



As a requirement of the **Child and Adult Care Food Program (CACFP)**, this child care center is required to give **each household all of the documents in this packet every year regardless of your income.** This center is reimbursed by serving nutritious meals and snacks to all children enrolled for child care or afterschool care.

**Parents/guardians should return all items with an asterisk (\*) to your child care center main office.**

- A. Parent Letter with Frequently Asked Questions
- B. **CACFP Meal Benefit Income Eligibility Statement** \*
- C. **Sharing Information With Medicaid/SCHIP** \* (optional to return)
- D. **Infant Affidavit** \* (required for all infants)
- E. WIC
- F. Building for the Future

### **G. Special Accommodations for Children with Dietary Needs**

For children with special eating accommodations, the **Medical Statement to Request Special Meals and/or Accommodations** form must be completed by a physician or authorized medical authority. A parent note is not adequate documentation. Ask the center for a copy or download it:

[www.qualitycareforchildren.org/forms](http://www.qualitycareforchildren.org/forms).

A



Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. [REDACTED] offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached **Meal Benefit Income Eligibility Statement** form. In addition, by filling out this form, we will be able to determine the rate for reimbursement our center will receive for feeding your child. **This form will be filed and treated as confidential information.**

**Quality Care for Children (QCC)** is an administrative sponsor for CACFP and works with this child care center and/or afterschool program. QCC will help ensure our program operates and complies with USDA standards. For more information about QCC, go to [www.qualitycareforchildren.org](http://www.qualitycareforchildren.org).

### Frequently Asked Questions

#### 1. Do I need to fill out a Meal Benefit Form for each of my children in day care?

You may complete one form for all children enrolled in child care in your household only that are enrolled at the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully. **Return the completed form to the main office of the child care center. The center director will return the completed form to QCC for processing.**

#### 2. Who can get free meals without providing income information?

- 
- Children in households getting Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) benefits can get free meals.
- Foster children
- Children enrolled in Head Start or Early Head Start
- Runaways
- Children of migrant agricultural workers
- Homeless children

#### 3. Who can get reduced-price meals?

Your children can get low cost meals if your household income is within the reduced-price limits on the Federal Income Chart, shown on this application. Children in households participating in WIC may be eligible for reduced price meals.

#### 4. May I fill out a form if someone in my household is not a U.S. citizen?

Yes. Neither you nor your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

#### 5. Whom should I include as members of my household?

You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

#### 6. How do I report income information and changes in employment status?

The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is

equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced-priced benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

**7. What if my income is not always the same?**

List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

**8. We are in the military. Do we include our housing and supplemental allowances as income?**

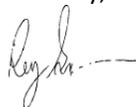
If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member’s income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

**Definitions for Part 1 of the CACFP Meal Benefit Income Eligibility Statement**

<p><b>Foster Children</b></p>	<p><b>Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.</b> Foster care means 24-hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child-care institutions, and pre-adoptive homes.</p> <p>A child is in foster care in accordance with this definition regardless of whether the foster care facility is licensed and payments are made by the state or local agency for the care of the child, whether adoption subsidy payments are being made prior to the finalization of an adoption, or whether there is federal matching of any payments that are made.</p>
<p><b>Head Start</b> <b>Early Head Start</b>  *Proof required</p>	<p>Children enrolled in federal and state-funded Head Start or Early Head Start Programs are categorically eligible to receive free meal benefits without further application or eligibility determination as long as the child is enrolled in Head Start or Early Head Start at the time the annual eligibility determination is made.</p> <p><b>Forms of acceptable documentation that must be included with your form to prove Head Start status:</b></p> <ol style="list-style-type: none"> <li>1. <b>approved Head Start application,</b></li> <li>2. <b>statement of Head Start enrollment, or</b></li> <li>3. <b>list of participants from a Head Start official</b></li> </ol>
<p><b>Migrant Child</b></p>	<p>Migrant family means, for CACFP eligibility, a family with children under the age of compulsory school attendance who changed their residence by moving from one geographic location to another, either intrastate or interstate, <b>within the preceding two years to engage in agricultural work and whose family income comes primarily from this activity.</b></p>
<p><b>Runaway Youth</b></p>	<p>This means an individual who is less than 18 years of age and who absents himself or herself from home or a place of legal residence without the permission of a parent or legal guardian.</p>
<p><b>Homeless</b></p>	<p>Children and youth who lack a fixed, regular, and adequate nighttime residence.</p>

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability. If you have questions or comments, contact QCC at 404-479-4195. Monday through Friday. 8:30 am – 5:00 pm.

Sincerely,



Reynaldo Green, Vice President, Health and Nutrition – Child Care Food Program

These are the income scales used by the United States Department of Agriculture to determine eligibility for reimbursement in the Child and Adult Care Food Program. Incomes at or below this scale are eligible for reimbursement from July 1, 2021 to June 30, 2022.

### ANNUAL INCOME ELIGIBILITY GUIDELINES

Household Size	Annual Income	Monthly Income	Weekly Income	Annual Income	Monthly Income	Weekly Income
1	23,828	1,968	459	16,744	1,396	322
2	32,227	2,686	620	22,646	1,888	436
3	40,626	3,386	782	28,548	2,379	549
4	49,025	4,086	943	34,450	2,871	663
5	57,424	4,786	1,105	40,352	3,363	776
6	65,823	5,486	1,266	46,254	3,855	890
7	74,222	6,186	1,428	52,156	4,347	1,003
8	82,621	6,886	1,589	58,058	4,839	1,117
For each additional family member, add:	+8,399	+700	+162	+5,902	+492	+114

**Privacy Act Statement:** 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 your child for free or reduced price meals. You must include the social security of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child 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 your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**Non-discrimination Statement:** 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](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:

(1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;  
(2) fax: (202) 690-7442; or  
(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).  
This institution is an equal opportunity provider.



# E

Name of Child Care Center: \_\_\_\_\_

### CACFP Meal Benefit Income Eligibility Statement\*

Name: (Last, First and Middle Initial)	Date of Birth (Optional) MM/DD/YY	SNAP, TANF, or FDIPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. <b>Note: Do not use EBT numbers. Write case number and proceed to Part III.</b>	Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply. <b>(See definitions in FAQs)</b>				
			Head Start	Foster Child	Migrant	Runaway	Homeless
			<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"/>

**A. Child Income** - Sometimes children in the household earn or receive income. Please indicate the TOTAL income received by child household members listed in PART I here. All children income/How often?  
 \$ \_\_\_\_\_ / \_\_\_\_\_

**B. Other Household Members.** List all household members even if they do not receive income. Also, list the adult participant if he/she did not meet eligibility in Part I. 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 field blank you are certifying (promising) there is no income to report.

Name of Other Household Members (First and Last)

(Example) Jane Smith	\$ 200/week	\$ 150/twice a month	\$ 100/month	\$ ____/____
1. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
2. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
3. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
4. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
5. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

**C. Total Household Members (Adults and Children) listed in Part I and Part II** \_\_\_\_\_

**D. Social Security Number.** If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.  
 Last four Digits of Social Security Number XXX-XX \_\_\_\_\_  I do not have a Social Security Number

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

My child is normally in attendance at the facility between the hours of \_\_\_\_\_ [am/pm] to \_\_\_\_\_ [am/pm].  (✓) Check here if only before/after school care is provided.

Circle the days your child will normally attend the center: **Sunday Monday Tuesday Wednesday Thursday Friday Saturday**

Circle the meals your child will normally receive while in care: **Breakfast AM Snack Lunch PM Snack Supper Evening Snack**

**PART IV: Signature**

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care. **If not completed fully and signed, the participant will be placed in the Paid category.**

Signature: X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**PART V: Participant's Ethnic and Racial Identities (optional)**

Check (✓) one ethnic identity:  Hispanic/ Latino  Not Hispanic/ Latino

Check (✓) one or more racial identities:  Asian  White  Black or African American  Indian or Alaska Native  Hawaiian or other Pacific Islander

**Official Use Only Section for QCC Staff: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12**

(A) Total income: \_\_\_\_\_ per  Week  Every 2 weeks  Twice a month  Year

(B) Household Size: \_\_\_\_\_ (C) Categorical Eligibility:  (Check if applicable) (D) Eligibility:  Free  Reduced  Paid

(E) Day Care Homes Only: Check one  Tier I  Tier II (F) Time Period: \_\_\_\_\_

**When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).**

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

Follow Up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Instructions

### Households that receive SNAP, TANF, FDPIR, SSI or Medicaid: Complete the following:

**Part I:** For family day care home and child care center, list participant's name and a SNAP, TANF, or FDPIR case number. For adult day care, list participant's name and a SNAP, TANF, FDPIR, SSI or Medicaid case number. **Note: foster children (children placed in the household by the court system) can be included in this section. A separate form is no longer needed for foster children. Note:** Children in Foster care, enrolled in Head Start and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Please refer to the Q&A section for a definition of each free categorical eligibility.

**Part II:** Skip this part.

**Part III:** Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

**Part IV:** Sign the form. A Social Security Number is not necessary.

**Part V:** Answer this question if you choose to.

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### All other Households, including WIC households, complete the following:

**Part I:** For family day care home, child care center or adult day care, list participant's name.

**Part II:** To report total household income from last month, complete the following:

**A- Child Income:** Please indicate the TOTAL income received by **Child** household members listed in PART I. Please list any child income and how often it is received in this section.

**B – Adult Income:** List the first and last name of each **Adult** person living in your household as an economic unit. You must indicate yourself and all other adult members living with you. In the case of an adult participant, the adult participant, and if residing with the adult participant, the spouse and dependent(s) of the adult participant should be listed here as well. Attach another sheet if necessary.

**List Gross Income.** Next to each person's name, list each type of income received last month, and how often it was received.

**B-Column 1:** List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

**B-Column 2:** List the amount each person got last month from welfare, child support, alimony.

**B-Column 3:** List Social Security, pensions, and retirement.

**B-Column 4:** List all other income sources including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits IVA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income from self-owned businesses, farming, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Social Security Number:** If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or mark the "I don't have a Social Security Number" box.

**If no income:** If the person does not receive income from any source, write "0". If "0" is entered or any income field are blank, the person is certifying that there is no income to report. **C – Total Household Members. Please list the total number of all household members (children and adults) in this section.**

**Part III:** Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

**Part IV:** An adult household member must complete this section completely and then sign the form. Please refer back to Part II to ensure the last four digits of his/her social security number have been recorded or the box has been marked if he/she does not have one.

**Part V:** Answer this question if you choose to.

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**Privacy Act Statement:** This explains how we use the information you give us.



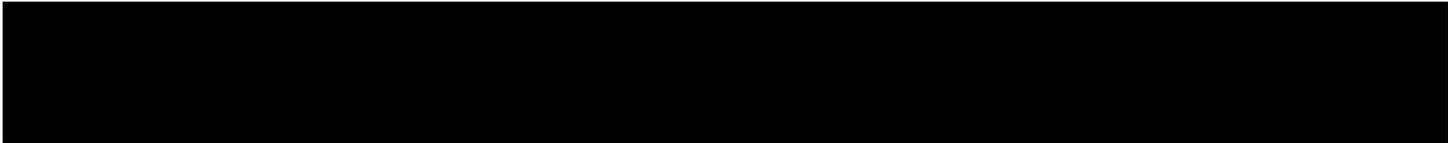
# Sharing Information with MEDICAID/SCHIP

Name of Child Care Center:

Dear Parent/Guardian:

If your children qualify for free or reduced price meals, they may also be able to get free or low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to become sick.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children in this health insurance program. Filling out the CACFP Meal Benefit Income Eligibility Forms does not automatically enroll your children in health insurance.



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**No! I DO NOT** want information from my CACFP Meal Benefit Income Eligibility Form shared with Medicaid or the State Children's Health Insurance Program.

**If you checked no, fill out the form below.**

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

For more information, you may call **Quality Care for Children** at 404-479-4255 or 404-479-4253. If you wish to apply for the rough Medicaid or SCHIP, contact your local county DFCS office.

# D

# Infant Affidavit

MANDATORY FOR ALL INFANTS IN CARE

**In CACFP, programs must offer a USDA approved "ready-to-feed" commercially prepared iron-fortified milk-based infant formula to infants in their care.** The Georgia Department of Early Care and Learning only permits these types of commercially prepared, "ready-to-feed" formula.

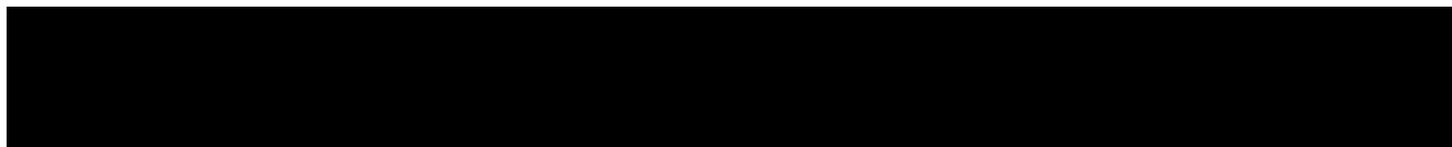


**Name of Sponsor:** Quality Care for Children

According to USDA regulations, as an institution participating in the Child and Adult Care Food Program, I must offer to provide meals to all infants enrolled for care in my center/facility.

I,  (name of center), will provide the following to infants enrolled for care in my facility:

- (name of milk-based iron-fortified formula) and
- (name of iron-fortified infant cereal)



**Name of Infant:** \_\_\_\_\_

Please check one of the following options and sign this form:

I would like the provider/center to provide the milk-based iron fortified infant formula and iron-fortified infant cereal listed above to my infant and I will provide clean, sanitized and labeled bottles daily.

I will provide the following for my infant on a daily basis:

- \_\_\_\_\_ (name of milk-based iron-fortified formula) and
- \_\_\_\_\_ (name of iron-fortified infant cereal)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*Any parent requesting any formula other than a USDA approved milk-based or soy-based iron fortified formula be provided to their infant or any parent who provides any formula other than a USDA approved milk-based or soy-based iron-fortified formula for their infant must provide a doctor's note indicating the required use of the formula. If a parent elects to have the center or day care home provider supply meals to their infant, the infant will be fed according to its individual feeding plan that

# E

# WIC

## **A Special Food and Nutrition Education Program for Women, Infants and Children**

### **Who is Eligible?**

- A pregnant woman
- Breastfeeding woman
- A woman who recently been pregnant
- An infant or a child less than 5 years old

### **Services Provided:**

- Nutritious foods
- Nutrition counseling
- Healthcare referral

### **To be eligible, you must also:**

- Have a low or moderate income AND
- Have a special need that can be helped by WIC foods and nutrition counseling

### **Approved WIC Foods:**

Milk, cheese, cereals, peanut butter, fruit or vegetables juices, dry beans or peas, iron fortified formula

**You do not have to be on public assistance to apply.**

**Call your local health department for more information.**

# Georgia WIC Program

**State WIC Office**  
**Division of Public Health**  
**Georgia Department of Human Services**  
 Two Peachtree Street, NW  
 10th floor  
 Atlanta, GA 30303  
 Telephone: 1-800-228-9173  
<http://wic.ga.gov>

**(Effective from July 1, 2021 to June 30, 2022)**

Household Size	Annual Income	Monthly Income	Two per Month	Every Two Weeks	Weekly Income
1	23,828	1,968	993	917	459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
For each additional family member, add:	+8,399	+700	+350	+324	+162

# F Building for the Future

## Meals

This day care facility participates in the child and Adult Care Food Program (CACFP), a federal program that provides healthy meals and snacks to enrolled participants receiving care.

Providers receive monetary reimbursement for serving nutritious meals that meet the USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

CACFP homes and centers follow meal requirements established by USDA.

Milk Fruit or vegetable Grains	Milk Meat or meat alternate Grains Vegetable Fruit	Milk Meat or meat alternate Grains Vegetable Fruit
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### Participating Facilities

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and for-profit centers
- **Adult Care Centers:** Public or private nonprofit and for-profits centers
- **Family Day Care Programs:** Licensed or approved private child care homes
- **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth
- **Emergency/Homeless Shelters:** Shelters that provide residential and food services to homeless children. Shelters are the only residential programs that may participate.

### Eligibility

State agencies reimburse facilities that offer non-residential day care to the following:

- Children age 12 and under;
- Migrant children age 15 and younger
- Youths through age 18 in afterschool care programs in needy areas;
- Chronically impaired disabled adult 18 years of age or older; or
- Persons 60 years of age or older in a group setting outside their home

### Contact Information

This center participates on the CACFP under the sponsoring organization listed below.

The CACFP is administered in every state and in Georgia by the agency listed below. Contact one of the following for questions about the CACFP.

<p>Sponsoring Organization:  <b>Quality Care for Children</b>                  3 Corporate Blvd. NE, Suite 230                  Atlanta, GA 30329                  404-479-4251  <a href="http://www.qualitycareforchildren.org">www.qualitycareforchildren.org</a></p>	<p><b>Bright from the Start: Georgia Department of Early Care and Learning Nutrition Services</b>                  2 Martin Luther King Jr. Drive, SE                  Atlanta, GA 30334                  404-656-5987  <a href="http://www.dec.al.gov">www.dec.al.gov</a></p>
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This institution is an equal opportunity provider.