

Western Indiana Community Action Agency, Inc.

Household Survey for the Improvement of Client Services PLEASE COMPLETE ALL INFORMATION ON BOTH SIDES OF THIS FORM

**Please indicate the county in which you are applying for services*

Clay Co. _____ Putnam Co. _____ Sullivan Co. _____ Vigo Co. _____

Which Program Services are you applying for?

Energy Assistance _____ Head Start _____ Weatherization _____ OOR _____ Section 8 _____ Indigent Medical Care _____ RSVP _____

School Age Child Care _____ Foster Grandparents _____ WIC _____ Other _____

Head of Household Name _____ SS# _____ - _____ - _____ Home Phone _____

Contact Phone _____ Address _____ City _____ State _____ Zip _____

Circle one in each category or fill in the blanks as requested:

Families:
Family Type: Single Parent (Female) Single Parent (Male) Two Parent Single Person Two Adults (No Children) Other

Family Size and Amount of Family Income: How many in your household, and what is your family's total annual income? Check only one household size and one corresponding income category.

| | | | | | |
|--------------------------------------|--------------------|-------------------------|-------------------------|-------------------------|---------------------------------|
| ___ One Household Member: | ___ \$0 - \$4,785 | ___ \$4,786 - \$7,658 | ___ \$7,659 - \$10,210 | ___ \$10,211 - \$12,763 | ___ \$12,764 - \$15,315 or over |
| ___ Two Household Members: | ___ \$0 - \$6,415 | ___ \$6,416 - \$10,268 | ___ \$10,269 - \$13,690 | ___ \$13,691 - \$17,113 | ___ \$17,114 - \$20,535 or over |
| ___ Three Household Members: | ___ \$0 - \$8,045 | ___ \$8,046 - \$12,878 | ___ \$12,879 - \$17,170 | ___ \$17,171 - \$21,463 | ___ \$21,464 - \$25,755 or over |
| ___ Four Household Members: | ___ \$0 - \$9,675 | ___ \$9,676 - \$15,488 | ___ \$15,489 - \$20,650 | ___ \$20,651 - \$25,813 | ___ \$25,814 - \$30,975 or over |
| ___ Five Household Members: | ___ \$0 - \$11,305 | ___ \$11,306 - \$18,098 | ___ \$18,099 - \$24,130 | ___ \$24,131 - \$30,163 | ___ \$30,164 - \$36,195 or over |
| ___ Six Household Members: | ___ \$0 - \$12,935 | ___ \$12,936 - \$20,708 | ___ \$20,709 - \$27,610 | ___ \$27,611 - \$34,513 | ___ \$34,514 - \$41,415 or over |
| ___ Seven Household Members: | ___ \$0 - \$14,565 | ___ \$14,566 - \$23,318 | ___ \$23,319 - \$31,090 | ___ \$23,091 - \$38,863 | ___ \$38,864 - \$46,635 or over |
| ___ Eight Household Members or more: | ___ \$0 - \$16,195 | ___ \$16,196 - \$25,928 | ___ \$25,929 - 34, 570 | ___ \$34,571 - \$43,213 | ___ \$43214 - \$51,855 or over |

Source of Family Income: No Income TANF SSI Social Security Pension General Assistance Unemployment Insurance

Circle all that apply

Employment + Other Sources Employment Only Other _____

PLEASE COMPLETE OTHER SIDE

Persons:

Total Number in the Household: _____ MALE(s) _____ FEMALE(s)
Ages of Everyone in the Household: How many in each category? ___0-5 ___6-11 ___12-17 ___18-23 ___24-44 ___45-54 ___55-69 ___70 & Over

Ethnicity of Everyone in the Household: How many in each category?
_____ Not Hispanic/Latin _____ Hispanic/Latin

Race of Everyone in the Household: How many in each category?
_____ African American _____ Multiracial _____ White _____ Other

Education Level of All Adults in the Household (Persons 25 and older): How many in each category?
_____ 0-8 _____ 9-12(Non-graduate) _____ High School Grad/GED
_____ 12+some post secondary _____ 2-4 year college graduate

Other Characteristics: How many in each category? _____ Have No Health Insurance _____ Are Disabled

Housing: Own Rent Homeless Other _____

Western Indiana Community Action Agency, Inc. (WICAA) is requesting this information for statistical purposes only. All services will be provided without discrimination because of race, age, color, religion, sex, handicap, national origin or ancestry.

I hereby certify that the information above provided is correct and true to the best of my knowledge, and I give my consent to WICAA to use this survey to improve their client services.

Signature of Client

Date

Program Director or Executive Assistant

Date

Western Indiana Community Action Agency, Inc. is an equal opportunity service provider.

Western Indiana Community Action Agency
Paul J Kelley II, Executive Director
SCHOOL AGE CHILD CARE
CONFIDENTIAL ENROLLMENT APPLICATION
2009 - 2010

There is a \$15.00 registration fee, per child.

| |
|---|
| <i>For office use only</i> Scholarship _____ Registration Fee _____ Emergency Rate _____ |
|---|

Name of Child: _____ Age _____ Sex _____ Grade _____

Address: _____ City _____ Zip _____

Phone: _____ Birth date _____ School _____

Child resides with (Please circle one): Both Parents Mother Father Other
Comments _____

Father/Guardian's Name _____ Daytime Phone _____

Place of Work _____ Alternate Phone _____

Mother/Guardian's Name _____ Daytime Phone _____

Place of Work _____ Alternate Phone _____

Parent email address: _____

Do you give consent for your child to be photographed or video taped for the purpose of advertisements or grants? _____

Additional people we may contact or that may pick up your child in an emergency:

Name _____ Daytime Phone _____ Relationship _____

Name _____ Daytime Phone _____ Relationship _____

Name of Hospital you prefer for emergency treatment. _____

Does your child have any medical conditions or concerns we should know about to better care for your child?

Does your child have any know allergies? _____
Food allergies must have a doctor's statement before we can serve your child an alternate snack.

Is your child currently taking any routine medications? _____

Do you approve of Basic CPR or 1st Aid treatment for your child when necessary? _____

Does your child receive services from Covered Bridge Special Education District? _____
If yes, what is the diagnosis? _____

2009 – 2010 Rate Schedule

| Hours (per week) | 1 Child | 2 Children | 3 Children | 4 Children | 5 Children | 6 Children |
|---------------------|------------|---------------|---------------|---------------|---------------|---------------|
| .25 - 6.25 | \$35.00 | \$60.00 | \$85.00 | \$110.00 | \$135.00 | \$160.00 |
| 6.5 - 13.25 | \$55.00 | \$95.00 | \$145.00 | \$190.00 | \$235.00 | \$280.00 |
| 13.5 - 25 | \$65.00 | \$115.00 | \$175.00 | \$230.00 | \$285.00 | \$340.00 |

Late Fee of \$1.00 **per child, each minute** to be added after 6:00 PM.
No Exceptions!

In case of illness or injury of my child, and in the event that all efforts to reach me fail, I hereby give my permission to SACC to follow the appropriate procedure to secure the medical attention needed for my child. I will assume responsibility for the necessary expenses involved in the treatment of my child. I also grant permission to release my child to the people listed above in the event they cannot contact me. I understand that in the event my child is not picked up by 6:00pm, and all attempts to contact parents/emergency contacts have failed, SACC will contact the appropriate authorities.

By signing below, I acknowledge that I am responsible for payment of all childcare expenses and that the cost of childcare has been explained to me. I will pay off my School Age Child Care balance on a weekly basis, either by paying the childcare providers at my child's school, mailing a check to the PO Box, or bringing a payment into the office at 5th and Deming. If I become delinquent in my payments, I understand that I may receive a letter in the mail explaining that my childcare privileges have been terminated until I pay my balance in full.

Signature of Parent/Guardian: _____ Date: _____

I have received a parent handbook.

Signature of Parent/Guardian: _____ Date: _____

Upon completion of application, please submit by:

-Mail @
PO Box 9585
Terre Haute, IN 47808
or

-Hand to the School Age Child Care
provider at your elementary school.

Western Indiana Community Action Agency, Inc. is an equal opportunity provider and employer. All services will be provided without discrimination because of race, age, color, religion, sex, handicap, national origin or ancestry.