

Dear Day Care Home Provider:

When you join the Child and Adult Care Food Program (CACFP) you are paid for healthy meals you serve the children in your day care home. CACFP pays for meals and snacks at two different rates. Your sponsor will work with you to find out if you will be paid at the Tier I or the Tier II rate.

How does my Sponsor know if my home is Tier I? There are a few ways your Sponsor can find out if your day care home can be paid at this higher rate. Your sponsor will also tell you if you must fill out this form so you can be paid at this rate. The information on this application is private and will not be shared with others.

1. The Sponsor will find out if your day care home is in an elementary school district that qualifies you for Tier I payments. You will not have to fill out this form.
2. The Sponsor can use census data showing you can be paid Tier I rates. You will not have to fill out this form.
3. If you receive Food Stamps or Temporary Assistance to Needy Families (TANF) benefits, you can be paid at Tier I rates. You must fill out Section A of this form with your identification or case number, sign and date the form. You must complete this form every year.
4. You might meet the income guidelines for the Tier I rate. You must fill out Sections A, B, and C of this form. Once completed, sign and date the form. To determine if you are eligible for the Tier I rate, this form must be completed every year.

What happens if my day care home is not Tier I? The meals you serve children in your day care home will be paid at the lower Tier II rates. Your Sponsor will also talk to you to find out if you might be able to be paid at Tier I rates for some of the children in your care.

How do I qualify to claim meals for my own child or foster child living with me? If your day care home has qualified for Tier I, your Sponsor will also explain that CACFP might be able to pay you for some meals your own children eat at home. To find out if this is possible, you must complete the income eligibility form and give it to your Sponsor. If your Sponsor determines you are eligible, you may claim your children or foster children living with you if they are under 13 years of age, are enrolled in the food program, and non-resident children in care are eating at the same time. You must complete this form every year to determine if you can claim your own children for meals or snacks.

In certain cases, foster children are eligible for Tier I rates regardless of the income of the household in which they live. Talk to your Sponsor about the details for filling out the form for foster children.

Sincerely,

CACFP Representative

In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of color, race, sex, age disability or natural 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, 2008 TO June 30, 2009)**

Household Size	Household Income (All Sources)		
	Yearly	Monthly	Weekly
1	19,240	1,604	370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
For each additional family member	+6,660	+555	+129

SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS

Earnings from Work

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

Welfare/Child Support/Alimony

Public Assistance Payments
Welfare Payments
Alimony, Child Support Payments

Pensions/Retirement/Social Security

Pensions (government or private)
Supplemental Security Income
Retirement Income
Veteran's Payments
Social Security

Categorically Eligible Programs

Food Stamp Program
Temporary Assistance to Needy Families
(TANF)
Food Distribution Program on Indian
Reservations (FDPIR)

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

Instructions for Providers Completing the Income Eligibility Application: Report all household income, not just your day care home business income. The definition of household is the following: *family* or *household* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit. Family members who become unemployed may be eligible for Tier I reimbursement rates if the loss of income causes the family income to be within the eligibility standards during the period of unemployment.

Verification of Income: Income must be verified for providers who are eligible for Tier I based upon household income. If you operated a day care home business last year, please attach a copy of your most recent tax return including Schedule C. Other income documentation may include pay stubs for salaried work or statements from other forms of income for all household members.

Return to:

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.

Provider Name _____ **Foster Child Name** _____
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.			

Participating in one of the programs below satisfies CACFP requirements for Tier I rates. Please bring your documents. If no one in your household participates in one of these programs, go to Part B.

Food Stamps ID# _____ Public Assistance/TANF ID# _____

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 – Please bring stub/disability letter.	
<input type="checkbox"/> Self-Employed (Net) – Please bring Income Tax Records.	
<input type="checkbox"/> Other – Bring proof of interest, dividends, rental income, income from estates or trust, Social Security, SSI, spousal support, child support, pensions and any other cash received or withdrawn from any source.	

TOTAL \$

FOR SPONSOR USE ONLY

Total Number of Household Members: _____ Total Household Income: _____

_____ Provider is Tier I eligible by (circle): Income Area School Census

_____ Provider is Tier I by Income & Can Claim Own Children. # of Eligible Children _____

_____ Provider is Tier II Eligible Only & Cannot Claim Own Children

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

PART C: Provider Certification – PLEASE 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 Provider

Social Security Number of Provider

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Signature of Provider

Date Signed by Provider
