

Dear Parent or Guardian,

Your child's day care provider participates in the Child and Adult Care Food Program (CACFP). CACFP gives your day care provider a meal allowance for serving healthy meals to the children in his/her day care home. The CACFP meal allowance is paid at two different rates (Tier I and Tier II). This application will help us determine if your day care provider can be paid at the higher rate (Tier I) or lower (Tier II) rate for your child's meals. If you decide not to complete this form, your day care provider will receive the lower rate.

If you think your household qualifies for Tier I rates, please consider filling out this form. Return the form to our office in the envelope provided, not to your day care provider. The information on this application is confidential and is used only for determining the meal allowance rate your provider receives for the meals served to your child. The information on the form will not be shared with your day care provider.

How do we determine if your child's meals can be reimbursed at Tier I rates? There are two ways we use to find out if your day care home can be paid at the higher rate:

1. If anyone in your household participates in any of the programs listed in Part A on page 3, CACFP will automatically pay Tier I rates to your day care provider. You must fill out Parts A and C of this form. Include your identification or case number, sign and date the form. If your household no longer participates in these programs, you must notify us. You will be asked to complete this form every year.
2. Your household might meet the income guidelines for Tier I rates (see chart on page 2 of this letter). The definition of household is a group of related or non-related individuals who are living as one economic unit. If household members become unemployed, the loss of income may cause the family income to be within the eligibility standards during the period of unemployment. You must fill out Parts A, B and C, and sign and date the form. You will be asked to complete this form every year.

If you have any questions, please contact _____ at _____

Thank you for your cooperation.

Sincerely,

CACFP Representative

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of color, race, sex, age, disability or national origin. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**INCOME ELIGIBILITY GUIDELINES FOR TIER I
(Effective from July 1, 2009 to June 30, 2010)**

Household Size	Household Income (All Sources)		
	Yearly	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
For each additional family member	+6,919	+577	+134

SOURCES OF INCOME

Earnings from Work

Wages, Salaries, Tips
Strike Benefits
Unemployment Compensation
Workers Compensation
Net Income from Self-Owned Business or Farm

Pensions/Retirement/Social Security

Pensions (government or private)
Supplemental Security Income
Retirement Income
Veterans Payments
Social Security

Other Income

Disability Benefits
Cash Withdrawn from Savings, Interest or Dividends
Income from Estates, Trusts, Investments
Regular Contributions from persons not living in the household
Net Royalties, Annuities
Net Rental Income
Any Other Income

Welfare/Child Support/Alimony

Public Assistance Payments
Welfare Payments
Alimony, Child Support Payments

LIST OF CATEGORICALLY ELIGIBLE PROGRAMS¹

Federal Assistance Programs

Food Stamp Program
WIC Supplemental Food Program
Temporary Assistance to Needy Families (TANF)
Head Start (Federally funded slots only)
National School Lunch – Free/Reduced Meals
Commodity Supplemental Food Program (CSFP)
Food Distribution Program on Indian Reservations (FDPIR)
Medicaid

State Assistance Programs

Child Assistance Program
Prenatal Care Assistance Program
NYS Child Care Block Grant
Begin (NYC only)
Social Services Block Grant

¹This list applies to households of children participating in a Tier II day care home only. The list of State Assistance Programs will be updated as needed.

Return to:

Provider # _____

PART A: The Child and Adult Care Food Program is required to ask for the information on this form. It will be used only by the Child and Adult Care Food Program and is considered confidential. It is not related to any fees you may be charged by the Sponsor, provider or institution.

Name of Child in Care _____

Name of Day Care or Owner/Operator _____

Name of Parent/Guardian _____

On-Site Provider (if different) _____

Street Address _____ Apt # _____

Mailing Address (if different) _____ Apt # _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone Number _____

Alternate Phone Number _____

Household: a group of individuals who live together and share income and expenses.

NAME EVERYONE LIVING IN YOUR HOUSEHOLD *BEGIN WITH YOURSELF	DATE OF BIRTH	RELATIONSHIP TO YOU	ENROLLED IN CARE (Y/N)
1.*		SELF	
2.			
3.			
4.			
5.			
6.			
7.			

A household participating in one of these programs meets CACFP requirements.

Please check the appropriate box, provide your identification number and sign in **PART C**. If no one in your household participates in one of these programs, go to **PART B**.

Food Stamps ID # _____

Public Assistance/TANF ID # _____

Medicaid ID # _____

Free/Reduced Price School Lunch

Head Start (income eligible only)

PART B: Household Income – List the income/salary of everyone in your household.

HOUSEHOLD MEMBER NAME	GROSS SALARY (CIRCLE ONE) MONTHLY YEARLY
1.	
2.	
3.	
<input type="checkbox"/> Unemployment/Disability	
<input type="checkbox"/> Self-Employed (Net)	
<input type="checkbox"/> Other – Other includes pensions, retirement, Social Security, welfare payments, child support and any other sources of income. Specify _____	

TOTAL \$

FOR SPONSOR USE ONLY

Sponsor Agreement # _____

Total Number of Household Members _____ Total Household Income \$ _____

Number of Tier I Eligible Children _____

Number of Tier II Eligible Children _____

Reason _____

Signature of Sponsor's Determining Official _____ Date of Determination _____

PART C: Parent/Guardian Certification – READ THE STATEMENT BELOW BEFORE SIGNING.

I certify that the information on this form is true and correct. I understand that this information is given for the receipt of federal funds, and officials may check the information on the application. I understand that giving incorrect information on purpose may subject me to prosecution under applicable state and federal laws.

Section 9 of the National School Lunch Act requires that if a Food Stamp, FDPRI or TANF case number is not provided, you must include a Social Security number below. Give the Social Security number of the parent/guardian who is the primary wage earner or the adult household member signing this statement, or indicate that the adult household members do not have a Social Security number. This statement cannot be approved without this information. This form must be brought to the attention of the household member whose Social Security number is disclosed. The Social Security number may be used to verify the correctness of information on this form. There are several ways the verification may be conducted: program reviews, audits, investigations, contacting employers to determine income, or Food Stamp or welfare offices to determine the current certification for receipt of Food Stamps or TANF benefits, contact with the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claim, or legal actions if incorrect information is reported.

Printed Name of Adult

Social Security Number of Primary Wage Earner

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Signature of Adult

Date Signed by Parent