income is any money received on a recurring basis, including gross earned income. Households are not required to include payments received for a foster child as income. If any amount during the previous month was more or less than usual, write that person's usual monthly income. If you normally get overtime, include it, but not if you only get it sometimes. If you are in the military and 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.
 - List the amount each person got the last month from welfare, child support or alimony and list how often the money was received.
 - List the amount each person got the last month from pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits or disability benefits and list how often the money was received.
 - List all other income sources. Examples include: Worker's Compensation, strike benefits, unemployment compensation, regular contributions from people who do not live in your household, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, net royalties/annuities or any other income. For only the self-employed, report income after expenses (net income) in column 1 under earnings from work. For your business, farm or rental property report income in column 4. Do not include food assistance payments.

PART 4 – SIGNATURE AND LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART

- All applications must have the signature of an adult household member.
- The adult signing the application must also date the form.
- Only an application that lists income in Part 3 must have the last 4 digits of the social security number of the adult who signs. If the adult does not have a social security number, check the box "I do not have a Social Security Number." If you listed a Food Assistance or OWF number for each child or if you are applying for a foster child, the last 4 digits of the social security number are not required.

PART 5 – RACIAL/ETHNIC IDENTITY – OPTIONAL

You are not required to answer this part in order for the application to be considered complete. This information is collected to make sure that everyone is treated fairly and will be kept confidential. No child will be discriminated against because of race, color, national origin, gender, age or disability.

NON-DISCRIMINATION STATEMENT: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture 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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

REDUCED INCOME ELIGIBILITY GUIDELINES – 185%

Guidelines to be effective from July 1, 2011 through June 30, 2012

Households with incomes less than or equal to the reduced price values below are eligible for free or reduced-price meal benefits.

HOUSEHOLD SIZE	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	20,147	1,679	840	775	388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
For each additional family member, add	7,067	589	295	272	136



“ AND

JUSTICE

FOR ALL”



In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

De acuerdo a lo establecido por las leyes Federales y el Departamento de Agricultura de los EE.UU. (USDA, siglas en inglés), se prohíbe a este organismo la discriminación por raza, color, origen nacional, sexo, edad, o impedimentos de las personas. (No todos las bases de prohibición se aplican a todos los programas.)

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410, o llame al (202) 720-5964 (voz y TDD). USDA es un proveedor y empleador que ofrece oportunidad igual a todos.

**CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED PRICE MEALS FY 2011 – 2012**

FY2011 – FY2012 (7/1/11 – 6/30/12) INSTRUCTIONS: To apply for free and reduced price meals, read the Household Letter and instructions on backside of this form. Complete application and return to the center. In accordance with the NSLA, information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure. *Part 1* is to be completed by all households. *Part 2* is to be used only for a child living in a household receiving Food Assistance or Ohio Works First (OWF) benefits. *Part 3* is only for children NOT receiving Food Assistance or OWF benefits. *Part 4* an adult household member must sign and date form; the last 4 digits of social security number must be listed if Part 3 is completed. *Part 5* is optional. * Asterisks indicate info that must be completed. Form must be completed annually and is valid for only 12 mo.

PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER		* AGE	* BIRTH DATE	CHECK IF A FOSTER CHILD (the legal responsibility of a welfare agency or court).	PART 2 – LIST EACH CHILD'S FOOD ASSISTANCE OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 10 OR 12 DIGITS. DO NOT USE SWIPE CARD NUMBER.
* NAME OF ENROLLED CHILD(REN)					Circle type of benefit: FOOD ASSISTANCE or OWF
1.				<input type="checkbox"/>	CASE NUMBER: _____
2.				<input type="checkbox"/>	CASE NUMBER: _____
3.				<input type="checkbox"/>	CASE NUMBER: _____
4.				<input type="checkbox"/>	CASE NUMBER: _____

PART 3 – TOTAL HOUSEHOLD SIZE, TOTAL HOUSEHOLD GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: List names of all household members. List all gross income: list how much and how often. If Part 2 is completed, skip to Part 4.

a. LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1	b. CHECK IF NO/ZERO INCOME	c. GROSS INCOME during the last month (amount earned before taxes & other deductions) and HOW OFTEN IT WAS RECEIVED: Weekly, Every 2 Weeks, Twice a Month, Monthly, Yearly			
		1. Earnings from work before deductions	2. Welfare payments, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA	4. All Other Income
1.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

PART 4 – SIGNATURE & LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: Adult household member must sign/date form. If Part 3 is completed, the adult signing the form must also list last 4 digits of his/her Social Security Number or check the "I do not have a Social Security Number" box.

I certify that all information on this form is true and correct and that all income is reported. I understand that the center will get Federal Funds based on the information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

* _____ SIGNATURE OF ADULT HOUSEHOLD MEMBER	* _____ DATE	If Part 3 is completed, insert last 4 digits of Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (check if applicable) <input type="checkbox"/> I do not have a Social Security Number
Print Name:	Daytime Phone Number:	Work Phone Number:
Street / Apt:	City / State / Zip:	County:

PART 5: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race or ethnicity of enrolled child(ren).

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other

Please mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

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.

State Distribution: Week of 6/27/2011

THIS SECTION TO BE COMPLETED BY CENTER: List name of site/center child(ren) attends:

No/Zero Income: 45 Day Temporary Free Free approval until : _____ / _____ / _____ Sponsor must contact parent/guardian within 45 days of parent signature date to validate zero income and/or obtain new form. Date of parent contact: _____ / _____ / _____ 2 nd Free approval until : _____ / _____ / _____	Totals from Part 3, if completed: Total Household Size _____ Total Monthly Income \$ _____ Income Conversion : Weekly x 52, Bi-Weekly/Every 2 Weeks x 26, Semi-Monthly/Twice a Month x24, Monthly x 12	<input type="checkbox"/> FREE <input type="checkbox"/> Food Assistance/OWF <input type="checkbox"/> Household Size & Income <input type="checkbox"/> Foster Child <input type="checkbox"/> REDUCED <input type="checkbox"/> PAID Reason: <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete <input type="checkbox"/> Invalid
---	---	---

Signature of Center Official _____	Today's Date _____	Effective Date _____ (No earlier than first of current month)	Expiration Date _____
------------------------------------	--------------------	--	-----------------------

CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT FORM

Only complete this form if your child is school age and meets income guidelines.

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside-School-Hours, Youth Development & After School At Risk

Instructions for Completion

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care. If schedule will vary in future due to changes in parent/guardian job schedule, indicate by writing a note on chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e)(2) require that an enrollment form be **updated annually** and signed by the child's parent or guardian.

CENTER NAME

CHILD'S NAME (please print) **AGE** **BIRTHDATE** / / /
 month / day / year

CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE AND THE MEALS RECEIVED WHILE IN CARE											
Check (✓) Days Child Normally in Care	List Hours Child Normally in Care				Check (✓) Meals Child Normally Receives while in Care						
	Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack	
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											

SIGNATURE OF PARENT/GUARDIAN **DATE** **DAY PHONE NUMBER**

MAILING ADDRESS:
STREET /APT. **CITY** **ZIP CODE**

In accordance with Federal Law and U.S. Department of Agriculture 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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT FORM

Only complete this form if your child is school age and meets income guidelines.

Prototype form for use by Child Care Centers and Head Start Programs when a center has daily parent sign-in and sign-out sheets that list the time children arrive and depart from the center.

CACFP programs exempt from having an enrollment form on file are:

Emergency Shelters, Outside-School-Hours, Youth Development & After School At Risk

* Asterisk indicates required information:

Instructions for Completion		
<ul style="list-style-type: none"> • All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center. • List the child's name, age, birth date • CACFP Federal regulations 226.15(e)(2) require that the enrollment form be updated annually and signed by the child's parent or guardian. 		
CENTER NAME		
CHILD'S NAME* (please print)	AGE	BIRTHDATE month / day / year
SIGNATURE OF PARENT/GUARDIAN *	DATE *	DAY PHONE NUMBER
MAILING ADDRESS:		
STREET /APT.	CITY	ZIP CODE

In accordance with Federal Law and U.S. Department of Agriculture 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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).
USDA is an equal opportunity provider and employer.

This Page Intentionally Left Blank

CHARDON COMMUNITY DAY CARE CENTER
USDA FOOD PROGRAM WAIVER



Please review the guidelines for the United States Department of Agriculture food program on the previous pages.

If you **DO** qualify by meeting income guidelines listed on the "HOUSEHOLD LETTER" fill out the "INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED PRICE MEALS FY 2011-2012" and return to Chardon Community Day Care Center. Keep this page.

OR

If you **DO NOT** meet income guidelines listed on the "HOUSEHOLD LETTER" fill out the bottom of this page and return to Chardon Community Day Care Center. Do not complete the "INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED PRICE MEALS FY 2011-2012".

I have reviewed the Reduced income Eligibility Guidelines Effective July 1, 2011 through June 30, 2012 and I **DO NOT** qualify for the USDA food program.

Parent Name (print): _____
Last First

Parent Signature: _____ Date: _____

RACIAL / ETHNIC IDENTITY (Optional)

Please check appropriate boxes to identify the race or ethnicity of each enrolled child

Child 1	First Name	Last Name
<i>Please mark one ethnic identity:</i>		<i>Please mark one racial identity:</i>
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Asian
		<input type="checkbox"/> Black or African American
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		<input type="checkbox"/> White
		<input type="checkbox"/> Other

Child 2	First Name	Last Name
<i>Please mark one ethnic identity:</i>		<i>Please mark one racial identity:</i>
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Asian
		<input type="checkbox"/> Black or African American
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		<input type="checkbox"/> White
		<input type="checkbox"/> Other

Use back of page for additional children if needed.

Child 3	First Name	Last Name
<i>Please mark one ethnic identity:</i>		<i>Please mark one racial identity:</i>
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Asian
		<input type="checkbox"/> Black or African American
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		<input type="checkbox"/> White
		<input type="checkbox"/> Other

Child 4	First Name	Last Name
<i>Please mark one ethnic identity:</i>		<i>Please mark one racial identity:</i>
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Asian
		<input type="checkbox"/> Black or African American
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		<input type="checkbox"/> White
		<input type="checkbox"/> Other

Child 5	First Name	Last Name
<i>Please mark one ethnic identity:</i>		<i>Please mark one racial identity:</i>
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Asian
		<input type="checkbox"/> Black or African American
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		<input type="checkbox"/> White
		<input type="checkbox"/> Other

County Name	Clinic Name	Address	City	Zip Code	Phone Number	Hours of Operation
Fulton	Deshler WIC Program	101 East Main Street	Deshler	43516	419-278-9988	2nd & 4th M 1:00 - 4:00
Gallia	Gallia County WIC Program	499 Jackson Pike Suite D	Gallipolis	45631	740-441-2977	M - F 8:00 - 4:00
Geauga	Geauga County WIC Program	470 Center Street Building 8	Chardon	44024	440-279-1936	M, W & Th 8:00 - 4:00
Geauga	Middlefield WIC Clinic	14999 South State Avenue	Middlefield	44062	440-279-1936	T 8:00 - 3:30
Geauga	Chagrin Falls Park Community Center	7060 Woodland Avenue	Chagrin Falls	44023	440-279-1936	2nd W 8:00 - 1:00
Greene	Greene County WIC Program	360 Wilson Drive	Xenia	45385	937-374-5600 x5651	M - F 8:00 - 4:00 2nd Th 11:30 - 7:30
Greene	Fairborn WIC Program	600 Pierce Drive	Fairborn	45324	937-879-4093	M & W 8:00 - 11:30 & 12:30 - 4:00
Guernsey	Guernsey County WIC Program	326 Highland Avenue	Cambridge	43725	740-439-3577 x 248	M 8:00 - 5:30 T - F 8:00 - 4:30
Hamilton	Walnut Hills/Evanston WIC	2805 Gilbert Avenue	Cincinnati	45206	513-281-4116 x 2218	M, T, W & F 8:00 - 4:30 1st, 2nd & 3rd Th
Hamilton	Elm Street WIC	1525 Elm Street 1st Floor	Cincinnati	45202	513-352-3032	M 9:00 - 6:00 T - F 8:00 - 4:30
Hamilton	Cann Health Center WIC	5818 Madison Rd 1st Floor	Cincinnati	45227	513-263-8778	M, T, W & F 8:00 - 4:30 Th 9:00 - 6:00
Hamilton	WIC Millvale Hopple Health Center	2750 Beekman Avenue	Cincinnati	45225	513-352-3198	M 9:00 - 6:00 T, Th & F 8:00 - 5:00
Hamilton	WIC Northside Health Center	3917 Spring Grove Avenue	Cincinnati	45223	513-564-2180	M 9:00 - 6:00 T - F 8:00 - 5:00
Hamilton	Children's Hospital WIC	3333 Burnet Avenue Location B1023	Cincinnati	45229	513-636-5818	M 11:00 - 7:30 T - F 8:30 - 5:00
Hamilton	WIC Price Hill Health Center	2136 West 8th Street	Cincinnati	45204	513-357-2726	M, T, Th & F 8:00 - 5:00 W 9:00 - 6:00
Hamilton	Western Hills	4966 Glenway Avenue #301	Cincinnati	45238	513-251-4700	M, T, Th 8:30 - 5:00 W 11:00 - 7:00
Hamilton	Harrison WIC	10400 New Haven Road	Harrison	45030	513-367-5383	M - F 8:30 - 5:00

OHIO WIC Clinic Locations