

Sponsor Name_____ CACFP Agreement #_____

Select one option for your organization's income eligibility determination (Tier I) date:

☐ Determinations will be based on the date the provider/parent/guardian signs the income eligibility form(s) [DOH-4160, DOH-4161]

☐ Determinations will be based on the date the Sponsor makes the Tier I determination.

Sponsor Administrator Signature_____ Date_____

Print Sponsor Administrator Name_____

Please return this form by April 15, 2014 via FAX to: 518-402-7252