

Teddy Bear Preschool Infant Center

1550 Hillside Avenue (PO Box 727)

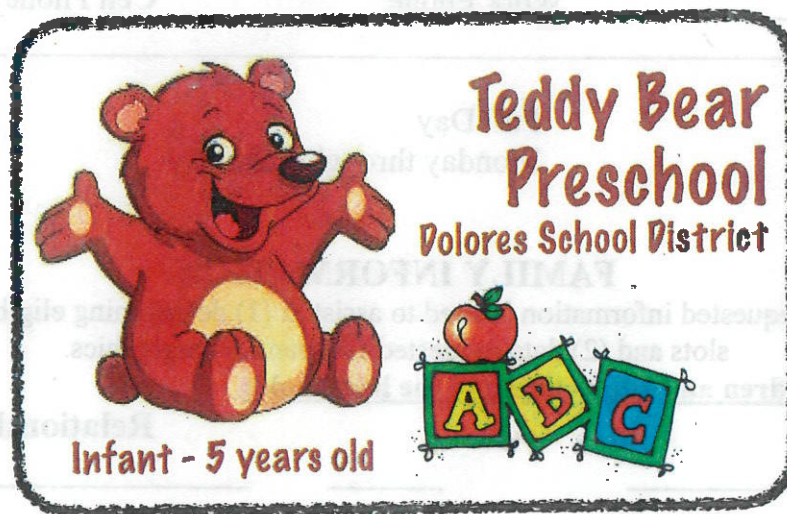
Dolores, CO 81323

970-882-7277

970-882-7922 Fax

970-739-4244 Valiena Cell

2022-2023



All new families must turn in the following documents together with no missing pieces to complete enrollment:

- *Birth Certificate**
- *Immunization Record**
- *Current Physical**
- *Copy of Child's Medical Insurance Card**
- *Pink Powerschool Form**
- ASQ SE-2**

All returning families must turn in ASQ SE-2 and Current Physical together with this packet to complete enrollment.

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***Marital status of parent (s) in the household (please check):**

☐ single, never married ☐ married ☐ widower
☐ separated/divorced ☐ remarried

***Custody**

Who has legal custody of the child? ☐ Mom ☐ Dad ☐ Other
(If Other, we are required to have a copy of legal custody orders)

***Education of Parents (please circle):**

Mother: K 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+

Father: K 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+

***Which of the following resources are being used by your family?**

- ☐ Help from extended family in your community
- ☐ Case worker from a social agency
- ☐ Other community resources (ex: job training, prenatal care, continuing education, vocational Services, recreational services)
- ☐ Other-please specify _____

***Which of the following are current family situations? (check all that apply)**

- ☐ Transportation
 - ☐ Health/Medical problems
 - ☐ Marriage/Relationship problems
 - ☐ Unemployment
 - ☐ Housing
-

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Please check which insurance coverage you have on your child:

Medicaid _____	Child's Policy #: _____
CHP _____	Child's Policy#: _____
Indian Health _____	Child's Policy#: _____
Private Insurance _____	Child's Policy#: _____
None _____	

AGENCIES INVOLVED WITH YOUR FAMILY:

_____ Public Health
_____ WIC
_____ Social Services
_____ Other

IMMUNIZATION REGISTRY NOTICE: Your child's shot information is being entered in the Colorado Immunization Information (CIIS), a confidential, statewide immunization record tracking system. You can choose to exclude your child's shot information from the CIIS at any time. Please ask your school nurse or your health care provider for further information.

LANGUAGES SPOKEN BY THE FAMILY IN THE HOME (CHECK ALL THAT APPLY):

_____ English
_____ Spanish
_____ Native American
_____ Other-Please Specify _____

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EMERGENCY PROCEDURE DATA

Dear Parent/Guardian,

This information is important for accurate and prompt action in the event your child is injured or becomes ill at school.

Child's Name: _____

***If at any time this information needs to be changed, it is your obligation to make corrections in writing and turn in to the preschool office. IT IS MANDATORY TO HAVE AN EMERGENCY CONTACT NUMBER FOR ILLNESS/ACCIDENT.**

EMERGENCY NUMBERS:

Contact Mother:

Mother's Name	Phone#
---------------	--------

Contact Father:

Father's Name	Phone#
---------------	--------

Contact Family Physician:

Physician's Name	Phone#
------------------	--------

Child's Dentist:

Dentist's Name	Phone#
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If needed, child will be taken to Southwest Memorial Hospital ---- 565-6666

CONSENT TO TREAT: In the event of a medical emergency involving this child, I hereby give Teddy Bear Preschool permission to render emergency aid including, but not limited to, having him/her transported for care by a doctor if any of the above cannot be contacted. Any member of the staff responsible for the care and education of my child may view my child's health information, as well as state licensing for compliance purposes.

Parent/Guardian Signature

Date

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PICK UP PERMISSION FORM

Child's Full Name _____

I hereby give permission for my child to leave the Teddy Bear Preschool with the following person(s) named below. I understand that the staff will not allow a person not listed below to pick up my child without written consent. **IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO NOTIFY THE TEDDY BEAR PRESCHOOL OF ANY CHANGES.**

.....

PLEASE, LIST PARENT NAMES AND PHONE #'S FIRST

Name	Physical Address	Relationship to Child	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Names of person(s) who MAY NOT pick up your child:

Please list the Custodial

Parents: _____

Your are required to give Teddy Bear Preschool a copy of the LEGAL DOCUMENTS pertaining to child custody. The school will presume that both parents on the BIRTH CERTIFICATE have equal access to the child when that student is registered in school UNLESS one parent provides the school with OFFICIAL CUSTODY COURT PAPERS.

Your signature grants approval to the following statement: "I hold Teddy Bear Preschool harmless from any liability in releasing my child to the signed authorized pick-up or myself".

Parent/Guardian Signature

Date

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HEALTH SCREENING QUESTIONNAIRE

Child's Full Name _____ Date of Birth _____

Gender: M ___ F ___

Name of person providing this information: _____ Relationship to child: _____

1. Has there ever been a concern about the age at which your child began (check all that apply): Crawling ___ Walking ___ Talking ___ Bowel or Bladder training ___

2. Are there any major health problems in the family? no ___ yes ___

3. Does your child have any chronic health condition? no ___ yes ___

Circle all that apply:

Diabetes Asthma Allergies Seizure Disorder Nervous Disorder

Ulcers Bronchitis Frequent Ear Infections Frequent Strep Infections

Heart Condition If checked yes to any of the above:

a) is he/she under treatment? No ___ Yes ___

b) can the school health services be helpful? No ___ Yes ___

If so please comment _____

4. Has your child had any problems with vision? No ___ Yes ___

Has your child had any problems with hearing? No ___ Yes ___

If so please comment: _____

5. Is your child on any medication? No ___ Yes ___

If yes, and this medication is to be administered at school, it will be necessary for you to complete A release form (to be signed by the child's physician).

6. Does your child have any special needs/disabilities? No ___ Yes ___

If yes, please explain: _____

7. Does your child have a **HEALTH CARE PROVIDER DIAGNOSED** food allergy, insect sting or other

Allergy? _____ (**PLEASE**, let staff know **before** school year starts)

If yes, please explain: _____

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PARENT CONTRACT FOR TUITION PAYMENTS

I _____, the parent/guardian of _____

Understand and agree to the following:

Tuition charges at Teddy Bear Preschool are as follows:

Full Day \$40.00 per day

Circle requested days: Mon. Tues. Wed. Th.
(Minimum 2 days)

***You will be charged tuition for each day that you have scheduled your child to be in attendance even if your child is absent.**

***Tuition fees are due by the 30th of each month.** Payments can be made weekly, bi-monthly, or monthly. Please circle your intended method of payment.

***A two week notice is to be given prior to the withdrawal of the child from the program.**

***A late fee of \$1.00 per minute will be charged for each child who remains at the center past 4:00, unless prior arrangements have been made with the Director or staff member responsible for closing the center.** If a child has not been picked up or parent has not contacted the school by 4:30 pm, **CHILD PROTECTIVE SERVICES WILL BE NOTIFIED.**

ATTENDANCE Full Day (7:30-4:00)

The purpose of this agreement is to provide protection for the parents as well as the Teddy Bear Preschool. In Order to assure that we provide the service contracted for, it is essential that the financial status of the center be stable. Therefore, this agreement provides a guarantee that you will financially support the enrollment space guaranteed for your child. We follow the current school calendar and you will only be charged for days that we are in school, no holidays, weekends, snow days, etc. A school calendar is included in this packet.

Parent/Guardian Signature

Date

Director Signature

Date

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“TOWARDS A BETTER UNDERSTANDING OF YOUR CHILD”

Child's Name _____ Date of Birth _____

Please help me get to know your child: As your child's teacher, I would like this year to be the first of many positive school experiences. The more I know about the children in my class the better I can meet their needs. It would help us greatly if you could answer the following questions:

*Has anyone else cared for your child: Has your child gone to daycare/preschool before? Were these experiences positive or negative?

*What frustrates your child: How does your child handle a new task or stressful situations?

*How do you comfort your child? Does your child have a special blanket or toy?

*What methods of discipline do you use?

*How predictable are your child's sleeping and eating habits?

*To better help your child's entry into our school setting, describe any recent family events or changes
(such as death, divorce, new sibling, a move). Please keep staff current on any future changes.

*Does your child have any fears?

*Your child's personality?

***Your child's speech/language? How does your child communicate with you?**

***Your child's self-help/toileting skills?**

***Your child's attention span? Is he/she easily distracted?**

***Your child's emotional development? How does your child respond to emotions he/she is feeling?**

***Your child's physical development? Is he/she able to move appropriately for his/her age?**

***Does your child react to noise or certain textures of food or clothing?**

***Is there anything else you would like to tell us about your child? (favorite activities, people, places, toys)**

***Can you tell us what traditions/celebrations your family observes or participate in?**

***What goals do you have for your child this year?**

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Sun Protection

1. The center must obtain the parent/guardian's written authorization and instructions for applying sunscreen to their children's exposed skin prior to outside play. A doctor's permission is not needed to use sunscreen at the center.
2. When applied for an individual child, the sunscreen must be labeled with the child's first and last name.
3. If sunscreen is provided by the center, parents must be notified in advance, In writing, of the type of sun screen the center will use.
4. Children over 3 years of age may apply sunscreen to themselves under the direct Supervision of a staff member.

.....
If you DO want your child to have sunscreen applied please sign and date below.

I give permission for _____ (Name of Child)
to have sunscreen applied while at Teddy Bear Preschool. I understand that
I will be given prior notice of the brand of sunscreen to be used.

Parent/Guardian Signature

Date

If you DO NOT want your child to have sunscreen applied, complete, sign and date below.

I DO NOT want my child _____ (Name of Child), to
have sunscreen applied while at Teddy Bear Preschool.

Parent/Guardian Signature

Date

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STROLLER RIDE PERMISSION FORM

We believe fresh air is beneficial for our health and is a great stress reliever for all of us. While we do take our infants to our Infant/Toddler playground often, we also know how our little ones enjoy being pushed in strollers. Teachers often take infants on stroller rides. They do not cross the main highway (Hwy 145) at no time. Teachers are required to take a cell phone and program radios with them every time. Teachers also tell the office staff where they are going.

Please sign the consent below giving us permission to take you child on nature walks within the community.

I give my consent for _____ (Name of Child) to participate in stroller trips planned by Teddy Bear Preschool.

Parent/Guardian Signature

Date

.....
**SCREENING/VIDEOTAPING/PHOTOGRAPH PERMISSION
FORM**

Child's Name _____

I give permission for staff to implement developmental screenings with my child.
(circle one)

Yes

No

I give permission for my child to be photographed or videotaped during the times he/she is involved in the Teddy Bear Preschool program. I understand that commercial use of the photograph may be used (local newspaper, flyers, etc.)
(Please circle one)

Yes

No

Parent/Guardian Signature

Date

HEARING & VISION SCREENINGS

I give permission for my child to participate in hearing and vision screenings.

Yes

No

Dolores School District RE-4A does not unlawfully discriminate against otherwise qualified students, employees, applicants for employment, or members of the public on the basis of disability, race, creed, color, sex, sexual orientation, gender identity, gender expression, marital status, national origin, religion, ancestry, or need for special education services. Discrimination against employees and applicants for employment based on age, genetic information and conditions related to pregnancy or childbirth, is also prohibited in accordance with state and/or federal law.

TEDDY BEAR PRESCHOOL

FOR SCHOOL USE ONLY
 INFANT _____
 TODDLER _____ PRESCHOOL _____

First Name _____ Middle Name _____ Last Name _____ Date of Birth _____

Primary phone number for automated messages _____ Sex _____ Age _____

Physical Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

(Please circle the appropriate choice) _____ MOTHER STEP-MOTHER GUARDIAN

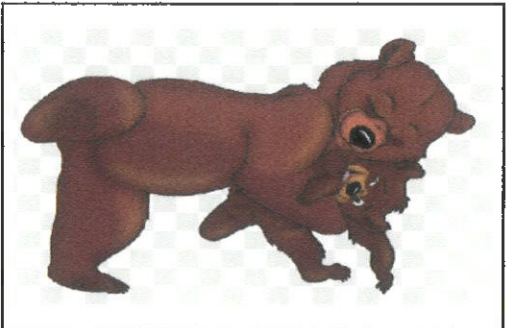
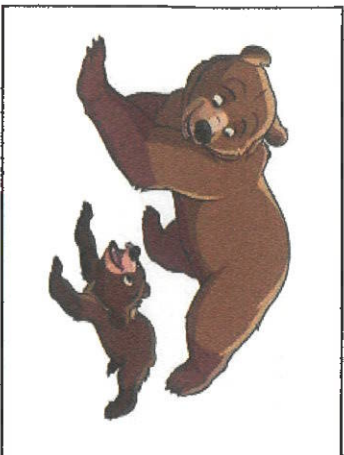
Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

EMAIL _____

(Please circle the appropriate choice) _____ FATHER STEP-FATHER GUARDIAN

Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

EMAIL _____



Are you experiencing homelessness or living with others while in transition? Yes _____ No _____

PHOTO/VIDEO PERMISSION: Please circle either Yes or No whether your child may be photographed or videotaped as part of a school event or program.

ETHNICITY Is this student Hispanic/Latino Yes _____ No _____

Mark the one or more that describes the student's race.

_____ White _____ Asian _____ American Indian or Alaska Native
 _____ Black /African American _____ Native Hawaiian / Pacific Islander

Teddy Bear Preschool
1550 Hillside Avenue
P O Box 727
Dolores, CO 81323
(970)882-7277 Fax # (970) 882-7922

PHYSICAL FORM 22-23

Child's Name: _____

Date of Birth: _____

Health Care Provider

Date of Last Health Appraisal: _____ Age at well check: _____

Physical Exam: normal unless noted: _____

Referrals, if made: _____

Allergies: _____

Significant Health Concerns, including need for modified diet: _____

Current medications: _____

CHILDREN'S INFORMATION

Height at exam: _____ Weight: _____ B/P: _____ Head Circumference (up to 12 months of age): _____

Hgb: _____ Lead: _____ Vision: _____ Hearing: _____

Risk Assessment: _____ Dental: _____ TB risk: _____

Provider Statement

This child is free from reportable communicable disease. This child is healthy and may participate in all routine activities in a school or child care program. Any concerns or exceptions are identified on this form.

Next well visit recommended per AAP guidelines*: _____

Name: _____

Date of exam: _____

Signature: _____

Date Signed: _____

Print Name of Doctor's office: _____

*The American Academy of Pediatrics (AAP) recommends that children have health appraisal visits at 2, 4, 6, 9, 12, 15, 18, and 24 months of age, and yearly thereafter to age 6.



CACFP Infant Feeding Form

Child and Adult Care Food Program

Child care facility: please fill in the facility name and formulas offered before distributing to parents. You must offer one type of formula, however, best practice is to offer two different types.	
Facility name:	Teddy Bear Preschool
Formulas offered at this facility:	Parent's Choice
Milk-based:	
Soy-based:	

Our child care facility participates in the USDA Child and Adult Care Food Program (CACFP). The CACFP provides reimbursement for healthy meals and snacks served to your baby while in our care. Our child care staff have been trained in infant feeding practices and offer age appropriate foods to your baby.

We support and encourage those mothers who continue to breastfeed when returning to work or school. Mothers can provide expressed breast milk or come to the center to directly breastfeed their infant while in care.

Parents, please complete the following:

Baby's full name: _____ Date of birth: _____

Please check the box or boxes that apply:

- ☐ My baby is breastfed and I will supply expressed milk and/or breastfeed on site.
- ☐ I accept the formula offered by the child care center.
- ☐ I wish to supply my own formula (write in name of formula): _____
- ☐ I wish to supply the following foods for my child at the selected meals (list foods below):
- | | | | |
|----------------------------|------------------------------------|--------------------------------|--------------------------------|
| Fruits: _____ | <input type="checkbox"/> Breakfast | <input type="checkbox"/> Lunch | <input type="checkbox"/> Snack |
| Vegetable: _____ | <input type="checkbox"/> Breakfast | <input type="checkbox"/> Lunch | <input type="checkbox"/> Snack |
| Meat/Meat Alternate: _____ | <input type="checkbox"/> Breakfast | <input type="checkbox"/> Lunch | <input type="checkbox"/> Snack |
| Grains: _____ | <input type="checkbox"/> Breakfast | <input type="checkbox"/> Lunch | <input type="checkbox"/> Snack |

This facility has not requested or required me to provide infant formula or food.

Parent Signature: _____ Date: _____

Printed Name: _____

Childcare Center Representative Signature: _____

Office Use: If the parent/guardian is providing more than one component the meals/snacks cannot be claimed for children 6-11 months old.

This institution is an equal opportunity provider.

Teddy Bear Preschool
1550 Hillside Avenue
Dolores, CO 81323

August 28, 2020

Families,

The State licensing and the health department require us and the children to wash their hands multiple times a day; resulting in dry cracked hands. We can provide lotion (Lubriderm) or if you prefer you may bring something else for us to use. We need parental permission to apply lotion so please indicate below your preference.

Thank you

I _____ give permission for the Teddy Bear Staff to apply Lubriderm lotion to my
(Parent legible signature)
childs hands/face.

OR,

I _____ give Teddy Bear Staff permission for the Teddy Bear Staff to apply the lotion
(Parent legible signature)
that I have provided, _____.
(legible name of lotion provided)



Infant Needs and Services Plan
(6 weeks-18 months
(revised every 6 months)

Child's Name: _____ Date: _____ Birthdate: _____

Does child take a bottle/cup? _____ Is it warmed? _____ Does child hold his/her bottle/cup: _____

Does child eat: Strained Foods _____ Whole Milk _____
 Baby Foods _____ Breast Milk _____
 Table Foods _____
 Formula _____ If formula, what kind? _____
 Cereal _____ What is cereal mixed with? _____

My child eats snacks (e.g., cheerios, crackers, apple juice, etc.) _____

What child may NOT have? _____

Does child have allergies? _____ If yes, what? _____

Does child have special diet or feeding needs? _____

Please include physician's instructions, if any.

Can child feed him/herself? _____

If yes, does child currently use: Hands _____ Spoon _____
 Sippy Cup _____ Fork _____
 Regular Cup _____ Bowl _____

Do you use diaper cream when changing child? _____ What brand (Parent Provided)? _____

Does child use a pacifier? _____ When? _____

How does child usually fall asleep? _____

Additional

Instructions: _____

List Types of Activities That Interest Your

child: _____

What fears does your child have: _____

Check if any of the following applies to your child:

<input type="checkbox"/> Eyes fixed and focus on objects	<input type="checkbox"/> Sits alone	<input type="checkbox"/> Pulls self up to standing
<input type="checkbox"/> Reaches for objects	<input type="checkbox"/> Sits with help	<input type="checkbox"/> Walks with adult help
<input type="checkbox"/> Rolls from back to stomach	<input type="checkbox"/> Creeps and crawls	
<input type="checkbox"/> Rolls from stomach to back	<input type="checkbox"/> Walks alone	

Parent Signature: _____ Date: _____

Welcome

to



Teddy Bear

Infant/Toddler

Preschool

(6 weeks to 3 years old)

How to Prepare Your
Infant for the Transition
to the Infant Classroom

State Licensing Rules

Infants (Up to 1 year) must sleep in a crib. Children 1-3 years of age sleep on a child size cot with blankets and a pillow. **Infants cannot be swaddled while sleeping; this reduces the risk for SIDS.** Place the child in the crib before they fall asleep; reduces the risk of SIDS. **Infants must be placed on their back to sleep. This encourages them to self sooth and reduces the risk of SIDS.** Blankets, bedding, or soft animals can't be used in the crib; reduces the risk of SIDS. **A pacifier can be used in the crib; pacifiers do help reduce the risk of SIDS.** **Necklaces/rings/bracelets can't be worn while in care; choking hazard.**

Safe Eating Habits

Try to nurse or feed them when they are hungry and not to pacify themselves to sleep.

Do not prop bottles with any objects.

You are welcome to nurse at school any time.

Colorado State Licensing requires us to follow policies. These practices Ensure the safety of your child and a smooth transition into the classroom. Our ratios are 1 adult for every 4 children. This classroom will enroll 8 children and will have 2 qualified staff. We are Colorado State licensed, Colorado Shines rated 4 stars and NAEYC accredited.

Great Starters for Physical

Development

Tummy Time! Place child on his/her tummy for 20 to 30 minutes a day.

Read, Read, Read!

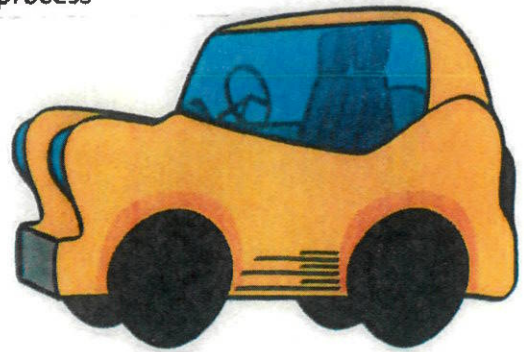
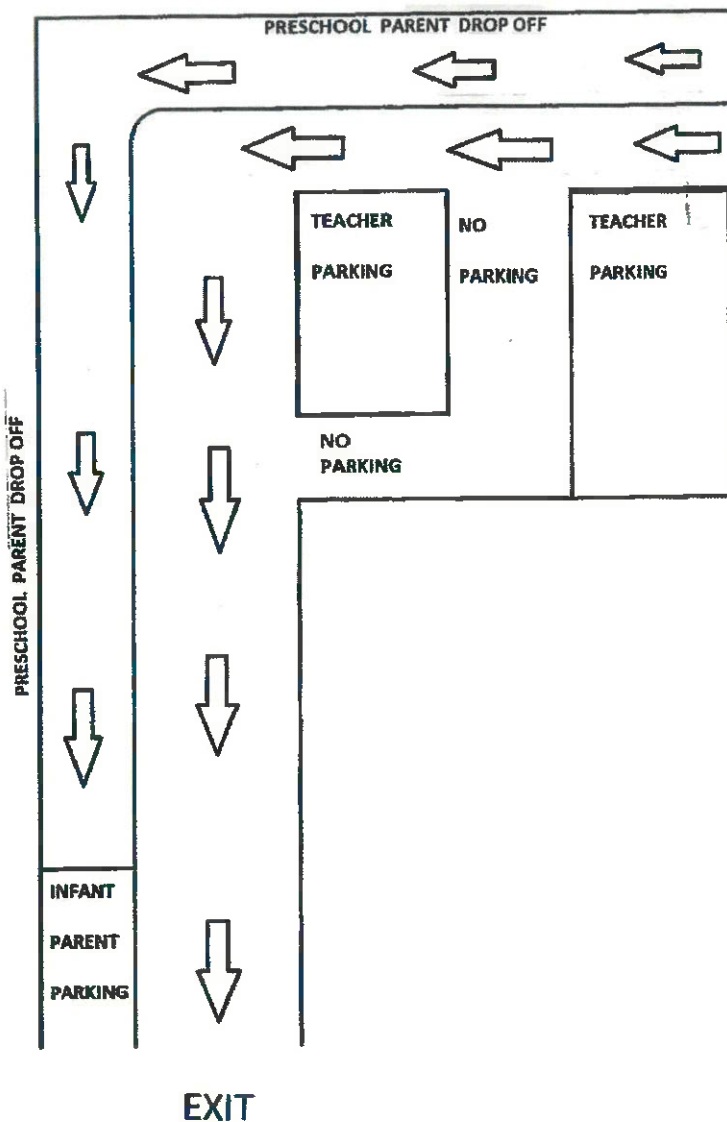
Listen to music with your child.

Sing and Dance with them too!

If you have any questions we would be happy to answer them! Just stop by or call the Teddy Bear Infant/Toddler Preschool at (970)882-7277.

Families

In order to be able to let everyone drop and pick up their children in our small parking lot we have to have a system in place for the safety of everyone. In order for this system to work and we do not block the street we must move everyone quickly. We have 18 employees, therefore we have to be able to park and get into the building to work and accept your children. Our entrance and exit is one way. Please, when you enter follow the directions that the staff is giving you to park. Pull your vehicle all the way up to the East Playground fence, as far to the exit as possible before parking, stop as far to the right as you can but still be able to open your right rear passenger door. We ask that you take your child out on the right side to keep them safe from the traffic of other vehicles. Please take your child out of your vehicle and stand near your vehicle out of traffic and a staff member will come to you and take your child in hand to the building. Thank you for your patience with this whole process



Complete one application per household. Please use a black or blue pen (not a pencil).

Check all that apply: Read How to Apply for Free and Reduced-Price School Meals for more information.

Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/Colorado Works – Basic Cash Assistance or State Diversion), or Food Distribution Program on Indian Reservations (FDPIR). **Provide case number and skip to Step 4.**

SNAP Case Number	TANF Case Number

Please include the **TOTAL** income, if any, received by all students listed above

[illegible]

In the spaces below list all other 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 AND OTHER DEDUCTIONS)** for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.

	How Often?				
	Weekly	Bi-Weekly	2x Month	Monthly	Annually
Public Assistance/ Child Support/Alimony	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Last four digits of Social Security Number (SSN) or mark “no SSN” of adult signing this form only if *Step 3B* has been completed

Check box if no SSN ☐

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 school officials may verify (check) the information. I am aware that I purposely gave false information, my children may face legal benefits, and I may be prosecuted under applicable State and Federal laws."

Home or Cell Phone Number	
SIGNATURE of Adult Household Member (Required)	
Printed First and Last Name of Signer	
Today's Date	

SIGNATURE of Adult Household Member (Required)

The information provided on this application will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices. If your students are eligible to receive free or reduced-price meals this information may be shared with the school/district for purposes of waiving school/district program fees that your child(ren) might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s) eligibility for school meals. *Your information WILL be shared unless you check one of the boxes below.*

Advanced Placement (AP) Exam and/or (AP) Book Fees	<input type="checkbox"/>	Accelerate College Opportunity Exam and/or Book Fees	<input type="checkbox"/>	<input type="checkbox"/>
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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. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

You may also qualify for the Supplemental Nutrition Assistance Program! See more information below.

NEED HELP BUYING GROCERIES?

- Receive one-on-one assistance with applying for food stamps
- Referrals to food pantries and free meals
- Get information on child and senior nutrition programs

Food Resource Hotline

CALL US TODAY! STATEWIDE TOLL-FREE **855-855-4626**
METRO DENVER 720-382-2920

¿NO LE ALCANZA EL DINERO PARA COMPRAR COMIDA?

- Reciba ayuda personalizada para solicitar las estampillas de comida
- Derivaciones a bancos de comida y comidas gratis
- Obtenga información sobre programas de nutrición para niños y ancianos

Línea Directa de Recursos de Comidas
¡LLÁMENOS HOY! LINEA ESTATAL **855-855-4626**
METRO DENVER 720-382-2920

HUNGER FREE COLORADO HungerFreeColorado.org



Color
screen
progr
Visit

The Richard B. Russell Nat application. You do not hav needed information, we can You must include the last fi wage earner or other adult l social security number is ne you list a Supplemental Nur Assistance for Needy Famil Indian Reservations (FDPII or when you indicate that tt not have a social security n your child is eligible for fre enforcement of the lunch ar information with education. fund, or determine benefits law enforcement officials to

DISTRICT USE ONLY. DO NOT WRITE BELOW THIS LINE.

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12

Application Type:

☐ Total Household Income: \$ _____ Household Size: _____
☐ Household Income Frequency ☐ Weekly ☐ Bi-Weekly ☐ 2x/Month ☐ Monthly ☐ Annually

Application Status:

Approved - ☐ Free ☐ Reduced

Denied - ☐ Over Income Guidelines ☐ Incomplete/Missing: _____

Notes: _____

☐ Categorical Eligibility - ☐ SNAP ☐ FDIPIR ☐ TANF ☐ Foster
☐ Homeless/Migrant/Runaway/Head Start

Determining Official Signature: _____

Approval/Denial Date: _____

Notification Sent: _____