Penfield Central School District

Indian Landing Elementary School

Community Resource Guide

2009
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   Cobbles, Harris Hill, Scribner Sub District Listing

V. Medical

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   Gasoline

   Transportation

   Kinship Care Resource Network
I. FOOD RESOURCES

Bethesda Church of God in Christ
120 St. Bridget’s Drive
Rochester, NY 14605
(585)546-6067
(Tuesday-Thursday 10am-12pm, 1pm-2pm)

Catholic Family Center
1476 St. Paul Street
Rochester, NY 14621
(585)232-2050
(Monday, Tuesday, Thursday, Friday 9am-11am, 1pm-4pm)

The Community Food Cupboard *14625 only
253 N. Clinton Avenue
Rochester, NY 14605
(585)325-4990
(Monday, Wednesday, Friday 9am-12pm)

Grace Community Church Ministries
1101 Norton Street
Rochester, NY 14621
(585)467-3093
(Saturday 12pm-2pm)

House of Mercy
725 Hudson Avenue
Rochester, NY 14621
(585)546-2580

Jewish Family Services
441 East Avenue
Rochester, NY 14607
(585)461-0110
(By appointment; non-denominational)
Penfield Ecumenical Food Shelf *14625 and 14526 only
1862 Penfield Road
Penfield, NY 14526
(585)234-0799
(By appointment)

Perinton Food Shelf *14450 only
PO Box 381
Fairport, NY 14450
(585)425-7410
(Monday-Friday 9am-5pm)

Unified Missions
102 Reynolds Street
Rochester, NY 14608
(585)235-0350
(Tuesday and Wednesday 9am-12pm, 1:30pm-4pm)

YWCA of Rochester and Monroe County
175 N. Clinton Avenue
Rochester, NY 14604
(585)546-5820
(By appointment)

Food Stamp Benefits
www.Monroecounty.gov/hs-assistance.php
See following page for description

Penfield Central School District Free and Reduced School Lunch Program
See following page for 2009 information and application
Contact Penfield Food Services Department for most current application
(585)-249-6483
Food Stamp Benefits

Application and Recertification

Fact Sheet
Applying For Food Stamp Benefits Only?
If you are only applying for Food Stamp Benefits (FS) you can use this shorter application. If you would like to apply for other benefits such as Temporary Assistance, Child Care Assistance, Home Energy Assistance or Medicaid please ask for a different application. This application can only be used to apply for Food Stamp Benefits.

When You Are Applying For Food Stamps Benefits
- You can file an application the same day you receive it. If you are eligible, benefits will be provided back to the filing date of your application.
- You can file your application before you have an interview.
- We must accept your application if, at a minimum, it contains your name, address (if you have one), and a signature. This information will establish your application filing date. However, for us to determine your eligibility the application must be completed, signed on page 5 and we must interview you.
- You can apply for and get Food Stamp Benefits for eligible household members even if you or some other members of your household are not eligible for benefits because of immigration status. For example, immigrant parents can apply for Food Stamp Benefits for their children even if they are not themselves eligible for benefits.

Need Food Stamp Benefits Right Away? You May Be Eligible For Expedited Food Stamp Benefits Service
If your household has little or no income or liquid resources, or if your rent and utility expenses are more than your income and liquid resources, or you are a migrant or seasonal farm worker with little or no income or resources when you apply, you may be qualified to receive Food Stamp Benefits within 5 calendar days of the date that you apply for benefits. Your worker will always review your circumstances to see if you are qualified for expedited processing of your Food Stamp Benefits application. A process is in place to ensure that benefits will be issued to all Food Stamp Benefits eligible households who meet the standards for expedited service.

Having Problems Coming To Us For A Food Stamp Benefits Appointment?
If it is difficult for you to come in for a Food Stamp Benefits application appointment (reasons may include employment, health issues, or child care problems), you may have someone else apply for you. You also can mail us your application or drop it off and, in some circumstances, we can interview you by telephone.

Please contact us at ____________ if you need to set up a telephone interview.

Questions?
For any questions you have about completing an application or eligibility for Food Stamp Benefits, you may contact us at ____________.
Penfield Central School District

Free/Reduced Price Lunch Information
Free/Reduced Price Lunch Information

Dear Parent/Guardian:

Children need healthy meals to learn. Penfield Central School District offers healthy meals every school day. Breakfast and lunch prices for 2008-09 are to be determined. Children from households that meet Federal income guidelines (outlined below) are eligible for free or reduced price meals. Reduced priced meals are offered at no cost to students. To apply for free or reduced price meals, submit a Direct Certification letter from the NYS Office of Temporary and Disability Assistance OR complete the enclosed application, sign it, and return it to school as soon as possible. Please refer to the guidelines contained in this letter when completing the application. We cannot approve an application that is not complete, so be sure to fill out all required information.

1. Do I need to fill out an application for each child? No. Complete the application to apply for free or reduced price meals. Do not fill out more than one application for your household.

2. Who can get free meals? Children in households getting Food Stamps or TANF and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines. Each foster child must be listed on a separate application, with Part 2 completed and include an adult signature.

3. Can homeless, runaway and migrant children get free meals? Please call the Assistant Superintendent for Instruction to see if your children qualify, if you have not been informed that they will get free meals.

4. 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, show on this application.

5. Should I fill out an application if I received a letter this school year saying my children are approved for free or reduced price meals? Please read the letter you received carefully and follow the instructions. Call the school at 249-6482 if you have questions.

6. I get WIC, can my child(ren) get free meals? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

7. Will the information I give be checked? The school may ask you at any time during the school year to verify your eligibility. You will be notified, in writing, if you have been selected for verification. School officials may ask you to send papers showing that your child should receive free or reduced price meals at the time you applied.

8. If I don’t qualify now, may I apply later? Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, TANF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.

9. What if I disagree with the school’s decision about my application? You should talk to school officials. You may also ask for a hearing by calling or writing to: Mark Sansouci, Assistant Superintendent for Business, P.O. Box 900, Penfield, NY 14526, (585) 249-5724.

10. May I apply if someone in my household is not a U.S. citizen? Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

11. Who should I include as members of my household? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.

12. What if my income is not always the same? List the amount that you normally get. For example, if you normally get $1,000 each month, but you missed some work last month and only got $900, put down that you get $1,000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

Income Chart: The following chart lists income levels according to household size and income levels received either yearly, monthly or weekly. If your total household income is the same or less than the amounts on the Income Chart below, your children can get reduced price meals and may be eligible to receive free meals.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Twice Annual</th>
<th>Monthly</th>
<th>Every Two Weeks</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$19,240</td>
<td>$1,604</td>
<td>$740</td>
<td>$370</td>
</tr>
<tr>
<td>2</td>
<td>25,900</td>
<td>2,159</td>
<td>997</td>
<td>499</td>
</tr>
<tr>
<td>3</td>
<td>32,560</td>
<td>2,714</td>
<td>1,357</td>
<td>627</td>
</tr>
<tr>
<td>4</td>
<td>39,220</td>
<td>3,269</td>
<td>1,635</td>
<td>755</td>
</tr>
<tr>
<td>5</td>
<td>45,880</td>
<td>3,824</td>
<td>1,912</td>
<td>883</td>
</tr>
<tr>
<td>6</td>
<td>52,540</td>
<td>4,379</td>
<td>2,190</td>
<td>1,011</td>
</tr>
<tr>
<td>7</td>
<td>59,200</td>
<td>4,934</td>
<td>2,467</td>
<td>1,139</td>
</tr>
<tr>
<td>8</td>
<td>65,860</td>
<td>5,489</td>
<td>2,745</td>
<td>1,267</td>
</tr>
</tbody>
</table>
For each additional family member add: 6,660

How to Apply: To get free or reduced price meals for your children, you may submit a Direct Certification letter received from the NYS Office of Temporary and Disability Assistance OR carefully complete the application and return it to school. If you now receive food stamps or Temporary Assistance to Needy Families (TANF) for any children, or participate in the Food Distribution Program on Indian Reservations (FDPIR), the application must include the children’s names, the household food...
Free/Reduced Price Lunch Information

(cont'd from page 3)

stamp, TANF or FDPIR number and the signature of an adult household member. All children with the same case number may be listed on the same application. Separate applications are required for children with different case numbers. If you do not list a food stamp, TANF or FDPIR number for all the children for whom you are applying, the applications must include the names of everyone in the household, the amount of income for each household member, how often it is received and where it comes from. It must include the signature of an adult household member and that adult’s social security number, or the word “none” if the adult does not have a social security number. An application that is not complete cannot be approved. Contact your local Department of Social Services for your food stamp or TANF number or complete the income portion of the application.

Reporting changes: The benefits that you are approved for at the time of application are effective for the entire school year. You no longer need to report changes for an increase of income or decrease in household size, or if you no longer receive food stamps.

Income exclusions: The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Fund) Grant should not be considered as income for this program.

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Meal Service to Children With Disabilities: Federal regulations require schools and institutions to serve meals at no extra charge to children with a disability which may restrict their diet. A student with a disability is defined in 7CFR Part 15b.3 of Federal regulations as one who has a physical or mental impairment which substantially limits one or major life activities. Major life activities are defined to include functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. You must request the special meals from the school and provide the school with medical certification from a medical doctor. If you believe your child needs substitutions because of a disability, please get in touch with us for further information, as there is specific information that the medical certification must contain.

Confidentiality: The United States Department of Agriculture has approved the release of students names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Programs (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school’s attendance area, and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program, and federal State or local nutrition programs similar to the National School Lunch Program. Additionally, all information contained in the free and reduced price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women Infants and Children (WIC); the Comptroller General of the United States for audit purposes, and federal, State or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA.

The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian.

We will let you know when your application is approved or denied.

Sincerely,

The Food Service Department
249-6483

See Application on Pages 5 and 6.
# Free/Reduced Lunch Application

**FAMILY APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS/MILK**

To apply for free and reduced price meals for your children, read the instructions on the back, complete only one form per household, sign your name and return it to [Food Services Call 249-5483](#) if you need help. For additional names, list on a separate sheet of paper.

1. **CHILDREN IN SCHOOL:** (Complete a separate application for each foster child.)

<table>
<thead>
<tr>
<th>Children’s Names (Last, First, Ml)</th>
<th>Grade/Teacher</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. **FOSTER CHILD:** If the above named child is the legal responsibility of a welfare agency or court, check this box. □

List the child’s personal use income: (Write “0” if the child has no personal use income.) Skip to Part 5.

3. **HOUSEHOLDS GETTING FOOD STAMPS OR TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF):** Complete this section and sign the application in Part 5 OR submit a Direct Certification letter from the Office of Temporary and Disability Assistance or Food Distribution Program on Indian Reservations (FDPIR). Complete a separate application for children with a different case number or no case number. Write your case number as provided on your benefit letter, not the number on your benefit card.

Food Stamp Case #:  
TANF/FDPIR Case #:  

4. **HOUSEHOLD & TOTAL HOUSEHOLD INCOME:** If you did not give a food stamp or TANF case number, or submit a Direct Certification letter, complete this part and all of Part 5.

<table>
<thead>
<tr>
<th>Show how often each amount is received. See Examples</th>
<th>CURRENT INCOME/PAY PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>List the names of everyone in your household</td>
<td>Earnings From Work Before deductions</td>
</tr>
<tr>
<td>1.</td>
<td>$</td>
</tr>
<tr>
<td>2.</td>
<td>$</td>
</tr>
<tr>
<td>3.</td>
<td>$</td>
</tr>
<tr>
<td>4.</td>
<td>$</td>
</tr>
<tr>
<td>5.</td>
<td>$</td>
</tr>
<tr>
<td>6.</td>
<td>$</td>
</tr>
<tr>
<td>7.</td>
<td>$</td>
</tr>
</tbody>
</table>

5. **SIGNATURE:** An adult household member MUST sign the application before it can be approved.

I certify that all of the information is true and that all income is reported. I understand that the information is being given for the school to receive federal funds; that school officials may verify the information and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws, and my children may lose meal benefits.

**SIGNATURE:**  
**DATE:**  
**SOCIAL SECURITY #:**

<table>
<thead>
<tr>
<th>Home Telephone</th>
<th>Work Telephone</th>
<th>Mailing Address</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**SOCIAL SECURITY NUMBER:** If Part 4 is completed, the adult who signs the application must provide his/her Social Security number.

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**DO NOT WRITE BELOW THIS LINE - FOR SCHOOL USE ONLY**

- **ANNUAL INCOME CONVERSION** (ONLY CONVERT WHEN MULTIPLE FREQUENCIES ARE REPORTED ON APPLICATIONS):
  - **WEELKY X 52:**  
  - **EVERY 2 WEEKS X 26:**  
  - **TWICE A MONTH X 24:**  
  - **MONTHLY X 12**

- **FOOD STAMP, TANF, Foster Child** □

- **INCOME HOUSEHOLD:** Total Household Income/Frequency: □ / □

- Household Size: □

- **Application APPROVED for:** □ Reduced Price Meals □ Temporary Free (expires in 45 days) / / □ Application DENIED

- **Date Notice Sent:**  
  **Signature of Reviewing Official:**  
  **Date:**
Free/Reduced Lunch Application

APPLICATION INSTRUCTIONS
To apply for free and reduced price meals, submit a Direct Certification letter received from the Office of Temporary and Disability Assistance OR complete only one application for your household using the instructions. Sign the application and return the application to Food Service office. Please complete a separate application for each foster child. Call the school if you need help: 249-6483. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1
ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION, DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.
(1) Print the names of the children for whom you are applying on one application. (For Foster Children, see Part 2)
(2) List their grade and school.

PART 2
HOUSEHOLDS WITH A FOSTER CHILD SHOULD COMPLETE THIS PART AND SIGN PART 5. A foster child is the legal responsibility of a welfare agency or court. A separate application must be completed for each foster child.
(1) List the foster child's monthly "personal use" income. ("Personal Use" income is money given by the welfare office identified by category for the child's personal use, such as an allowance, and all other money the child gets, such as money from his/her family or money from the child's employment.) Write "0" if the foster child does not get "personal use" income. SKIP PART 4. Do not list any other children, household members or income, or a social security number.
(2) A foster parent or other official representing the child must sign the application in PART 5.

PART 3
HOUSEHOLDS GETTING FOOD STAMPS, TANF OR FDPIR SHOULD COMPLETE THIS PART AND SIGN PART 5. COMPLETE A SEPARATE APPLICATION FOR A CHILD/CHILDREN WITH A DIFFERENT CASE NUMBER.
(1) List a current Food Stamp case number, TANF or FDPIR (Food Distribution Program on Indian Reservations) number. Do not use the number on your benefit card. The case number is provided on your benefit letter.
(2) An adult household member must sign the application in PART 5. SKIP Part 4. Do not list names of household members or income if you list a food stamp case number, TANF or FDPIR number.

PARTS 4 & 5
ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 5.
(1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
(2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. Specify how often this income amount is received: weekly, biweekly, monthly, 2 x per month. Changes in income during the school year no longer need to be reported.
(3) The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should not be considered as income for this program.
(4) The application must include the social security number of the adult who signs PART 5 if Part 4 is completed. If the adult does not have a social security number, write "none". If you listed a food stamp, TANF or FDPIR number, or if you are applying for a foster child, a social security number is not needed.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). In order to determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

PRIVACY ACT STATEMENT
Section 9 of the National School Lunch Act requires that unless your child's food stamp, TANF or FDPIR case number is provided, you must include the social security number of the adult household member signing the application, or indicate that the household member does not have a social security number. The disclosure of a social security number is voluntary. However, if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or other benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

DISCRIMINATION COMPLAINTS
In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, gender, or disability. To file a complaint, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.
II. CLOTHING

Consignment Shops:

Act 2 Consignment Shop
31 E. Main Street
Victor, NY 14564
(585) 924-7260

Plato’s Closet
3333 W. Henrietta Road
South Town Plaza
Rochester, NY. 14623
(585) 424-4350

Thrift Stores:

Asbury Store House
Asbury First United Methodist Church
1050 East Avenue
Rochester, NY. 14607
(585) 473-0950

Bethany House
169 St. Brigit’s Drive
Rochester, N.Y. 14605
(585) 454-4197
Catholic Family Center
1476 St. Paul Street
Rochester, N.Y. 14621
(585) 232-2050

Goodwill Industries
1217 Bay Road
Webster, N.Y. 14580
(585) 787-1012

451 S. Clinton Ave.
Rochester, N.Y. 14620
(585) 262-3330

House of Mercy
725 Hudson Avenue
Rochester, N.Y. 14621
(585) 2580

Matthew’s Closet
Corpus Christi Church
880 Main Street
Rochester, N.Y. 14605
(585) 232-5160

Neighbor to Neighbor
Pines of Perinton
1 White Pine Circle
Fairport, N.Y. 14450
(585) 501-8891
Open Door Mission
210 West Main Street
Rochester, N.Y. 14614
(585) 454-6697

156 N Plymouth
Rochester, N.Y. 14614
(585) 454-6696

Salvation Army Family Store
535 E Ridge Rd
Rochester, NY 14621
(585) 232-1111

St. Peter’s Kitchen
St. Peter’s Church
681 Brown Street
Rochester, N.Y. 14612
(585) 235-6511

Working Women’s Wardrobe
YWCA
175 N. Clinton Avenue
Rochester, N.Y. 14604
(585) 546-5820
III. HOUSING

Housing Council
75 College Ave, Suite 412
Rochester, NY 14607
546-3700

www.housingcouncil.org
IV.  CHILD CARE

Day Care in Indian Landing Bus Area

Faith Day Care:
2576 Browncroft Blvd.
Rochester, NY 14625
385-2360

Small World:
2406 Browncroft Blvd.
Rochester, NY 14625
381-4647

Kindercare:
1606 Penfield Road
Rochester, NY 14625
586-3940
Pea Pod's:

1853 Penfield Road
Penfield, NY 14526
248-2550

Pea Pod's is in the Cobbles area but will transport students to and from Indian Landing.

Bay View YMCA:

Before and After School Program located at Indian Landing.
671-8414
Following is a list of daycare services within the three other elementary school subdistricts of the Penfield Central School District:

**Cobbles**

**CHILDTIME:**
2052 Fairport 9 Mile Line Rd.
Penfield, NY 14526
377-4490
www.childtime.com

**EASTSIDE Y:**
1835 Fairport 9 Mile Rd.
Penfield NY 14526 (Kindergarten only)
247-3501 _KINDERGARTEN ONLY_

**KINDERCARE:**
1606 Penfield Rd.
Rochester, NY 14625
586-3940
www.kindercare.com
TOTS UNIVERSITY:
1853 Penfield Rd.
Penfield, NY 14526
248-2550

Harris Hill

CHILDREN'S CONTINUOUS CARE:
369 Mldhan Rd.
Macedon 14502
377-9630

CHILDTIME:
2052 Fairport 9 Mile Line Rd.
Penfield, NY 14526
377-4490
www.childtime.com

EASTSIDE Y:
1835 Fairport 9 Mile Rd.
Penfield NY 14526 (Kindergarten only)
247-3501
PENFIELD DAY CARE:
1881 Jackson Rd.
Penfield, NY 14526
377-0122

Scribner

CHILDTIME:
2052 Fairport 9 Mile Line Rd.
Penfield, NY 14526
377-4490
www.childtime.com

EASTSIDE Y:
1835 Fairport 9 Mile Rd.
Penfield NY 14526 (Kindergarten only)
247-3501 KINDERGARTEN ONLY

FAITH LUTHERAN:
2576 Browncroft Blvd.
Rochester, NY 14625
385-2360
PENFIELD DAY CARE:

1881 Jackson Rd.

Penfield, NY 14526

377-0122
IV. MEDICAL RESOURCES

Child Health Plus

1-800-698-4543

TTY- 1-877-898-57-849

To apply:

Call this toll-free number: 1-800-698-4KIDS (1-800-698-4543), and ask about
Child Health Plus. (If you are hearing impaired, call the TTY number, 1-877-898-
5849.) If you are eligible for Children's Medicaid (see "Who is eligible?")], ask for
organizations in your community who can help you enroll. Or you can enroll
through your local Department of Social Services. The address and phone
number for your local Department of Social Services is here. If your income is
above Children's Medicaid levels, you can enroll with a Child Health Plus insurer
directly. Participating Child Health Plus insurers are listed by county here on
this web site. Each insurer offers health care through many providers. The insurer
will send you an application and give you a list of providers in your area.

If you would like someone to assist you in applying for either Children's Medicaid
or Child Health Plus, there are enrollers in your community who can help. These
enrollers will help you fill out the application, collect the necessary documents,
and select a health plan. In many cases, assistance is available during evenings and
weekends. To learn the nearest location where application assistance is available,
please call 1-800-698-4KIDS (1-800-698-4543).
Family Health Plus:

Family Health Plus is a public health insurance program for adults who are aged 19 to 64 who have income or resources too high to qualify for Medicaid. Family Health Plus is available to single adults, couples without children, and parents with limited income who are residents of New York State and are United States citizens or fall under one of many immigration categories.

Family Health Plus provides comprehensive coverage, including prevention, primary care, hospitalization, prescriptions and other services. There are minimal co-payments for some Family Health Plus services. Health care is provided through participating managed care plans in your area.

<table>
<thead>
<tr>
<th>Excellus BC/BS</th>
<th>(800) 338-4995</th>
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<td>Fidelis/NYS Catholic Health Plan</td>
<td>(888) 343-3547</td>
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www.health.state.ny.us

Walmart Low-Cost Eyewear:

Ages 18 and under – Frames and Lenses

Contact Lenses are available

Please refer to local Walmart locations for additional information and availability.
FREE GAS USA, INC.

262-7836

Wheels For Work: Loan Services, Catholic Family Services

Transportation:

1-877-454 6463 (toll free)

Kinship Navigator:

262-7048

Provides services to relatives (other than parent) who are raising another family

Kinship Care Resource Network:

VI. ADDITIONAL RESOURCES