

Missouri Department of Revenue Employee's Withholding Allowance Certificate

This certificate is for income tax withholding and child support enforcement purposes only. Type or print.

	Full Name	Soci	al Secur	ity Nun	nber			Filing S	tatus				
			1	1 1	1	1 1	1	Single [Marri	ed 🗌	Head o	of Househo	old 🔲
	Home Address (Number and Street or Rural Route)	City	or Town					State			ZIP Co	de	
	1. Allowance For Yourself: Enter 1 for yourself if your filing	status is singl	e, marri	ed, or	head o	f house	hold			1			
	2. Allowance For Your Spouse: Does your spouse work?									2			
	Allowance For Dependents: Enter the number of dependent or your spouse or dependents that your spouse has alre									3			
9	4. Additional Allowances: You may claim additional allowa									3			
وَ	deductions or credits that lower your tax. Enter the num	ber of addition	al allow	ances	you wo	uld like	to cla	im		4			
Imployee	5. Total Number Of Allowances You Are Claiming: Add Lir	nes 1 through 4	and er	ter tot	al here					5			
_	6. Additional Withholding: If you expect to have a balance	due (as a resu	It of inte	rest in	come,	dividen	ds, in	come fro	om a				
	part-time job, etc.) on your tax return, you may request y												
	each pay period. To calculate the amount needed, divid pay periods in a year. Enter the additional amount to be									6	\$		
	7. Exempt Status: If you had a right to a refund of all of yo		. , .								Ψ		
	tax liability and this year you expect a refund of all Misso								tax				
	liability, write "Exempt" on Line 7. See information below 8. If you meet the conditions set forth under the Serviceme									7			
	Residency Relief Act and have no Missouri tax liability, v									8			
	9. If income earned as a member of any active duty compo	nent of the Arr	ned For	ces of	the Un	ited Sta	ate is	eligible t	for the				
	military income deduction write "exempt" on Line 9									9			
gnature	Under penalties of perjury, I certify that I am entitled to the numb	per of withholding	g allowa	ances o	laimed	on this	certific	ate, or I	am enti	itled	to claim	exempt	status.
gua	Employee's Signature (Form is not valid unless you sign it)								Date (MM/I	DD/YYY	Y)	
ō										_ / _	/		
	Employer's Name	Employer's Addr	ess										
<u>.</u>													
Š	City	State						ZIF	Code				
Employer													
Ц	Date Services for Pay First Performed by Employee (MM/DD/YYY	Y)	Fede	ral Emp	loyer I.I	D. Numb	er		Missour	i Tax	dentific	cation Nu	ımber

Notice To Employer: Within 20 days of hiring a new employee, send a copy of Form MO W-4 to the Missouri Department of Revenue, P.O. Box 3340, Jefferson City, MO 65105-3340 or fax to (573) 526-8079.

Employee Information — You Do Not Pay Missouri Income Tax on all of the Income You Earn!

Visit http://www.dort.mo.gov/tax/calculators/withhold/ to try our online withholding calculator.

Form MO W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Missouri when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark "Exempt" on Line 7 above. The following amounts of your annual Missouri adjusted gross income will not be taxed by the state of Missouri when you file your individual income tax return.

Single	Married Filing Combined	Head of Household
\$2,100 — personal exemption	\$ 4,200 — personal exemption	\$ 3,500 — personal exemption
\$6,350 — standard deduction	\$12,700 — standard deduction	\$ 9,350 — standard deduction
\$8,450 — Total	\$16,900 — Combined Total (For both spouses)	\$12,850 — Total
+ \$1,200 for each dependent	+ \$1,200 for each dependent	+ \$1,200 for each dependent
+ up to \$5,000 for federal tax	+ up to \$10,000 for federal tax	+ up to \$5,000 for federal tax

Items to Remember:

Phone: (573) 751-8750

Fax: (573) 526-8079

- If your filing status is married filing combined and your spouse works, do not claim an exemption on Form MO W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim
 the dependents on your Form MO W-4. If both spouses claim the dependents
 as an allowance on Form MO W-4, it may cause you to owe additional Missouri
 income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form MO W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Missouri may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the non-resident military servicemember, Form W-2 issued to the nonresident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card.

Mail to: Taxation Division P.O. Box 3340

Jefferson City, MO 65105-3340

Visit Form MO W-4 (Revised 12-2016)

http://dss.mo.gov/child-support/employers/new-hire-reporting.htm for additional information regarding new hire reporting.

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

		Person	al Allowances Works	heet (Keep for your records.)						
Α	Enter "1" for yo	ourself if no one else can	claim you as a dependent	t		A				
	1	 You're single and ha 	ve only one job; or)					
В	Enter "1" if:	 You're married, have 	only one job, and your spe	ouse doesn't work; or	} .	В				
	l	 Your wages from a se 	cond job or your spouse's v	wages (or the total of both) are \$1,50	00 or less. J					
С	Enter "1" for yo	our spouse. But, you ma	choose to enter "-0-" if y	ou are married and have either a w	orking spouse o	or more				
	than one job. (E	Entering "-0-" may help y	ou avoid having too little ta	ax withheld.)		· · C				
D	Enter number of	of dependents (other tha	n your spouse or yourself)	you will claim on your tax return.		D				
E	Enter "1" if you	will file as head of hous	ehold on your tax return (s	see conditions under Head of hou s	sehold above)	E				
F	Enter "1" if you	have at least \$2,000 of	hild or dependent care e	expenses for which you plan to cla	im a credit .	F				
	(Note: Do not i	nclude child support pay	ments. See Pub. 503, Chil	d and Dependent Care Expenses,	for details.)					
G	Child Tax Cred	dit (including additional c	hild tax credit). See Pub. 9	72, Child Tax Credit, for more info	rmation.					
				d), enter "2" for each eligible child;	then less "1" if y	/ou				
	have two to fou	ır eligible children or less	"2" if you have five or mo	re eligible children.						
	•			and \$119,000 if married), enter "1"	J					
Н	Add lines A throu	ugh G and enter total here.	(Note: This may be different t	from the number of exemptions you cl	aim on your tax re	eturn.) ► H				
	For accuracy,	• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions or accuracy, and Adjustments Worksheet on page 2.								
	complete all	• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2								
	that apply.			nere and enter the number from line I	d on line 5 of For	m W-4 below				
Form	W-4	Employ	ee's Withholding	nployer. Keep the top part for your Allowance Certifica Beer of allowances or exemption from with	te	OMB No. 1545-0074				
	ment of the Treasury Il Revenue Service			pe required to send a copy of this form t						
1	Your first name	and middle initial	Last name		2 Your social	security number				
	Home address (number and street or rural rou	te)	3 Single Married Mar	ried, but withhold at	t higher Single rate.				
				Note: If married, but legally separated, or spo	use is a nonresident a	lien, check the "Single" box.				
	City or town, sta	ate, and ZIP code		4 If your last name differs from that	shown on your so	cial security card,				
				check here. You must call 1-800-	772-1213 for a rep	lacement card. ▶				
5	Total number	of allowances you are c	aiming (from line H above	or from the applicable worksheet	on page 2)	5				
6	Additional am	nount, if any, you want w	thheld from each payched	k	[6 \$				
7	I claim exemp	otion from withholding fo	r 2017, and I certify that I r	neet both of the following conditio	ns for exemption	n.				
	•	•		nheld because I had no tax liability,						
	• This year I	expect a refund of all fed	eral income tax withheld b	ecause I expect to have no tax liab	pility.					
	•	· · · · · · · · · · · · · · · · · · ·	empt" here		7					
Unde	er penalties of per	jury, I declare that I have e	examined this certificate and	, to the best of my knowledge and be	elief, it is true, co	rrect, and complete.				
	loyee's signature form is not valid	e unless you sign it.) ▶			Date ▶					
8		<u> </u>	mplete lines 8 and 10 only if sen	ding to the IRS.) 9 Office code (optional)	10 Employer id	entification number (EIN)				

Form W-4 (2017) Page **2**

	,								. 490 =
			Deducti	ons and A	djustments Works	heet			
Note 1	Enter an estimate and local taxes, ryour itemized de	e of your 2017 it medical expenses ductions if your it	emized deductions. These is in excess of 10% of your income is over \$313,800 a	include qualifyin income, and mis and you're marrie	claim certain credits or g home mortgage interest, o cellaneous deductions. For 2 ed filing jointly or you're a qua old and not a qualifying wido	charitable contribe 017, you may havalifying widow(er);	utions, state ve to reduce ; \$287,650		
	married filing sep	arately. See Pub	. 505 for details ied filing jointly or qua					1 \$	
2	Enter: { \$9	9,350 if head			}			2 \$	
3			. If zero or less, enter	-				3 \$	
4					y additional standard de	eduction (see	Pub. 505)	4 \$	
5			,	•	nt for credits from the o. 505.)	-		5 \$	
6	Enter an estir	nate of your 2	2017 nonwage income	e (such as div	vidends or interest) .			6 \$	
7			. If zero or less, enter					7 \$	
8	Divide the an	nount on line	7 by \$4,050 and ente	r the result he	ere. Drop any fraction			8	
9	Enter the nun	nber from the	Personal Allowance	s Workshee	t, line H, page 1			9	
10					the Two-Earners/Mul t				
			<u> </u>		d enter this total on Fo			10	
					: (See Two earners o	or multiple j	obs on pa	ge 1.)	
		,	the instructions under		•			_	
1			. • .	-	sed the Deductions and	-	•	1	
2	you are marri				EST paying job and enting job are \$65,000 or l				
_	than "3" .							2	
3			-		om line 1. Enter the resoft this worksheet	•		_	
Noto			· -		age 1. Complete lines			3	
Note			olding amount necess		•	+ tillough 9 be	elow to		
4	_		2 of this worksheet	ary to avoid	a your ond tax biii.	4			
5			1 of this worksheet			5			
6	Subtract line					—		6	
7				the HIGHE !	ST paying job and ente	r it here		7 \$	
8					additional annual withh			8 \$	
9		-			r example, divide by 25	-		<u> </u>	
•		-		-	nere are 25 pay periods				
				-	ional amount to be withh	-		9 \$	
		Tab	le 1			Tal	ble 2		
	Married Filing	Jointly	All Other	s	Married Filing J	lointly		All Other	Ś
	es from LOWEST job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from		Enter on line 7 above
	\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610		- \$38,000	\$610
	001 - 14,000 001 - 22,000	1 2	8,001 - 16,000 16,001 - 26,000	1 2	75,001 - 135,000 135,001 - 205,000	1,010 1,130		- 85,000 - 185,000	1,010 1,130
22,0	001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001	- 400,000	1,340
	001 - 35,000 001 - 44,000	4 5	34,001 - 44,000 44,001 - 70,000	4 5	360,001 - 405,000 405,001 and over	1,420 1,600	400,001	and over	1,600
44,0	001 - 55,000	6	70,001 - 85,000	6	.55,55 . 4.14 6761	.,555			
	001 - 65,000 001 - 75,000	7 8	85,001 - 110,000 110,001 - 125,000	7 8					
	001 - 75,000	9	125,001 - 125,000	9					
	001 - 95,000	10	140,001 and over	10					
	001 - 115,000 001 - 130,000	11 12							
130,0	001 - 140,000 001 - 150.000	13 14							

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

IF YOU ARE CLAIMING "EXEMPT" ON YOUR FEDERAL OR STATE W-4

From the instructions on the Federal W-4 (top left corner of page 1):

Exemption from withholding: If you are exempt, complete lines 1, 2, 3, 4 and 7 and sign the form to validate it. Your exemption for (any year) **EXPIRES February of the FOLLOWING YEAR.** See Pub. 505, Tax Withholding and Estimated Tax.

WHAT THIS MEANS: If you claim exempt you are declaring that you will owe NO federal income tax. If you claim exempt, you will have NO FEDERAL income tax taken out of your check. If you claim exempt, your W-4 form will **EXPIRE** every February and must be replaced. This is **YOUR RESPONSIBILITY**.

From the Missouri State W-4, line 7:

EXEMPT STATUS: If you had a right to a refund to **ALL** of your Missouri income tax withheld last year because you had **NO** tax liability and this year you expect a refund of **ALL** Missouri income tax withheld because you expect to have **NO** tax liability, write "EXEMPT" on Line 7. See Information below.

(There is additional information at the bottom of the page under Items to Remember, for people who qualify for the EXEMPT status due to the Military Spouses Residency Relief Act" and documents that must be supplied to your employer)

W-4 forms are turned in at times with both allowances and the word exempt. That voids the form and we must get a new one.

If you are claiming exempt, please sign this page to be attached to your W-4 that you fully understand what it means to claim this status, that NO federal or state tax will be taken out of your check and you are fully responsible for any federal or state tax liability you may have when you file your federal and state tax returns. This form must be received with any W-4 claiming exempt status, or the payroll department will contact you to either obtain a signed copy, or get a new corrected W-4.

I	UNDERSTAND THAT I WILL HAVE NO
FEDERAL OR STATE TAX	ES WITHHELD FROM MY PAY CHECKS, THAT I
AM RESPONSIBLE FOR A	NY FEDERAL OR STATE TAX LIABILITY I HAVE
FOR THE YEAR, AND I W	ILL REPLACE EXPIRED EXEMPT W-4 FORMS
EACH FEBRUARY.	
Signature	Date

OZARKS AREA COMMUNITY ACTION CORPORATION

AUTHORIZATION FORM FOR DIRECT DEPOSIT OF PAYROLL

	ME: LAST FIRST	MIDDLE	SOCI	AL SECURITY NUMBER
CHECK	APPLICABLE BOX			
	NEW ENROLLMENT Complete and sign this form. Atta	ch a voided check		
	CHANGE OF ACCOUNT Complete and sign this form. Atta	ch a voided check for the no	ew account.	
	ACCOUNT I	NFORMATION		ount (check one)
	Bank, Credit Union, or Savings	& Loan	Checking	Savings
	Name:			
	Address			
	City	State	ZIP	
the financ	authorize the Ozarks Area Community cial institution named above. I agree to the may recover such funds directly frough that any change or cancellation mand th	hat if any funds are deposite om my account. This author	sit my net pay amount to my ord in error to my account, the ity will remain in effect until I oll Department by Friday to ta	Ozarks Area Community Action nave signed a new authorization.
the financ	cial institution named above. I agree to on may recover such funds directly from	Action Corporation to depothat if any funds are deposited om my account. This authoroust be received by the Payr	sit my net pay amount to my ord in error to my account, the ity will remain in effect until I oll Department by Friday to ta	Ozarks Area Community Action nave signed a new authorization.
the finance Corporati I underst	cial institution named above. I agree to on may recover such funds directly from	Action Corporation to depo that if any funds are deposite om my account. This author sust be received by the Payr ATTACH VOIDED	sit my net pay amount to my ord in error to my account, the ity will remain in effect until I oll Department by Friday to ta	Ozarks Area Community Action nave signed a new authorization. ke effect the following pay day.



Ozarks Area Community Action Corporation

ACKNOWLEDGEMENT OF EMPLOYEE RECEIPT OF FAMILY MEDICAL LEAVE ACT RIGHTS

(Refer to FMLA poster for additional information)

I understand that reason for taking FMLA leave includes any of the following:

I hereby certify I have been informed of my rights under the Family and Medical Leave Act of 1993 on the date shown below. FMLA requires covered employers to provide up to 12 weeks of unpaid, job protected leave to eligible employees for the following reasons:

- For a serious health condition that makes the employee unable to perform the employee's job.
- For incapacity due to pregnancy, prenatal medical care or child birth.
- To care for the employee's child after birth, or placement for adoption or foster care.
- To care for the employee's spouse, son, daughter, or parent who has a serious health condition.
- Because of a qualifying exigency arising out of the fact that your spouse, son, daughter, or parent is on
 active duty or call to active duty status in support of a contingency operation as a member of the
 National Guard or Reserves. (Refer to FMLA poster for additional information for Military Family Leave Entitlements)
- Because you are the spouse, son, daughter, parent, or next of kin of a covered service member with a serious injury or illness. (Refer to FMLA poster for additional information for Military Family Leave Entitlements)

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Substitution of Paid Leave for Unpaid Leave

OACAC requires employees to use all paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Benefits

I understand that for the 12 weeks of FMLA leave the employer will pay the employer's share of my health, dental and life insurance. The employee's co-pay amount for the employee (and dependent(s) if applicable) will continue to be the responsibility of the employee.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedure. Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Employees will be required to provide a certification and periodic recertification supporting the need for leave.

You have a right under FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:

• the 12-month period measured forward from the date of your first FMLA leave usage.

Print Name	Program/Location	
Signature of Employee	 Date	



Ozarks Area Community Action Corporation

DATE	CENTE	R/LUCATION	
MARRIED	SINGLE	DIVORCED_	
PRINT NAME: F	IRST, MIDDLE, I	AST SIGNATU	RE
ADDRESS			
CITY		STATE	ZIP
HOME PHONE_		CELL PHO	ONE
BIRTHDAY(month/day/year)	SO	OCIAL SECURITY	#
1 ST EMERGENCY	CONTACT PERSO	<u>DN</u>	
PRINT NAME		RELATIO	ONSHIP
HOME PHONE		CELL PHONE	
WORK PHONE			
2 nd EMERGENCY	CONTACT PERSO	<u>N</u>	
PRINT NAME		RELATIO	DNSHIP
HOME PHONE		CELL PHONE	
WORK PHONE			



EMERGENCIES

message & data rates that may apply.



Sign up to receive text message updates from OACAC Head Start. Our goal is to engage parents and caregivers when needed, quickly, with this easy-to-use communication tool called Head Start CONNECT. You will receive text messages for the following categories:

	REMINDERS	□ New enrollment	
• CLOSING	GS DUE TO WEATHER	☐ Updated enrollm	ent Information
CHILD W	VELL-BEING UPDATES		
	CONNECT with OACAC Head ble to link you with a classroo		-
Primary Parent/Guard	lian:		
Last Name	First	Mobile Number	Wireless Carrier raight talk, please list carrier)
☐ Employee? List Cent	ter		rangine tami, prease not earner,
Secondary Parent/Gua	ardian:		
Last Name	First	Mobile Number (if st	Wireless Carrier raight talk, please list carrier)
	First ead Start/Early Head Start asso	(if st	raight talk, please list carrier)
		(if st	raight talk, please list carrier) rents/Guardians:
List all children in He		(if stopiciated with the above Pa	raight talk, please list carrier) rents/Guardians:
List all children in He		(if stope of the content of the cont	raight talk, please list carrier) rents/Guardians:

IMPORTANT: This free service is FCC CAN-SPAM compliant. You may update message preferences or unsubscribe at any time by notifying OACAC Head Start. Please check your wireless carrier for

8-2016