

# How to Complete the IES form Correctly

YES Food & Nutrition Program  
Bright from the Start: Georgia Department of Early Care and Learning

July 1, 2017 – June 30, 2018

**Enter your center name for identification.**

Name of Child Care Center: **YES Kidz Academy**

**Part I. Child/Children enrolled to receive child care:**

Name: (First, Middle Initial, Last)	Date of Birth (Optional) MM/DD/YY	Food Stamp, TANF, or FDIPIR case number, Assistant Unit (AU) or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. Note: <b>DO NOT USE EBT NUMBERS</b>	Head Start participant	Foster child
<b>Olivia (LiLi) Jones</b>	05/07/17	123456789	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**MANDATORY Required for age verification**

**AU# for Food Stamps/TANF is 9 digits long. Client ID# is 9 digits long.**  
  
**MEDICAID or SSI #s are only for Adults in CACFP, not children. (16 Digits only)**

**PART II A: Name**

(List everyone in household, including foster and non-foster children)

**B. Gross**

Name	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security pensions, retirement	
(Example) Jane Smith	\$ 200/week	\$ 150/twice	\$ / /	<input type="checkbox"/>
1. <b>Bob Jones</b>	\$ <b>350</b> week	\$ / /	\$ / /	<input type="checkbox"/>
2. <b>Olivia Jones</b>	\$ <b>0</b>	\$ / /	\$ / /	<input checked="" type="checkbox"/>
3.	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
4.	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
5.	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
6.	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
7.	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>

**MUST include EVERYONE in the household**

**Must know if weekly, monthly, yearly, etc.**  
  
**If there is no income, use a "0" AND check NO Income box.**

**PART III: Enrollment Information: Children Only**

Parent MUST complete this section with a signature, date, address, and phone #

6:30am                      6:30 pm

Apply: Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Apply: Breakfast  AM Snack  Lunch  PM Snack  Supper  Evening

of Social Security Number (Adult must sign)

**This should reflect any days children could be in care during school**

An adult household member must sign this form. If Part II is completed, the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See the Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all information provided is correct. I understand that CACFP officials may use the information I give. I understand that CACFP officials may use the information I give to determine if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be removed from the program. I acknowledge that the child(ren) listed on the form in Part I are enrolled for care.

**MANDATORY Must be real parent or guardian signature.**

Sign here: **Bob Jones**                      Print name: **Bob Jones**                      Date: **8/3/18**

Address: **2321 Main Street**    City: **Tucker**    State: **GA**    Zip Code: **30084**    Phone Number: **678-938-3188**

Last four digits of Social Security Number: X XX- XX- **1234**     I do not have a Social Security Number

**Part V. Participant's ethnic and racial identities (optional)**

Mark one ethnic identity:  Hispanic or Latino     Asian     White     Black or African American     Native Hawaiian or Other Pacific Islander

Official use only. Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (days)

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

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

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MANDATORY Must have SSN**

**Parent must select one ethnic ID**

**YES INC WILL COMPLETES THIS SECTION**