

## USDA Nondiscrimination Statement

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:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
program.intake@usda.gov

This institution is an equal opportunity provider.

05/05/2022



Children's World ELC of Walkersville  
 8402 Discovery Blvd., P.O. BOX 663  
 Walkersville, MD 21793  
 cwwalkersville@yahoo.com  
 Phone: 301-845-4984  
 Fax: 301-845-4266

07/01/2022

Dear Parent/Guardian:

Children need healthy meals to learn. **WeeCare Inc. / Children's World** offers healthy meals every day. Although all children receive meals at no charge, the U.S. Department of Agriculture (USDA) provides funds that support the nutrition program based on your child's eligibility. This letter is a request for you to complete the information on the enclosed application to assist our agency's food service program.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Use one Meal Benefit Application for all children in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **a staff member at Children's World.**
2. **ADDITIONAL USDA REIMBURSEMENT IS AVAILABLE TO OUR AGENCY FOR MEALS SERVED TO CHILDREN IN THE FOLLOWING HOUSEHOLDS:**
  - getting money or help from the Supplemental Nutrition Assistance Program (SNAP) or Temporary Cash Assistance (TCA).
  - with Foster children.
  - with a gross income within the free limits or reduced limits on the Federal Income Eligibility Guidelines.
  - with children certified as homeless, runaway, Head Start, Early Head Start, Even Start or migrant.
  - with some people participating in WIC.
3. **I COMPLETED AN APPLICATION LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child's application is only good for one year. You must send in a new application each year.
4. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.
5. **MAY I APPLY 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.
6. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, foster children, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
7. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
8. **WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
9. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **SNAP, TCA, and medical assistance programs** or other assistance benefits, contact your local assistance office or call 1-800-332-6347.

If you have other questions or need help, call **301-845-4000**.

Sincerely,

**Children's World Staff**

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**INSTRUCTIONS FOR COMPLETING MEAL BENEFIT APPLICATION – CHILD CARE CENTERS**

Complete the application using the instructions below. Sign the form and return it to the center. If you need help, call **301-845-4000**.

**STEP 1 – CHILDREN’S INFORMATION - ALL HOUSEHOLDS COMPLETE**

List the first and last name of all enrolled children. Indicate if a foster child, homeless, migrant, runaway, or in Head Start, Early Head Start or Even Start by checking the box. If **ALL** children listed are foster, homeless, migrant, runaway, or in Head Start, Early Head Start, or Even Start, skip to Step 4.

**STEP 2 – CASE NUMBER**

If **any** member of your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP) or Temporary Cash Assistance (TCA), write the case number and skip to Step 4.

**STEP 3 – NAMES OF ALL HOUSEHOLD MEMBERS AND GROSS INCOME**

- List the first and last name of everyone in your household, whether they receive income or not. Your household includes all those living as one economic unit. Include yourself, all children living with you, including foster children and any other person living in your household, related or not. List each type of income received last month and how often it is received. You must indicate how much in whole dollars, and how often received (weekly, bi-weekly, twice a month, monthly, yearly). **If a household member has no income—write ‘0’ in the income box.**
- Report all income as gross income. Gross income is the amount earned before taxes and other deductions. This is not the same as take-home pay. Gross income includes unemployment benefits, Worker’s Compensation, Supplemental Security Income and Veteran’s benefits, Social Security, private pensions or disability, strike benefits, income from trusts or estates, annuities, investment income earned interest, rental income and regular cash payments from outside household. For self-owned business, farm, or rental income, report income as **net income**.
- If you are in the Military Housing Privatization Initiative, do not include your housing allowance as income. Do not include combat pay.
- Indicate the total number of household members in the space provided.
- The form must have the last four digits of the Social Security Number of the primary wage earner or adult who signs unless the adult does not have a Social Security Number. If the adult does not have a Social Security Number, check the box. The last four digits of the Social Security Number are not needed if you listed a SNAP or TCA case number, or if you are only applying for foster children.

**STEP 4 – SIGNATURE - ALL HOUSEHOLDS COMPLETE**

All forms must have the signature of an adult household member.

**STEP 5 – RACIAL/ETHNIC IDENTITY**

You are not required to answer this question to get meal benefits. This information will help ensure that everyone is treated fairly.

**Federal Income Eligibility Guidelines**

Household Size	Year	Month	Week
1	\$25,142	\$2,096	\$ 484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
For each add’l family member add:	\$ 8,732	\$ 728	\$ 168

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 your child 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 last four digits of the social security number are not required when you are only applying for foster children, or you list a Supplemental Nutrition Assistance Program or Temporary Cash Assistance case number, 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 your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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**Maryland State Department of Education  
Office of School and Community Nutrition Programs  
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
ENROLLMENT FORM**

Instructions for Completion:

- All parent/guardians are to complete this form for each child enrolled at the child care center/home participating in CACFP.
- List the child's name, birth date, the days and hours normally in care and the meals received while in care.
- CACFP Federal regulations require that an enrollment form be **completed annually** and signed by the child's parent or guardian.

<b>Name of Child Care Center/Home</b>

<b>1. Child's Name</b>		<b>Child's Date of Birth (MM/DD/YYYY)</b>	
<b>Times Child Normally in Care</b> <small>(For example 7:30 AM – 5 PM)</small>	<b>Hours from:</b> _____ to _____	<b>Check (✓) the days your child normally attends:</b> <input type="checkbox"/> Monday <input type="checkbox"/> Thursday <input type="checkbox"/> Tuesday <input type="checkbox"/> Friday <input type="checkbox"/> Wednesday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<b>Check (✓) the meals that your child will receive while in care:</b> <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack

<b>2. Child's Name</b>		<b>Child's Date of Birth (MM/DD/YYYY)</b>	
<b>Times Child Normally in Care</b> <small>(For example 7:30 AM – 5 PM)</small>	<b>Hours from:</b> _____ to _____	<b>Check (✓) the days your child normally attends:</b> <input type="checkbox"/> Monday <input type="checkbox"/> Thursday <input type="checkbox"/> Tuesday <input type="checkbox"/> Friday <input type="checkbox"/> Wednesday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<b>Check (✓) the meals that your child will receive while in care:</b> <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack

<b>3. Child's Name</b>		<b>Child's Date of Birth (MM/DD/YYYY)</b>	
<b>Times Child Normally in Care</b> <small>(For example 7:30 AM – 5 PM)</small>	<b>Hours from:</b> _____ to _____	<b>Check (✓) the days your child normally attends:</b> <input type="checkbox"/> Monday <input type="checkbox"/> Thursday <input type="checkbox"/> Tuesday <input type="checkbox"/> Friday <input type="checkbox"/> Wednesday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<b>Check (✓) the meals that your child will receive while in care:</b> <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Child Care Centers  
Meal Benefit Application  
July 1, 2022 - June 30, 2023**

Complete one application per household. For more information, read **Instructions for Completing** or call **301-845-4000**

**Step 1** List all enrolled children (if more spaces are required for additional names, attach another sheet of paper).

Children in **Foster Care** and children who meet the definition of **Homeless, Migrant, Runaway, Head Start, Early Head Start or Even Start** are eligible for free meals. If **ALL** children listed are foster, homeless, migrant, runaway or in Head Start, Early Head Start or Even Start, skip to Step 4.

First and Last Names of All ENROLLED	Check all that apply:					
	Foster Child	Homeless	Migrant	Runaway	Head Start Early Head Start	Even Start

**Step 2** Do any Household Members (including you) currently participate in the Supplemental Nutrition Assistance Program (SNAP) or Temporary Cash Assistance (TCA)? Circle One: Yes No

If you answered **NO**, complete Step 3.

If you answered **YES**, provide a case number then go to Step 4

Case Number:

**Step 3** Report Income for ALL Household Members (skip this step if you answered 'Yes' to Step 2)

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

How Often = Weekly, Every 2 Weeks, Monthly, Twice a Month or Yearly

First and Last Names of ALL Household Members	Earnings from Work		Child Support, Alimony, Public Assistance		Pensions, Retirement, Other Income	
	Income	How Often?	Income	How Often?	Income	How Often?

Total Household Members (Children and Adults):

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

Check if No SSN:

**Step 4** Contact Information and Adult Signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable State and Federal laws. I understand my child's eligibility status may be shared as allowed by law.

Printed Name:		Signature:	
Street Address:			
Date:		Phone #:	

**Step 5** OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community.

**Ethnicity (Check One):**

Hispanic or Latino  
 Not Hispanic or Latino

**Race (Check one or more):**

American Indian or Alaskan Native       Black or African American       White  
 Asian       Native Hawaiian or Other Pacific Islander

**DO NOT FILL OUT THIS SECTION. CENTER USE ONLY**

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

Total Income (Children and Adults): \$ \_\_\_\_\_  Weekly     Every 2 Weeks     Twice a Month     Monthly     Yearly

**Eligibility:**  Free     Categorically Eligible     Reduced     Paid

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Withdrawn: \_\_\_\_\_