



QUESTION: Indicate data being collected from CDEPP providers, how the data is obtained, and whether it is compatible with SLICE.

RESPONSE: Attached please find First Steps' 4K Provider and Student applications for 2015-2016. These forms depict all data requested of providers. By law, First Steps' student data is provided to the SC Department of Education for the assignment of a student unique identification number (SUNS). The assignment of these numbers allows First Steps' 4K students to be tracked via the SLICE longitudinal database.



First Steps Four-Year-Old Kindergarten (4K) 2015-2016 Application for NEW Providers

South Carolina First Steps 4K is now accepting applications for 2015-2016 from private (non-school district) preschool providers seeking to participate in the South Carolina Child Early Reading Development and Education Program (4K) to serve eligible 4K children residing in the following eligible districts:

Abbeville, Aiken, Allendale, Anderson 3, Bamberg 1, Bamberg 2, Barnwell 19, Barnwell 29, Barnwell 45, Berkeley, Cherokee, Chester, Chesterfield, Clarendon 1, Clarendon 2, Clarendon 3, Calhoun, Colleton, Darlington, Dillon 3, Dillon 4, Dorchester 04, Edgefield, Fairfield, Florence 1, Florence 2, Florence 3, Florence 4, Florence 5, Georgetown, Greenwood 50, Greenwood 51, Greenwood 52, Hampton 1, Hampton 2, Horry, Jasper, Laurens 55, Laurens 56, Lee, Lexington 02, Lexington 03, Lexington 4, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg 3, Orangeburg 4, Orangeburg 5, Richland 1, Saluda, Spartanburg 3, Spartanburg 4, Spartanburg 07, Sumter, Union, Williamsburg, and York.

This innovative program was created to expand high-quality 4K to eligible children in both public and private settings. To be eligible, the provider must, at a minimum:

- Be approved, licensed or registered and in good standing by the South Carolina Department of Social Services;
- Have the licensing capacity to serve at least 10 four-year-old children in a classroom setting;
- Have the facility capacity to serve at least 10 eligible students in a class, but not more than 20 four-year-old students;
- Comply with all state and local health and safety laws and codes;
- In legal operation for a period of one year or more;
- Have no founded regulatory violations relating to child supervision, compliance with ratios, or serious health and safety issues in the three-month period before approval is granted.

Attached, please find the ***First Steps 4K Provider Application***. Before completing the application, it is important that you familiarize yourself with the requirements outlined in the ***First Steps 4K Guidelines***.

This document and other resources are available on the First Steps website at
<http://scfirststeps.org/first-steps-4k-provider>

Completed First Steps 4K Provider Applications should be submitted to:

Martha Strickland, State Director First Steps 4K
SC First Steps to School Readiness
1300 Sumter Street, Suite 100
Columbia, SC 29201

This request for applications does not commit SC First Steps to award a grant or to pay any costs incurred in the preparation of an application. SC First Steps reserves the right to accept or reject any or all applications received as a result of this grant request, and to negotiate with all qualified applicants. SC First Steps also reserves the right to waive or modify any procedure requirement stated in the application process or 4K Guidelines. Any questions, please call us at 1-877-621-0865.

We look forward to the prospect of working with you and your program during the coming school year.

Enclosure

SC FIRST STEPS 2015-2016 FIRST STEPS 4K PROVIDER APPLICATION (New)

Please type or neatly print **all** requested information below

PROGRAM INFORMATION	
Name of Center:	County:
Name of School District in Which Your Center is Located:	
Name of Owner:	Name of Director:
Mailing Address of Center:	
Physical Address (if different from above):	
Phone#: ()	Director's E-mail:
Fax# ()	
Facility Type: <input type="checkbox"/> Approved <input type="checkbox"/> Licensed <input type="checkbox"/> Registered <u>CHECK ALL THAT APPLY</u> →	<input type="checkbox"/> ABC Level A+ <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For-Profit <input type="checkbox"/> ABC Level A <input type="checkbox"/> Faith-Based <input type="checkbox"/> Head Start <input type="checkbox"/> ABC Level B+ <input type="checkbox"/> Military Program <input type="checkbox"/> Other: _____ <input type="checkbox"/> ABC Level B <input type="checkbox"/> ABC Level AC
Is your center accredited by an outside entity? <input type="checkbox"/> No <input type="checkbox"/> NAEYC <input type="checkbox"/> OTHER ACCREDITATION: _____	
Years in Operation (Check one) <input type="checkbox"/> Less than 12 months <input type="checkbox"/> 1 - 2 years <input type="checkbox"/> 3 - 4 years <input type="checkbox"/> 4 - 5 years <input type="checkbox"/> 7 - 8 years <input type="checkbox"/> 8 - 9 years <input type="checkbox"/> More than 10 years	
What are your hours of operation? (PLEASE LIST DAYS and TIMES)	
Does your center own a bus? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your center provide transportation to and from the center? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your center propose to request transportation reimbursement for FS 4K students? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you provide before- and after-school care in your center? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a current regular license from DSS Child Care Licensing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any pending citations? Or CAP? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>**If yes, attach CAP plan.</i>	
Do you participate in the Child and Adult Care Food Program? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Attach copy of menus for 2 weeks</i>	
Is your center used as Lab site for a college, university or technical school? <input type="checkbox"/> No <input type="checkbox"/> Yes, list name of school: _____	
Is your center participating in other early childhood programs, pilots or quality enhance initiatives? <input type="checkbox"/> No <input type="checkbox"/> Yes, list: _____	
ENROLLMENT INFORMATION	
****Please submit a current copy of your child care license or registration (front and back) with this application. ****	
Total number of children you are licensed to enroll by DSS Licensing : _____	
Check and specify the number of children currently enrolled in your facility by age: <input type="checkbox"/> 0-12 months <input type="checkbox"/> 13 months- 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6-12	
What is the square footage of the proposed 4K classroom? _____ Must be at least 350 sq. ft. (350 sq. ft. is the minimum for 10 four year olds, 700 sq. ft. is the minimum for 20 four year olds)	
Are children currently enrolled in your center eligible for free- and reduced-lunch (185% of federal poverty)? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, please estimate how many: _____	
Are children currently enrolled in your center eligible for Medicaid? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, please estimate how many: _____	
Do you accept ABC Child Care vouchers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no to the above, are you <i>willing</i> to accept ABC Child Care vouchers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently serve children with identified special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your facility or classroom accessible to children and adults with physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No All buildings must be ADA compliant.	

CURRICULUM

The research-based curricula currently approved for use within First Steps 4K classrooms are High/Scope, Creative Curriculum and Montessori.

Please indicate your PROPOSED curriculum for use in the 4K classroom:

- ☐ High/Scope ☐ Montessori ☐ Creative Curriculum
☐ Other supplementals, list:

ASSESSMENT INFORMATION

Please briefly describe any formal assessment and/or developmental screening methods currently in place within your program. Include the name of any instruments utilized.

How do you currently report children's progress to their parents?

PARENT INVOLVEMENT INFORMATION

Do you currently provide an orientation meeting for parents/guardians? ☐ Yes ☐ No

Do you currently provide parent education information or activities? ☐ Yes ☐ No

If yes to the above, specifically describe the types of parenting programs/activities you offer. If this includes the provision of parent education materials and/or literacy materials, please give examples:

Does the center currently do any transition planning or activities for children entering public 5K? ☐ Yes ☐ No
If yes, please describe:

INDOOR AND OUTDOOR ENVIRONMENT

Do you have a sink located in the 4K classroom? ☐ No ☐ Yes Warm water? Yes ☐ No ☐

Is a bathroom located in the 4K classroom? ☐ No ☐ Yes

Briefly describe the 4K playground (including size and equipment).

TECHNOLOGY INFORMATION

Is there a functional computer that may be used by center administrative staff? ☐ Yes ☐ No

Is there current access to the internet in the center office? ☐ Yes ☐ No

Is there a functional computer for use by teachers and children in the proposed 4K classroom? ☐ Yes ☐ No

Check all that apply to classroom: Desktop _____ Laptop _____ Tablet _____

Is there current access to the internet in the proposed 4K classroom? ☐ Yes ☐ No

Does your office computer software open and save Word and Excel documents? ☐ Yes ☐ No

Is there a scanner in your center? ☐ Yes ☐ No

Do you scan and save documents to your computer? ☐ Yes ☐ No

Do you receive and send faxes from your center? ☐ Yes ☐ No

PERSONNEL QUALIFICATIONS

INSTRUCTIONS: Complete the chart on current personnel or personnel that you proposed to be employed in the 4K class only. In the “Highest Educational Level” column, specify the name and type of the degree. If staff is currently working on a degree, include the anticipated date of completion. The qualifications of 4K staff should support the Lead Teacher and Instructional Assistant positions outlined in the 4K Guidelines, Section 7.0 Personnel and Training. Also include rate of pay or annual salary of proposed 4K staff.

***Submit copies of transcripts and certifications on your Proposed Lead Teacher(s) and Instructional Assistant(s) for the 4K class only.

***Submit coursework documentation of Lead Teacher’s progress toward four year degree, if applicable.

Title/Position	Name	Length of employment with center	Number of years working with children younger than 6	Highest level of education completed PLEASE SPECIFY DEGREES (i.e. HS Diploma, AA in Early Childhood, Bachelors of Arts in Early Childhood Education, etc.)	List any Early Childhood Education or Child Development Certification and/or Specialized Training of Staff	Working Towards any additional degree (AA, Bachelors, Masters, etc.)? Name degree and include anticipated completion date	Specify Rate of Pay (Hourly Rate x No. of Hours per Week) or Annual Salary
Director							
4K Lead Teacher ****							
4K Teacher Assistant ***					<u>Completed EDC 101:</u> <input type="checkbox"/> Yes <input type="checkbox"/> Not Yet To take _____		

TRAINING INFORMATION

To assist First Steps in planning for professional development and training needs during the school year, please check if the proposed staff has participated in formal training on the following topics within the last two years (leave blank if not):

Creative Curriculum	<input type="checkbox"/> LEAD TEACHER	<input type="checkbox"/> ASSISTANT	<input type="checkbox"/> DIRECTOR
High/Scope Curriculum	<input type="checkbox"/> LEAD TEACHER	<input type="checkbox"/> ASSISTANT	<input type="checkbox"/> DIRECTOR
Ages and Stages Questionnaire (ASQ)	<input type="checkbox"/> LEAD TEACHER	<input type="checkbox"/> ASSISTANT	<input type="checkbox"/> DIRECTOR
Emergent Literacy	<input type="checkbox"/> LEAD TEACHER	<input type="checkbox"/> ASSISTANT	<input type="checkbox"/> DIRECTOR
Teaching Children of Poverty	<input type="checkbox"/> LEAD TEACHER	<input type="checkbox"/> ASSISTANT	<input type="checkbox"/> DIRECTOR
Conscious Discipline	<input type="checkbox"/> LEAD TEACHER	<input type="checkbox"/> ASSISTANT	<input type="checkbox"/> DIRECTOR

I am submitting an application to enroll as an approved South Carolina First Steps to School Readiness 4K Provider. I verify that all information in this application is correct and true. I am duly authorized to bind my agency/corporation should my agency/corporation be awarded a contract. By the submission of this application, I acknowledge that we will comply fully with the program requirements outlined in the First Steps 4K Guidelines.

Center Name

Signature of Authorized Agent

Date

Printed Name of Authorized Agent

**This application must be complete and accurate.
A validation visit will be conducted by First Steps Staff to verify all
information reported in this application.
Incomplete applications will not be considered for funding.**

The 4K provider application AND the following documents must be submitted to South Carolina First Steps at the same time:

- ☐ Copy (back and front) of current child care license or registration
- ☐ Complete print-out of center's page from www.scchildcare.org (DSS licensing site)
Provide documentation of resolved citations if any are listed as pending on the website
- ☐ Copy of Transcripts and/or certificates on each proposed Lead Teacher and/or proposed Assistant. If current staff is completing additional coursework (e.g. ECD 101 or a degree) to meet staff qualifications outlined in the CDEPP Guidelines, provide documentation.
- ☐ Copy of 2 weeks of menus



Student Application for 2015-2016 First Steps Four-Year-old Kindergarten

South Carolina First Steps to School Readiness is now accepting applications for four-year-old kindergarten as part of the South Carolina Child Early Reading Development and Education Program (4K).

To qualify your child must:

- **Be four years of age on or before Sept. 1, 2015,**
- **Be eligible for free or reduced-price lunch or Medicaid, and**
- **Live in one of the 61 eligible school districts:**

ELIGIBLE SCHOOL DISTRICTS: Abbeville, Aiken, Allendale, Anderson 3, Bamberg 1, Bamberg 2, Barnwell 19, Barnwell 29, Barnwell 45, Berkeley, Cherokee, Chester, Chesterfield, Clarendon 1, Clarendon 2, Clarendon 3, Calhoun, Colleton, Darlington, Dillon 3, Dillon 4, Dorchester 04, Edgefield, Fairfield, Florence 1, Florence 2, Florence 3, Florence 4, Florence 5, Georgetown, Greenwood 50, Greenwood 51, Greenwood 52, Hampton 1, Hampton 2, Horry, Jasper, Laurens 55, Laurens 56, Lee, Lexington 02, Lexington 03, Lexington 4, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg 3, Orangeburg 4, Orangeburg 5, Richland 1, Saluda, Spartanburg 3, Spartanburg 4, Spartanburg 6, Spartanburg 07, Sumter, Union, Williamsburg, and York

We invite you to complete and submit the attached application for your child. For your application to be considered, you must **fill in all sections** of the application and **provide all required documentation.**

Please use this checklist below to ensure your application is complete:

- ☐ Copy of child's certified birth certificate (age 4 on or before Sept. 1, 2015)
- ☐ Two (2) proofs of residency (utility bills, tax bill, rental agreement, etc.)
- ☐ Copy of child's SC Certificate of Immunization
- ☐ Copy of child's Medicaid card (if your child receives Medicaid)
 - ☐ If NO Medicaid then you must provide Proof of family income and complete pg. 5 of application - Verification of family income may include pay stubs, 2014 tax returns, or W-2 forms
- ☐ Pg. 2-4 completed of this application. Only complete and attach pg. 5 if Medicaid card copy is not attached.

ALL sections must be complete and required documents attached before turning it in to the center. Centers will only submit completed documents to the 4 K Offices of First Steps for approval.

Name of Center Receiving Application: _____

Date Received: _____

Date Approved by FS office: _____

**2015- 2016
Student Application for 4K**



CHILD INFORMATION, please print

Name as on legal Birth Certificate:

First Name:

Middle Name:

Last Name:

(Circle one)

Male

Female

Date of Birth:(Month/Day/Year)

Child's Social Security Number (not mandatory)

_____ - _____ - _____

**Race/Ethnicity of Child
(check all that apply)**

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black /African American

- ☐ Native Hawaiian / Pacific Islander
☐ Spanish /Hispanic/ Latino
☐ White

Child: (circle one)
is a US citizen.

is not a US citizen.

Home Language:

- ☐ English
☐ Spanish
☐ Other : _____

County of Residence _____

School District of Residence _____

Home Address (Physical) :

Street: _____ City: _____ State: _____ Zip Code: _____

Mailing address, if different:

Street or PO Box: _____ City: _____ State: _____ Zip Code: _____

Registering PARENT(S)/GUARDIAN(S) INFORMATION

Name of registering Parent/Guardian: (First, Middle Initial, Last)

Relationship to Child: _____
(specify)

Address, (If different than above):

Home Phone : () **Cell Phone:** () **email:**

Place of Employment: _____ **Work Phone:** ()

Education (check the highest level)

- ☐ Still in high school
☐ Some high school (did not graduate)
☐ High school diploma
☐ GED
☐ Some College
☐ Associate Degree
☐ 4-year degree, such as BA or BS
☐ Graduate degree , such as MA or PH.D

SECOND PARENT/GUARDIAN INFORMATION

Parent/Guardian: (First, Middle Initial, Last)

Relationship to Child: _____
(specify)

Address (If different from above):

Home Phone: () **Cell Phone:** () **email:**

Place of Employment: _____ **Work Phone:** ()

Education (check the highest level):

- ☐ Still in high school
☐ Some high school (did not graduate)
☐ High school diploma
☐ GED
☐ Some college
☐ Associate Degree
☐ 4-year degree, such as BA or BS
☐ Graduate degree , such as MA or PH.D

Child's Legal Guardian (primary custody): **Both parents** **Mother** **Father** **Grandparent(s)** **Other** _____

Child lives with: **Both parents** **Mother** **Father** **Grandparent(s)** **Other** _____

Name of Child's Primary Physician/Doctor: _____ **Office Phone:** ()

Who is to be called in an emergency for the child? _____

Phone: (_____) _____

Relationship to Child: _____

Last year my child was cared for by a: (circle one) **Child care center** **Family home care facility** **Head Start Center** **Non-family Member** **Family Member**

Child's Name: _____

MEDICAL AND DEVELOPMENTAL CHILD INFORMATION			
Is your child eligible for Medicaid?	<input type="checkbox"/> Yes If yes, have you provided a copy of the Medicaid card? _____ <input type="checkbox"/> No		
Has your child ever had any serious injuries or illnesses?	<input type="checkbox"/> Yes. If yes, explain _____ _____ <input type="checkbox"/> No		
Does your child have any health concerns or problems? (check all that apply)	<input type="checkbox"/> Has received services from BabyNet in the past <input type="checkbox"/> Has chronic health condition. Circle all that apply: <i>Asthma Diabetes Arthritis Epilepsy Heart Trouble Sickle Cell Anemia</i> <input type="checkbox"/> Other diagnosed condition(s) requiring treatment: _____ <input type="checkbox"/> Under the care of a doctor now, specify: _____ <input type="checkbox"/> No significant health concerns		
Does your child have any allergies?	<input type="checkbox"/> Medication, specify: _____ <input type="checkbox"/> Food, specify: _____ <input type="checkbox"/> Insects/Animals, specify: _____ <input type="checkbox"/> Dust, Mold, Mildew, specify: _____ <input type="checkbox"/> Other, specify: _____		
Did your child have a low birth weight (5.5 pounds or less)?	<input type="checkbox"/> Yes (child's birth weight was <i>5.5 pounds or less</i>) <input type="checkbox"/> No (birth weight was <i>more than 5.5 pounds</i>)	Has your child been identified with a disability?	<input type="checkbox"/> Child has been identified with a disability, specify the diagnosis _____ <input type="checkbox"/> No
Is your child receiving services related to his/her disability?	<input type="checkbox"/> Yes, please list the agency/organization: _____ <input type="checkbox"/> No disability		Does your child have an active Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Is there anything else that would be helpful to know about your child?

I verify all information to be correct, and I understand that completion of this form does not guarantee placement in a SC First Steps 4K class. If my child is placed in the SC 4K Program, I agree that my child will attend the program for the required number of hours and days as prescribed by the SC First Steps 4K Program and outlined by the center where my child is enrolled. I understand that failure to comply with these attendance requirements could result in disenrollment. I understand that I cannot register my child without appropriate age documentation. I have provided a certified birth certificate to be copied and attached to this registration form.

Signature of Parent or Legal Guardian

Date

PARENT/GUARDIAN CONSENTS

ALL SECTIONS MUST BE SIGNED AND DATED IN ORDER FOR THE CHILD TO BE APPROVED

APPLICATION

I certify that I am the Parent/Legal Guardian of the child for whom this application is being made. I verify the above information to be correct and true. I grant permission for the release of data contained in this application for the purpose of ensuring children are not receiving duplicative benefits from other South Carolina agencies.

In addition, I understand that the First Steps 4K program is publicly-funded by the state of South Carolina and that, as a condition of participation, my child will be assigned a student identification number by the SC Department of Education. This student identification number will enable the state to identify his/her participation in this and other public education programs and to include his/her student data in analyses designed to measure the benefits of the program and to examine the attributes and progress of groups of South Carolina students. I understand that all data collected are subject to the provisions of the Family Educational and Privacy Act (FERPA) as well as South Carolina statutes and regulations protecting individual privacy and confidentiality, and that individual student information will not be reported.

Signature of Parent or Legal Guardian

Date

PHOTOGRAPH/VIDEOTAPE RELEASE

South Carolina First Steps to School Readiness, to include all First Steps county partnerships (First Steps), may take photos or video tape children in the 4K Program. These photos and/or tapes may appear on printed materials such as brochures, newsletters, news reports, stories, on the First Steps website or used for training. Any photograph, photo transparency, drawing or other illustrative graphic material, audio-visual tape or audio-visual illustration, news report, story or article may be used without my prior examination of the finished product.

By checking the "YES" box below, I grant to First Steps perpetual right in and to any use of such photographs, whether through its own facilities or those of other agencies or organizations to whom it subsequently grants use. However, First Steps may grant permission only where it considers any intended use to be in good taste and appropriate to the objectives of First Steps. I also agree that First Steps shall not be required to include any credit identifying any person(s) in the use of the photographs.

(Place a checkmark in ONE of the boxes below)

- ☐ YES. I authorize the reproduction and release of photographs, videos, slides, negatives or proofs of my child for use by First Steps 4K Program.
- ☐ NO. I *do not* authorize the reproduction and use of photographs, videos, slides, negatives or proofs of my child for use by First Steps 4K Program.

Signature of Parent or Legal Guardian

Date

Child's Name: _____

Do NOT Complete or attach this page if Medicaid card copy is attached to application.

HOUSEHOLD INCOME INFORMATION, Calculation of Annual Income				
Frequency of Pay	Rate			
Weekly	Gross pay x 4.33 x 12 = Annual Income (Need copies of 4 consecutive paychecks)			
Twice a Month	Gross pay x 2 x 12 = Annual Income (need copies of 2 consecutive paychecks)			
Bi-weekly	Gross pay x 2.15 x 12 = Annual Income (need copies of 2 consecutive paychecks)			
Monthly	Gross pay x 12 = Annual Income			
Family Size is the <u>TOTAL</u> number of people living in household: _____ (add both A. and B.)	Check all of the <u>child's immediate</u> family members that live in household: <input type="checkbox"/> Guardian(s), how many _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister(s), how many _____ <input type="checkbox"/> Brother(s), how many _____ Number of Immediate Family Members in Household A. _____ (include applying student)		Check other members of the household: <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt (s), how many _____ <input type="checkbox"/> Uncle(s), how many _____ <input type="checkbox"/> Cousin (s), how many _____ <input type="checkbox"/> Other(s) specify: _____ Total Number of Others Living in Household B. _____	
Income Check ALL that apply. Verification of income must include income documentation for one month or a year. Examples are pay stubs, tax return, a letter from DSS TANF worker documenting income, or a letter from employer.	Source	Gross Pay Amount (before taxes)	How Often Paid (frequency)	Income
	<input type="checkbox"/> Current paystubs (primary caregiver)			
	<input type="checkbox"/> Current paystubs (secondary caregiver)			
	<input type="checkbox"/> Unemployment Compensation			
	<input type="checkbox"/> AFDC/TANF			
	<input type="checkbox"/> Child support			
	<input type="checkbox"/> Pension/Retirement (primary caregiver)			
	<input type="checkbox"/> Pension/Retirement (secondary caregiver)			
	<input type="checkbox"/> Social Security (primary caregiver)			
	<input type="checkbox"/> Social Security (secondary caregiver)			
	<input type="checkbox"/> Other: _____			
TOTAL:				