

ANN KIDS

Day Care Center

Child's Name: _____

DOB: _____

Documents to Bring:

Emergency Contact Form

Date: _____

SSN Form

Food Program Form

Date: _____

Copy of Birth Certificate

Copy of Parents' Photo ID

Type: _____

Medical Assessment & Immunization Record

Date: _____

Medicine Permission Form

Date: _____

Dental Assessment (3+ years old)

Date: _____

Photo Permission

Granted: Yes No

Do you have ELRC (formerly known as CCIS):

Yes No

Annual Contract (read and signed upon receiving all the above paperwork)

Date: _____

EMERGENCY CONTACT PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182, 3280.124(a)(b), 3280.181 & 182, 3290.124(a)(b), 3290.181 & 182

CHILD'S NAME		BIRTH DATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTIONS)	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.



Day Care Center

10100 Jamison Avenue,
Philadelphia, PA 19116
215-869-0207

Permission to Administer Medications

Date:	
Child's Name:	
Child's DOB:	
Child's Address:	
Child's 4 Last Digits of Social Security	
Doctor's Name:	
Prescription for or fever higher than _____: Tylenol (Dosage: _____) Other: _____	
Prescription for light scrapes and bruises: Thin layer of Neosporin	
Prescription for scrapes that cause light bleeding: Peroxide to stop the bleeding and disinfect. Call 911 if bleeding does not stop within _____	
Doctor's Signature:	Office Stamp:
I, (parent's name) _____ give permission to Ann Kids Child Day Care Center to administer medication prescribed by the doctor if my child, (child's name) _____, has fever. I will pick up my child within an hour from the phone call. I understand that if no one comes to pick up my child within an hour and the fever does not go down, then Ann Kids will have to take him or her to the emergency room at my expense. I must pick up my child within an hour even if the fever does go down and come back with a doctor's note that my child does not have any contagious diseases and can come back to the center.	
Parent's Name:	Parent's Signature:



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10100 Jamison Avenue,
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PHOTOGRAPHY CONSENT FORM

As the parent of a child/children at Ann Kids Child Day Care, I understand that my child(ren) whose name(s) are listed below may be photographed at Ann Kids Child Day Care Center during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet. I give permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting our child care services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation.

Parent/Guardian Full Name:

Relationship To Child:

Child(ren)'s Full Name(s):

Address:

City

State:

Zip:

Parent/Guardian Signature:

Date:

Ann Kids Food Program Enrollment Form Packet Directions:

We are excited to have your child join Ann Kids Food Program – a USDA funded CACFP sponsor! Our meals are both healthy and delicious, made by a professional chef with over thirty years of experience. We deliver hot USDA-approved meals daily, as well as infant formula, pureed food and chopped food. Our goal is to make children healthy, parents happy, and centers proud.

To make it easier and speed up the enrollment process, below are the directions for filling out the Enrollment Form Packet:

- ***Child Enrollment Form*** must be submitted for every child. Every sibling must have an individual form. One Income Eligibility Form may be submitted for children enrolled in same Child Care Center that live in one household. ***Infant Enrollment Form*** must be submitted for every infant in addition to the Child Enrollment Form. We provide formula, pureed, and chopped food, but to do that we must have both forms. Additionally, ***Permission Slip*** must be submitted for every 6 – 11 months old infant. Permission Slip must be filled in order for us to provide baby food.
- Please, complete every field on the Child Enrollment Form neatly, please print. All fields on the form are required. To speed up the enrollment process and ensure your child receives nutritious meals the soonest, please make sure you filled out the form correctly. If you have any questions, please ask your child care Director for assistance.
- Please follow the instruction on “2019-2020 Letter to the Parents” to fill out the ***Meal Benefit Income Eligibility Form*** correctly. Ann Kids Food Program will not be able to determine the eligibility without a correctly filled out form. To speed up the enrollment process and ensure your child receives nutritious meals the soonest, please make sure you filled out the form correctly. If you have any questions, please ask your child care Director for assistance.
- ***Participation in this program will NOT affect any other subsidy that you currently receive.***

Thank you for your cooperation!

We look forward to putting a smile on your children’s faces!

Dear Parents: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). **Federal CACFP Regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter.** This information will help ensure all children receive appropriate meals during their care.



Section 1: Family information *Please print*

Child First Name Child Last Name

Child Date of Birth / / Age

Parent/Guardian Full Name(s)

Address: City State Zip

Tel. (Home) - (Cell) - (Work) -

A representative from Ann Kids Food Program and/or the State Agency may contact you to verify your child's participation in CACFP. Please place a check mark next to the time and method of contact you prefer.

- During Day - During Evening - U.S. Mail - Telephone (Home) - (Cell) - (Work)

Section 2: Organization Information

Agreement #

Sponsoring Organization:
Ann Kids Food Program
10100 Jamison Avenue
Philadelphia, PA 19116

Participating Location / Center (circle one):

Ann Kids Palmetto **Ann Kids Jamison**
6200 Palmetto Street 10100 Jamison Avenue
Philadelphia PA 19111 Philadelphia PA 19116

Section 3: Expected Daily Hours of Service

Please mark the times for each week day that your child is expected to attend the facility, please specify AM or PM.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Time In:							
Time Out:							

Section 4: Expected Daily Meal Service

AM Snack Lunch Supper

Is the child of school age? Yes No
If yes, will additional meals be provided when school is not in session? If yes, please specify the meal:

AM Snack Lunch Supper

Section 5: Signature of Parent/Guardian

The information provided on this Child Enrollment Form accurately represents my family's expected participation in the CACFP. When changes occur, I agree to inform Ann Kids Food Program.

Signature of Parent/Guardian

Date / /



Section 6: For Child Care Representative Use Only

Signature Child Care Representative

Date / /

Enrollment Date / /

Section 7: For Ann Kids Food Program Use Only

Received by, Signature

Effective Date / /

Withdrawal Date / /

NONDISCRIMINATION STATEMENT: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulation 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. **This institution is an equal opportunity provider.**

To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by using one of the following methods:

(1) Mail: U.S. Department of Agriculture

(2) Fax: (202)690-7442; or

(3) E-mail: program.intake@usda.gov

Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

CACFP Meal Benefit Income Eligibility (Child Care)

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



APPLY ONLINE:

Insert URL Here

STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals.

Child's First Name	MI	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"/>
			<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)

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?			
	Weekly	Bi-Weekly	Monthly	Bi-Monthly
\$ [][][][]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. All Household Members that were not listed in STEP 1 (all persons living in your household not listed in STEP 1, for example: older children, grandparents, partners, etc.)
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) only. 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.

Full Name of a Household Member (even if does not receive income)	Earnings from Work	How often?				Welfare/Child Support/Alimony	How often?				Pensions/Retirement/Social Security/SSI/VA Benefits	How often?			
		Weekly	Bi-Weekly	Monthly	2x Month		Weekly	Bi-Weekly	Monthly	2x Month		Weekly	Bi-Weekly	Monthly	2x Month
[][][][][][]	\$ [][][][]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [][][][]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [][][][]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[][][][][][]	\$ [][][][]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [][][][]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [][][][]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[][][][][][]	\$ [][][][]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [][][][]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [][][][]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[][][][][][]	\$ [][][][]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [][][][]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [][][][]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[][][][][][]	\$ [][][][]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [][][][]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [][][][]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults) [][] Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member X X X X X X [][][][] Check if no SSN

STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

"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."

[][][][][][][][]	[][][][][][][][][]	[][][][][][][][][][]
Print Name of Adult Signing the Form	Signature of Adult	Today's Date
[][][][][][][][][]	[][][][][][][][][]	[][][][][][][][][][]
Address	City	State Zip Phone/Email

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

OPTIONAL Children's Ethnic and Racial Identities (Optional)

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 receiving meals during care.

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

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 official use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income	How often?				Household size	Categorial Eligibility <input type="checkbox"/>	Eligibility		
<input type="text"/>	Weekly	Bi-Weekly	Monthly	2x Month	<input type="text"/>	<input type="checkbox"/>	Free	Reduced	Denied
	<input type="radio"/>	<input type="radio"/>	<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"/>
Determining Official's Signature	Date	Confirming Official's Signature	Date	Follow-up Official's Signature	Date				