

Sliding Fee Tuition Application



Tuition fees for BASE Camp are based on family size and gross monthly income – please see our current rate sheets to verify if your family qualifies for reduced fees. If you do qualify, please fill out this form in its entirety with the required documentation and return it to the BASE Camp office or by emailing to dsmith@mybasecampkids.org. **This form MUST be accompanied by 90 days proof of income. If you are a student, currently attending school, you MUST include a copy of your current semester schedule and a copy of your financial aid package information.** All applications must be accompanied by (or we must have on file already) a current IEF. All tuition fees will be assessed at the full amount until your application is completed, documentation is received and the application is approved.

Child(ren) Name(s) _____
School _____ Grade _____ Phone Number _____ Email _____

List **ALL** household members, beginning with yourself:

Name / Relationship _____

Name / Relationship _____

List **ALL** sources of income: **(Please provide 90 days proof of income, ie. letter from employer, paystubs, tax docs, etc.)**

Monthly Salary _____ OR Hourly Wage _____ & # of hours per week _____

Monthly Salary _____ OR Hourly Wage _____ & # of hours per week _____

Monthly Salary _____ OR Hourly Wage _____ & # of hours per week _____

Child Support _____ Unemployment/ Disability(SSDI) _____

Social Security Benefits _____ Veterans Assistance _____

Other _____

If attending school, enter the following: **(Please provide a copy of your current class schedule and financial aid package)**

Income: Grants _____ Scholarships _____ Loans _____

Number of semesters covered by income listed _____

Expenses: Tuition _____ Books & Fees _____ Other _____

Adjusted income _____

BASE Camp receives funds to support our sliding fee scale from a variety of resources, including grants and other support funds. As such, we are asked to document the impact these funds have for families. Please complete the following questions to help us with this documentation:

1) Please select your race/ethnicity (circle all that apply):

White (non-Hispanic) | Hispanic | Black/African American | Asian | American Indian/Alaska Native
Native Hawaii/Pacific Islander | Other _____

2) Are you, or is someone in your household, currently searching for a job? Yes No

If so, how long have you or they been unemployed? _____

3) Are you currently on Larimer County's Colorado Childcare Assistance Program (CCAP)? Yes No

If not, have you applied for CCAP? Yes No

If you did apply but do not currently have CCAP, what was the result of your application?

(circle one) | CCAP Denied | On CCAP waiting list |

Applicant Signature _____ Date _____

CACFP Child Care Income Eligibility Form (IEF) for 2018-2019

STEP 1 List ALL children in day care

Children in Foster care or Head Start and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals and require additional documentation to verify their eligibility status. Review the Dear Parent Letter for more details.

Child's First Name	Age	Child's Last Name	Foster Child	Migrant	Runaway	Homeless	Head Start
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (Do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) Household Member: Anyone who is living with you and shares income and expenses, even if not related.

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income

How often? Annual Monthly Weekly 2x Month

B. All Adult Household Members (Including yourself)

List all household members not listed in STEP 1 (including yourself) even if they do not receive income. For each household member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents). If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Welfare/Child Support/Alimony	How often?				Pensions/Retirement/Social Security/SSI/VA Benefits	How often?								
		Annual	Monthly	Weekly	2xMonth		Annual	Monthly	Weekly	2xMonth		Annual	Monthly	Weekly	2xMonth					
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				

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 CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Adult Signing the Form	Signature of Adult	Today's Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State Zip Phone/Email

Sources of Income

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivors Benefits	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	<ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money
Income from any other source	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>If you are in the U.S. Military</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Workers compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

STEP 5 Children's Ethnic and Racial Identities

We are required to ask for information about your children's race and ethnicity. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care. Check all boxes that apply to the child(ren) in your care. If this information is left blank, the institution may complete it based on visual identification.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White (Includes Hispanic or Latino)

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, the funds your child care center/provider receives may be impacted. 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 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 or other FDPIR identifier for your child 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 the meal reimbursement for your child care center/provider. 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

MAIL*: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7442; or
EMAIL: program.intake@usda.gov.

This institution is an equal opportunity provider.

***Only use this address if you are filing a complaint of discrimination.**

DO NOT FILL OUT For center staff use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. **This form expires 12 months after the month in which the institution makes the determination.**

Total Income	How often?	Household size	Eligibility														
<input type="text"/>	<table border="1"> <tr> <td>Annual</td> <td>Monthly</td> <td>Weekly</td> <td>2xMonth</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Annual	Monthly	Weekly	2xMonth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<table border="1"> <tr> <td>Free</td> <td>Reduced</td> <td>Paid</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Free	Reduced	Paid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Annual	Monthly	Weekly	2xMonth														
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>														
Free	Reduced	Paid															
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>															
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>														
Determining Official's Signature	Month/Year	Expiration Date (Month/Year)	Date														

Revised 7/18