



LETTER TO HOUSEHOLDS/INCOME ELIGIBILITY FORM
 Tier II Day Care Home Participant

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 rate (Tier II) 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. 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.

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 you or 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. 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 family income may put your household in the eligible category. 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.
3. A court-placed foster child in your household will automatically be paid at the Tier I rate. The remaining children in the household will be paid at the Tier II rate unless determined eligible using 1 or 2 above.

If you have any questions, please contact _____ at _____

Thank you for your cooperation.

Sincerely,

CACFP Representative

No person will be discriminated against because of race, color, national origin, sex, age or disability in the operation of the Child and Adult Care Food Program. If you believe that you have been discriminated against, write to USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (866) 632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

**INCOME ELIGIBILITY GUIDELINES FOR TIER I
(Effective July 1, 2011 until June 30, 2012)**

Household Size	Household Income (All Sources)		
	Yearly	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
For each additional family member	+7,067	+589	+136

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

SNAP/Food Stamp Program
WIC Supplemental Food Program
Temporary Assistance to Needy Families (TANF)
Head Start
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
Court-appointed Foster Children

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:

___ Initial here if you consent to allowing your Provider to collect your form and transmit it to the Sponsor. Your Provider will not review your form.

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 Parent/Guardian _____ Street Address _____ Apt # _____ _____ City _____ State _____ Zip _____ Phone Number _____	Name of Day Care or Owner/Operator _____ On-Site Provider (if different) _____ Mailing Address (if different) _____ Apt # _____ _____ 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 Free/Reduced-Price Meals, SNAP/Food Stamps, TANF or FDPIR benefits give Tier I eligibility to all children in that household.

<input type="checkbox"/> Free/Reduced-Price School Lunch	<input type="checkbox"/> TANF # _____
<input type="checkbox"/> SNAP/Food Stamp Case # _____	<input type="checkbox"/> FDPIR # _____

Children enrolled in these programs are categorically eligible for Tier I:

<input type="checkbox"/> Head Start or Early Head Start	<input type="checkbox"/> Medicaid ID # _____
<input type="checkbox"/> Foster Child placed by Court	

PART B: Household Income – List the income/salary of everyone in your household and how often it is received.

HOUSEHOLD MEMBER NAME	GROSS SALARY		
	WEEKLY	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 \$ _____

Total Number of Foster Children _____

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 SNAP/Food Stamp, TANF or FDPIR case number is not provided, you must include the last four digits of the 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. Verification of the correctness of information on this form may be conducted through program reviews, audits, investigations, contacting employers to determine income, or SNAP/Food Stamp or welfare offices to determine the current certification for receipt of SNAP/Food Stamps, 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 Adult _____

Social Security Number of Primary Wage Earner

X	X	X	—	X	X	—				
---	---	---	---	---	---	---	--	--	--	--

Signature of Adult _____

Date Signed by Parent _____