MAXIMUS

Eligibility Documentation Letter

In order to be considered for the Child Care Voucher Program you must be currently working and/or attending school or participating in an eligible IMPACT activity or have a referral from your DCS case worker. To determine eligibility the following items are needed from you and your spouse and/or child's father, if applicable. **Without all of the proper documentation you will not be able to complete your appointment.**

Proof of Identity (must be valid)

☐ Parent(s) Driver's license or State ID or Passport or Military ID or School ID or Work ID

☐ For all children in household: Birth certificate or hospital issued certificate of birth or birth confirmation letter or ICES screen or court record of adoption or paternity documentation with social security card or foster placement letter or passport or permanent residency card or Medicaid card that shows child's date of birth or immunization record with social security card or school records with social security card or state ID.

☐ Foster Parents: All of the above plus valid foster license which matches the foster parent's residency verification. Placement letter dated within the last 30 days from DCS case manager that includes child's name, date of birth or per diem documentation dated within the last 30 days with child's name on it, or court order or State Form 3319.

Documentation needed for participation in: Employment, Education, or TANF/IMPACT Program.

☐ **Employment:** You will need your most recent 2 pay stubs if paid bi-weekly/semimonthly, or the last 4 pay stubs if you are paid weekly. **Check stubs** must include your name, work hours or hourly rate. **If paid by personal check** you will need to provide copies of the front and back of the personal checks showing that the checks have been fully negotiated (cashed) by a financial institution for the last 30 days with a wage detail form completed by your employer. Cancelled checks must include – employers name imprinted in the upper left-hand corner of the check, Applicant/co applicant's name on the pay to the order of line, current date on date line, amount paid, or Wage history summary printed from your employer covering the 30-day period or State Form 54092.

☐ **Self – Employment:** If you are self-employed you will need to complete self-employment form, recording your income for the previous calendar month. Depending on the length of self-employment you may need to provide an IRS tax transcript for previous filing year tax information.

☐ **If starting a new job:** A signed and dated statement from employer on company letterhead, or including the Employer Identification Number (EIN), or company business card stating date hired, anticipated work hours per week.

☐ **Education:** If attending school, the program MUST be through a certified or accredited education/training organization or institution. Current school documentation must include student name, school name, credit hours take and/or hours of participation, semester begin date.

☐ **TANF IMPACT/DCS:** Complete referral sent over to Maximus from your case manager.

☐ **CPS:** A written statement from your CPS case manager signed and dated within the last 30 days indicating that the children are living in their own home with bio-logical parent, the children need care outside the home, how many hours per week for childcare.

Verification of residency – Must be dated within the last 30 days prior to your appointment/signature.

Items acceptable for proof of address: Current lease or lease amendment, current rent receipt or signed and dated landlord statement, current mortgage statement based on statement date/print date, current signed and dated statement from declared legal resident with whom the applicant is living with, utility bill, envelope received at address including postmark (NO WINDOW ENEVELOPES), mail from DFR, DWD, impact service provider, Federal services agencies, valid driver's license, state ID, pay check stub, valid INS green card, ICES screen, documentation from a homeless shelter or domestic violence shelter, current letter from school stating the student's

address (must be signed by an official), online documentation from US postal service showing the updated address or change of address including the confirmation code, valid Indiana vehicle registration, dated reauthorization letter from Intake Agent.

Verification of all other sources of income received in last 30 days (If applicable)

☐ Social security – Must be dated within the current year.

☐ Unemployment – Must be printed the same day as your appointment/signature date.

☐ TANF – Must be dated with the last 12 months

Information from a qualified childcare provider:

A provider information page completed by a licensed or certified CCDF provider only. To determine if your child care provider if CCDF eligible contact Child Care Resource and Referral line (CCRR) at 1800-299-1627. If you work for the child care provider that your children attend, you must provide the parent/provider statement completed by you and the provider.

Child Support Information

☐ If child support is received the enclosed form must be completed. Each child in the household should be listed on the form with the amount received next to each child's name. If nothing received in the last 30 days, please indicate zero. If there was an amount received please write the name of the payee under "from whom".

Parent/Applicant Worksheet (Child Care and Development Fund Voucher Program) (v8-18)

Parent/Applicant Name	AIS Case Number	Parent/Applicant DOB	Home Phone ( )	Other Phone, contact number ( )
Street Address	City	Zip	County	Is this a new address?
Mailing Street Address, If any	Mailing Address City, If any	Mailing Address Zip	Primary Language Spoken	Email Address

List adults in household: First Name, Last Name	Birth Date	Specify Relationship to Parent/Applicant	Working Yes or No	School Yes or No	Highest grade completed	Hours working or in school per week	Hours needed for travel per week	Hours needed for study per week	Days per week care is needed S, M, Tu, W, Th, F, S
SELF									

List children living in household First Name, Last Name	Birth Date	Relationship to Parent/Applicant	Check if child needs care	Indicate which parent(s) are living in household	Earliest Drop-off *Indicate AM or PM*	Latest Pick-up *Indicate AM or PM*	Is there a different child care provider? Yes or No
			☐	☐ Mother ☐ Father			
			☐	☐ Mother ☐ Father			
			☐	☐ Mother ☐ Father			
			☐	☐ Mother ☐ Father			
			☐	☐ Mother ☐ Father			
			☐	☐ Mother ☐ Father			

INCOME DISCLOSURE (Include all income received in previous 30 days)			
Income Source	Monthly Amount	For Whom	Verification must be attached
Child Support			Completed Child Support Declaration form provided
Social Security			Award letter, check stub, or verification from agency
Supplemental Social Security			Award letter, check stub, or verification from agency
TANF			Award letter, check stub, or verification from agency
Unemployment			Uplink Claimant Homepage or verification from agency
Wages, Salary			Pay stub, or Cancelled Check (front and back) and Wage Detail Form
Housing Assistance			None
Food Stamps			None
Work Study			None
Other			Attach appropriate documentation

ATTENTION! *Failure to attach ALL required documentation will result in termination of child care benefits without notice. (Please use application checklist provided to assist in preparation of worksheet for mailing.)*

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. In what school district do you live?
   _____
2. Are you living in a homeless shelter or domestic violence shelter?
   ☐YES ☐NO
3. Are you living in your car, a park, or other public place?
   ☐YES ☐NO
4. Are you living in a residence with family and/or friends?
   ☐YES ☐NO
5. Where is your family living?
   _____
6. Are any children on your application disabled?
   ☐YES ☐NO
7. Are you or your co-applicant active in the US Military?
   ☐YES ☐NO
8. Are you or your co-applicant active in the National Guard of Reserve?
   ☐YES ☐NO
9. Do you have assets which exceed one (1) million dollars?
   ☐YES ☐NO

PARENT'S/APPLICANT'S RIGHTS AND OBLIGATIONS

I understand the following pertaining to my Hoosier Works for Child Care (HWCC) card and recording my child's attendance:

- I understand I will be required to electronically document my child(ren)'s attendance information. I will only utilize my Hoosier Work for Child Care card to document attendance when it truly reflects the care provided.
- I understand that if I fail to use my child care assistance within sixty (60) days, it will be voided.
- I understand I may only electronically, or otherwise, document my child's attendance when my child is attending the location where my voucher has been assigned.
- I understand I may not leave my Hoosier Works for Child Care card with my child care provider. I agree to keep my personal identification number (PIN) confidential as it is my electronic signature. I understand failure to comply with this may result in termination of my child care benefits and repayment of child care assistance paid on my behalf.
- I understand it is my responsibility to report to the intake if my Hoosier Works for Child Care card is lost or stolen.
- I understand I can utilize up to twenty (20) Personal Days. Personal Day claims are to be used at my discretion for days when the provider was open for business and my child/children were scheduled to attend but did not attend any part of the day.

I understand the following pertaining to my obligations of verifying my eligibility for CCDF benefits:

- I understand it is my responsibility to furnish the Intake Agent with complete and accurate information including, but not limited to, income and family composition. I understand I will be required to submit proof of information provided.
- I understand that I may be requested to verify these statements and give my consent to the agency, from where I am requesting services, to make any necessary contacts and verify statements.
- I understand subsidized child care will not begin until all forms are completed and I have received written notice from the Office or their representative.
- I understand I must report to the Intake Agent when my service need ends, my TANF status changes, my family composition changes, I move to another State I obtain a new phone number, I have total assets which exceed 1 million dollars or a change in income which exceeds 85% of the State median income (SMI), within ten (10) calendar days of the change and provide supporting documentation, if necessary.
- I understand I may be asked to cooperate with state and/or federal personnel in any investigation. I further understand my failure to cooperate may result in termination from the program.

I understand the following pertaining to my child care provider:

- I understand I must request a provider change by submitting a complete and current Provider Information Page to the CCDF Intake Office no later than noon the day before the last business day of the week.
- I understand the choice of caregiver is not only my choice, it is my responsibility.
- I understand it is my responsibility to report any suspected child abuse and neglect to the proper authority and others have the same responsibility concerning my child/children.
- I understand reimbursement for my child's care will be made directly to the provider, unless the care is provided in my home by a non-resident, in which case the payment will be made directly to me. It is my responsibility to reimburse the provider for services rendered as well as any co-payments. I also understand it is my responsibility to withhold and make all applicable Internal Revenue Service (IRS) payments for my child care provider and for the end of the year reporting to the IRS.
- I understand parents, step-parents or legal guardians will not be paid as caregivers for their own children.
- I understand that failure to pay any child care co-payment could result in my family being terminated from this funding assistance.

I understand my rights in receiving child care benefits through the CCDF program:

- I understand information concerning my family regarding the CCDF voucher program, and the services I receive, will be treated as confidential and will be used solely for the administration of the CCDF voucher program.
- I understand my right to file a written complaint.
- I understand I can submit a written appeal if I disagree with an action taken regarding my eligibility for CCDF.

I understand my child care may be terminated for any of the following reasons:

- Failure to respond to requests for additional information related to eligibility determination from The Office or its agents within the required time frame
- Failure to pay weekly copayment owed, if reported within 30 days from first missed payment.
- Failure to document a CCDF eligible child's attendance in the manner required by The Office.
- Failure to fully reimburse CCDF eligible in-home (nanny) provider.
- Submitting attendance claims for time the CCDF eligible child was not in attendance, with the exception of approved holidays and personal days, as allowed by The Office.
- Allowing an unauthorized person, including the CCDF eligible child care provider, to possess a CCDF card, card number, or Personal Identification Number, password or any other tool for entering electronic attendance information, as applicable.
- Failure to remain current on any existing repayment agreements determined by The Office.
- Failure to select a CCDF eligible provider.

I understand my child care <u>will be</u> terminated for any of the following reasons:

- Excessive unexplained absences.
- A change of residency outside of the State.
- Substantiated fraud or intentional program violations.
- Failure to provide complete information at time of authorization or update.
- CCDF Household income does not meet financial eligibility.
- CCDF Household does not meet service need requirements.
- Copayment exceeds total weekly subsidy.
- Failure to select a CCDF eligible provider.

DISCLOSURE STATEMENT:

18 U.S.C. § 1001 authorizes criminal penalties against an individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to $250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to $500,000 (18 U.S.C. § 3571). Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

Section 35-43-5-7: Welfare fraud(a) A person who knowingly or intentionally: (1) obtains public relief or assistance by means of impersonation, fictitious transfer, false or misleading oral or written statement, fraudulent conveyance, or other fraudulent means; (2) acquires, possesses, uses, transfers, sells, trades, issues, or disposes of: (A) an authorization document to obtain public relief or assistance; or (B) public relief or assistance; except as authorized by law; (3) uses, transfers, acquires, issues, or possesses a blank or incomplete authorization document to participate in public relief or assistance programs, except as authorized by law; (4) counterfeits or alters an authorization document to receive public relief or assistance, or knowingly uses, transfers, acquires, or possesses a counterfeit or altered authorization document to receive public relief or assistance; or (5) conceals information for the purpose of receiving public relief or assistance to which he is not entitled; commits welfare fraud, a Class A misdemeanor, except as provided in subsection (b). (b) The offense is: (1) a Class D felony if: (A) the amount of public relief or assistance involved is more than two hundred fifty dollars ($250) but less than two thousand five hundred dollars ($2,500); or (B) the amount involved is not more than two hundred fifty dollars ($250) and the person has a prior conviction of welfare fraud under this section; and (2) a Class C felony if the amount of public relief or assistance involved is two thousand five hundred dollars ($2,500) or more, regardless of whether the person has a prior conviction of welfare fraud under this section. (c) Whenever a person is convicted of welfare fraud under this section, the clerk of the sentencing court shall certify to the appropriate state agency and the appropriate agency of the county of the defendant's residence: (1) his conviction; and (2) whether the defendant is placed on probation and restitution is ordered under IC 35-38-2.

I have read and understand the Penalties for Falsifying Information, as printed in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Family and Social Services Administration/Office of Early Childhood and Out of School Learning, or any deliberate alteration of any text on this application form, may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of CCDF benefits, and/or the imposition of fines, civil damages, and/or imprisonment.

Parent / Applicant Signature: _____ Printed Name: _____ Date: _____

ATTENTION! The income and residency documentation you submit must be dated <u>no earlier than 30 days before</u> the date you sign this worksheet.

NOTES TO YOUR CCDF INTAKE AGENT: _____

_____

_____

_____

CHILD CARE and DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM
WAGE DETAIL FORM (v5-13)

NOTE: Check stubs or employer's cancelled checks (front and back) must be included with this form for the pay dates listed.

APPLICANT/ CO-APPLICANT SECTION - To be completed by the employee.

I hereby authorize and request you provide the Child Care and Development Fund information as specified below. This information is necessary to establish my eligibility for child care assistance. This is without any liability to you whatsoever. You may retain a copy of this authorization for your records.

Employee Signature:_____ Last 4 of Social Security Number:_____

Printed Name: _____ Date: _____ Phone: _____

EMPLOYER SECTION - To be completed by your Employer ONLY

Please complete the following information for the period of _____ *to* _____

Actual Date Paid	Gross Wages Paid	Total Hours Worked	Check Number *if cancelled check is provided*

Is this individual still employed? ☐YES ☐NO *If NO, please provide last day worked:* _____

Employer's Name:_____ Business Phone ( )_____

Street Address:_____ City:_____ Zip:_____

Please provide your business's EIN number:_____ and/or attach your business card.

Signature: _____

Printed Name and Title: _____

Date completed_____

Note: This form cannot be accepted without the EIN number and/or business card.

If you have questions regarding this form, please contact:
MAXIMUS, 429 North Pennsylvania Avenue, #301,
Indianapolis, IN 46204
1-833-946-8253 or intakechildcare.com

MAXIMUS

PLEASE ANSWER OR CIRCLE EACH QUESTION AND RETURN WITH COMPLETE PACKET

How Many Children are in the Home **17 years of age or younger?** _____

Do any of your children receive the On My Way Pre-K Grant? **YES NO *If Yes, Name of Child:**_____

Total Family Size in the home (including yourself and spouse/father of children) _____

Are you **(parent/guardian): Please Circle:** **A) MOTHER or FATHER B) SINGLE or MARRIED**

Is the other Adult (Father/Mother of the children) in the Home? **YES NO**

Verification of Residency included? **YES NO *(If No, please include VALID proof of Residency)**

Do you (parent) receive Medicaid? **YES NO** Do your children receive Medicaid? **YES NO**

Are the Children Citizens of the United States? **YES NO**

Do you receive child support? **YES NO** **COMPLETE ENCLOSED FORM**

Do you receive TANF? **YES NO** **MUST INCLUDE BENEFIT LETTER**

Do you or your children receive Social Security? **YES NO** **MUST INCLUDE BENEFIT LETTER**

Do you receive Food Stamps (SNAP)? **YES NO** **HOW MUCH _____ PER MONTH**

Do you receive Housing Assistance? **YES NO** **HOW MUCH _____ PER MONTH**

What other kind of income do you receive (unemployment, etc.) **MUST INCLUDE BENEFIT LETTER**

_____

Please circle each day you Work per week: **You MUST list times worked per day (Indicate AM or PM for each time)**	SUN am/pm	MON am/pm	TUE am/pm	WED am/pm	THUR am/pm	FRI am/pm	SAT am/pm
	_____	_____	_____	_____	_____	_____	_____

How long does it take for you to leave work and pick up children at daycare? _____

If you are going to school, how much study time would you need? _____

What degree will you receive when completed with school? _____

What is the highest grade completed? _____ DEGREE _____

What school district do your children attend? _____

****PLEASE INCLUDE PROVIDER FORM AND SCHOOL CALENDAR**

FOSTER PARENTS: Are you a licensed foster parent? **YES NO *MUST INCLUDE COPY OF LICENSE**

FOSTER PARENTS: Are the children related to each other? **YES NO**

Are you in need of a new swipe card? **YES NO**

CHILD CARE and DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM
CHILD SUPPORT AND MAINTENANCE DECLARATION (v8-18)

*Declare below, by child, the **average** amount of child support received **MONTHLY**, if received in the previous 30 days.*

LIST ALL CHILDREN'S NAMES	AMOUNT RECEIVED MONTHLY	FROM (PROVIDE NAME)
1.	$	
2	$	
3.	$	
4.	$	
5.	$	
6.	$	
7.	$	
8.	$	
SPOUSAL/ABSENT PARENT HOUSEHOLD PAYMENT	$	

By my signature below, I hereby certify all the information provided is true and correct to the best of my knowledge. I understand I may be requested to verify this statement and give my consent to the agency from where I am requesting services to make any necessary contacts to verify any statement. I understand my deliberate failure or misrepresentation of any information in this statement may result in my inability to participate in the Child Care and Development Fund (CCDF) Voucher Program.

Signature: _____ Date: _____

- **List all your children under age 18**
- **Enter amount of child support physically received, or 0, for the past 30 days**
- **Sign and Date**

CHILD CARE and DEVELOPMENT FUND PROVIDER INFORMATION PAGE (v.10-14)

Parent (Guardian) Name: _____ **Date Completed:** _____ **Effective Date:** _____

Caregiver's Name: _____ **Business Name (if applicable):** _____

Street Address (where care is provided): _____

City: _____ **Zip:** _____ **County:** _____

Social Security or EIN Number (last 4 digits only): _____

Phone: (_____) _____ **Fax:** (_____) _____

Hours of Operation: _____ **Days:** ☐S ☐M ☐T ☐W ☐T ☐F ☐S

Type of Provider

- ☐ Licensed Home — License # _____
- ☐ Licensed Center — License # _____
- ☐ Registered Ministry — Registration # _____
- ☐ License Exempt Home
- ☐ License Exempt Facility
- ☐ Providing Care in child's home

Child's Name *(first & last)*	Child's Age Years / Months		Kindergarten *Indicate* HD = ½ Day FD = Full Day	Current Charge (List charges for School-Age School Year) Week / Day / Hour			Charge for next age group *(If child is currently 2 list charge at age 3)* Week / Day / Hour			School-age (List charges for summer/evening care) Week / Day / Hour			Provider's Current Paths to QUALITY™ Level

FOR SCHOOL AGE AND KINDERGARTEN FULL-DAY CARE

School Year Begins: _____ **Ends:** _____

Does school-age child need break care vouchers? ☐Yes ☐No

If yes, a school schedule must be provided.

PROVIDER AFFIRMATION

I affirm the information provided on this application form is true and correct. Further, I affirm child care will be provided at the address listed above and agree to comply with the rules and regulations of the CCDF program (available on www.childcarefinder.in.gov). I also understand I must allow unscheduled visits by a parent or legal guardian to my child care program during the hours my child care program is in operation. In signing this application, I certify I am the individual listed above or the authorized designee.

Signed: _____

Are you related to the children listed above? ☐ Yes ☐ No

If yes, please explain: _____

PLEASE NOTE: Eligible providers must demonstrate compliance with CCDF Minimum Standards prior to participation in this program.

Parent / Guardian: Your caregiver must complete this information in its entirety. Your CCDF provider must allow unscheduled visits by a parent or legal guardian to their child care program during the hours the child care program is in operation. Please bring the completed form to your appointment to assist in prompt completion of your child care vouchers. If you wish to make a provider change, you must obtain new vouchers prior to attendance or payment for care may become your responsibility. All provider changes must be received in our office by noon on Thursday each week prior to change taking effect. Please note that vouchers can not be backdated. No provider change will be made without an effective date listed above.

PROVIDER: Please complete all information and sign the form in the box to the left.

If you have any questions, please contact your local intake office.
Contact the Child Care Resources and Referral Line (CCRR) at 1-800-299-1627 to locate and determinate childcare in your area.

Consumer Education Questionnaire

OECOSL is committed to providing Indiana families with access to the services and resources that will be most beneficial to them. In order for OECOSL to best serve your family, please answer the questions below and return this survey to your intake office with your reauthorization packet.

Child Development:

Included in this packet is a copy of the Centers for Disease Control's developmental milestones checklist(s) for your child(ren)'s age(s). Please review the checklist(s) and respond to the questions below.

You can also find out more about developmental milestones at BrighterFuturesIndiana.org. Visit the website to discover developmental milestones, as well as programs that help concerned families including First Steps.

Question 1: Based upon the developmental milestones checklist(s), do you have any concerns about your child(ren)'s development?

☐ Yes ☐ No

Comments:

Question 2: As you think about your child(ren)'s development, do you want information and resources that might help your child(ren) learn and grow?

☐ Yes ☐ No

Comments:

Question 3: In the last 12 months, have you wanted to take your child(ren) to see a doctor or dentist, but could not because of cost?

☐ Yes ☐ No

Comments:

Question 4: Were you able to take your child(ren) to the doctor within the last 12 months when they were not sick? These visits are often called "wellness visits" or "well-baby/child appointments."

☐ Yes ☐ No

Comments:

Supplemental Nutrition Assistance Program:

Question 5: In the last 12 months, did you ever buy less food or different food than you felt you should because there wasn't enough money?

☐ Yes ☐ No

Comments:

Question 6: If food cost were not an issue, would you like to buy more fresh fruits, vegetables, protein, or dairy products for you family?

☐ Yes ☐ No

Comments:

Milestone: Miracle Carter - 4 Years

Social / Emotional

☐ yes	☐ no	☐ unsure	Enjoys doing new things
☐ yes	☐ no	☐ unsure	Plays "Mom" and "Dad"
☐ yes	☐ no	☐ unsure	Is more and more creative with make-believe play
☐ yes	☐ no	☐ unsure	Would rather play with other children than by himself
☐ yes	☐ no	☐ unsure	Cooperates with other children
☐ yes	☐ no	☐ unsure	Often can't tell what's real and what's make-believe
☐ yes	☐ no	☐ unsure	Talks about what she likes and what she is interested in

Language / Communication

☐ yes	☐ no	☐ unsure	Knows some basic rules of grammar, such as correctly using "he" and "she"
☐ yes	☐ no	☐ unsure	Sings a song or says a poem from memory such as the "Itsy Bitsy Spider" or the "Wheels on the Bus"
☐ yes	☐ no	☐ unsure	Tells stories
☐ yes	☐ no	☐ unsure	Can say first and last name

Cognitive (Learning,thinking,problem-solving)

☐ yes	☐ no	☐ unsure	Names some colors and some numbers
☐ yes	☐ no	☐ unsure	Understands the idea of counting
☐ yes	☐ no	☐ unsure	Starts to understand time
☐ yes	☐ no	☐ unsure	Remembers parts of a story
☐ yes	☐ no	☐ unsure	Understands the idea of "same" and "different"
☐ yes	☐ no	☐ unsure	Draws a person with 2 to 4 body parts
☐ yes	☐ no	☐ unsure	Uses scissors
☐ yes	☐ no	☐ unsure	Starts to copy some capital letters
☐ yes	☐ no	☐ unsure	Plays board or card games
☐ yes	☐ no	☐ unsure	Tells you what he thinks is going to happen next in a book

Movement / Physical Development

☐ yes	☐ no	☐ unsure	Hops and stands on one foot up to 2 seconds
☐ yes	☐ no	☐ unsure	Catches a bounced ball most of the time
☐ yes	☐ no	☐ unsure	Pours, cuts with supervision, and mashes own food