



OKLAHOMA Human Services

Compliance File
Notification: Child Care
Programs and Family
Child Care Homes

Program Information

Cowboy Junction K830023905
 Program name License number

27662 S. 4380 Vinita OK 74301
 Street address City State ZIP code

Mailing address Cowboy Junction Inc.

918-256-6100
 Phone Owner

Child Information

Please list the name(s) and birth date(s) for any child(ren) you are enrolling in this program:

+	Name	Date of birth
-		
-		
-		

Agreement and Signature

- I understand and am aware:
 - his program is required to maintain a copy of the compliance file on-site and the information contained in the file is available for inspection.
 - f the Compliance File location and its contents.
 - his form is to be completed:
 - pon child enrollment; and
 - very 12 months thereafter.
 - copy of the program specific **Notice to Parents** is to be provided to parent(s) or legal guardian(s) upon enrollment.

For program specific information contained in the Notice to Parents, select one:

- DHS Publication No. 14-01, Notice to Parents for Child Care Program
- Form 07LC084E, Notice to Parents for Family Child Care Home

 Parent or legal guardian name Parent or legal guardian signature Date

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE & INCOME APPLICATION AND ENROLLMENT FORM FOR YEAR 2023-24**

Participation Information: (To be completed by Parent/Guardian)

If a child is receiving SNAP, TANF, FDPIR or is a Foster child, also complete the last two columns of this section and skip to Part 3

Participant's Last Name	Participant's First Name	Birth Date	Meals Normally Eaten (Circle all that apply)	Normal Times in Care	Foster	SNAP, TANF, or FDPIR # (List CASE #)
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	

Normal Days In Care : Monday Tuesday Wednesday Thursday Friday Saturday Sunday

PART 1: PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

<i>Mark one ethnic identity:</i>	<i>Mark one or more racial identities:</i>
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American

PART 2. INCOME APPLICATION, HOUSEHOLD MEMBERS, AND INCOME

A. NAME OF OTHER HOUSEHOLD MEMBERS Including Children not listed above	B. GROSS INCOME AND HOW OFTEN PAID				
	Earnings From Work (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income or SNAP, TANF, FDPIR #	Zero Income
1.	\$	\$	\$	\$	<input type="checkbox"/>
2.	\$	\$	\$	\$	<input type="checkbox"/>
3.	\$	\$	\$	\$	<input type="checkbox"/>
4.	\$	\$	\$	\$	<input type="checkbox"/>

PART 3. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

I certify that all information on this form is true and that all income is reported. I understand that the center will get federal funds based on the information that I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, this participant receiving meals may lose the meal benefits and I may be prosecuted.

Signature of Adult Household Member _____ Home/Cell Phone Number _____ Date _____

Last four digits of social security number: **** - ** - _____ I do not have a social security number

FOR INSTITUTION USE ONLY: Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12

Application Approved For:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Free | <input type="checkbox"/> SNAP/TANF/FDPIR |
| <input type="checkbox"/> Reduced | <input type="checkbox"/> Foster |
| <input type="checkbox"/> Not Eligible | <input type="checkbox"/> Income: Total Income : \$ _____ |

Signature of Determining Official _____ Date _____

How often Paid? (circle one): Weekly Every 2 weeks Twice a month Monthly Annually
Household Size _____

7 CFR 226.15(e)(2)

"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 last four digits of the Social Security Number are 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 rules.

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