Letter to Households/Income Eligibility Form
Family Day Care Home Provider

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 the attendance area of a school 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 or anyone in your household receives SNAP, TANF or FDPIR benefits, you can be paid at Tier I rates. You must fill out Part A of this form with the 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 Parts A, B, and C of this form. Once completed, sign and date the form. 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 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.

Foster children are automatically eligible for Tier I rates regardless of the income of the household in which they live. Talk to your Sponsor about how to fill out the form for foster children.

Sincerely,

CACFP Representative

USDA is an equal opportunity provider and employer.

INCOME ELIGIBILITY GUIDELINES FOR TIER I
(Effective July 1, 2014 until June 30, 2015)

HOUSEHOLD SIZE	HOUSEHOLD INCOME (ALL SOURCES)		
	YEARLY	MONTHLY	WEEKLY
1	21,590	1,800	416
2	29,101	2,426	560
3	36,612	3,051	705
4	44,123	3,677	849
5	51,634	4,303	993
6	59,145	4,929	1,138
7	66,656	5,555	1,282
8	74,167	6,181	1,427
FOR EACH ADDITIONAL FAMILY MEMBER	+7,511	+626	+145

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 and private)
Supplemental Security Income
Retirement Income
Veteran's Payments
Social Security

Categorically Eligible Programs
Supplemental Nutrition Assistance Program (SNAP)
Temporary Assistance to Needy Families (TANF)
Food Distribution Program on Indian Reservations (FDPIR)
Court-placed Foster Children

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 Form: Report all household income, not just your day care home business income. The definition of *family* or *household* is the following: 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.

CACFP Agreement #_____ 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 Day Care or Owner/Operator_____

On-Site Provider _____
(if different)
Street Address_____ Apt #____
City_____State_____ Zip_____

Phone Number_____

Foster Child Name_____

Mailing Address _____ Apt #____
(if different)
City_____State_____ Zip_____

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.			

Households in which any member receives SNAP, TANF or FDPIR benefits give Tier I eligibility to the Provider. Please provide the case number and documentation, if required by your Sponsor. If no one in your household participates in one of these programs, go to Part B.

☐ SNAP Case # _____

☐ FDPIR #_____

☐ TANF #_____

☐ Court-placed Foster Child

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

HOUSEHOLD MEMBER NAME	GROSS SALARY		
	WEEKLY	MONTHLY	YEARLY
1.			
2.			
3.			
☐ **Unemployment/Disability** – Please bring stub/disability letter.			
☐ **Self-Employed (Net)** – Please bring Income Tax Records.			
☐ **Other** – Please 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	**$**	**$**	**$**

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 SNAP, TANF or FDPIR case number is not provided, you must include the last four digits of a Social Security number below. Give the Social Security number of 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. Verification of the information on this form may be conducted through program reviews, audits, investigations, contacting employers to determine income, or SNAP or welfare offices to determine the current certification for receipt of SNAP, TANF or FDPIR 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

X	X	X	—	X	X	—				

Signature of Provider

_____

Date Signed by Provider_____

FOR SPONSOR USE ONLY

CACFP Agreement #_____ Provider #_____

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

_____Total Number of Foster Children

Signature of Sponsor's Determining Official_____ Date of Determination_____