

**LETTER TO PROVIDERS TO ACCOMPANY  
APPLICATION FOR TIER 1 REIMBURSEMENT**

Dear Provider:

This letter pertains to you if you wish to establish eligibility as a Tier 1 home in the Child and Adult Care Food Program (CACFP) or if you wish to claim meals served to your own child in the program.

**Tier 1 Reimbursement for All Children**

A two-tiered structure is used to determine rate of meal reimbursement. In order to qualify for the higher Tier 1 rate for meals served to children enrolled in your daycare program, the home must either: 1) be located in an area of economic need as determined by school enrollment or census data or 2) establish eligibility based on provider's own household income. The latter requires your completion of the attached Provider Application for Tier 1 Reimbursement Rates which is to be submitted to our agency for approval.

Documentation must also be attached to support all income or case number(s) listed. This includes pay stubs, award letters from welfare departments, social security, and support payment decree from courts. If we determine that you are eligible based on household income, you will qualify for the Tier 1 reimbursement rates for all children in your care.

If this day care home is not located in an area established as one of economic need and you choose not to complete this form, or if you do not qualify, reimbursement will be paid for CACFP meals served to enrolled children at the lower (Tier 2) rate. If the day care home has already been classified as a Tier 1 home because the home is located in an area determined to be economically eligible, the application does not have to be completed unless you would like to also claim meals served to your own child(ren).

**Applying to Claim Meals Served to Your Own Child**

Please note that completion of this form is required for all providers who wish to claim meals served to their own children or foster children. Even if the day care home is located in an area determined to be economically eligible, the regulations require that eligibility be established for provider's child(ren) through completion of this application, if you wish to claim meals served to them.

If you are determined to be eligible, you may claim meals served to your own child(ren) under thirteen years of age, only when meals are served at the meal service to other enrolled children in your program. Our agency may verify the income information you submit, but is not required to do so in this circumstance. In this circumstance, do not submit documentation to support all income listed unless we specifically ask you to do so.

Sincerely,

Tonya Ahrendt  
Coordinator  
Family Day Care Network  
[Ahrendtt@sanfordhealth.org](mailto:Ahrendtt@sanfordhealth.org)

**ATTACHMENT F1**

**Who should fill out an application?**

- Any provider who wishes to apply to receive Tier 1 rates for all children’s meals.
- All providers who wish to claim meals served to their own children or foster children.

**You do not need to complete the application:**

- If you receive a letter from Social Services or Interagency Notification from the commodity warehouse on Indian reservations, submit that instead of an application form.

**INCOME ELIGIBILITY GUIDELINES**  
(Effective from July 1, 2008 to June 30, 2009)

	Annually	Monthly	Every 2 weeks	Twice a month	Weekly
<b>Household Size</b>	<b>Reduced</b>	<b>Reduced</b>	<b>Reduced</b>	<b>Reduced</b>	<b>Reduced</b>
1	\$19,240	\$1,604	\$740	\$802	\$370
2	\$25,900	\$2,159	\$997	\$1,080	\$499
3	\$32,560	\$2,714	\$1,253	\$1,357	\$627
4	\$39,220	\$3,269	\$1,509	\$1,635	\$755
5	\$45,880	\$3,824	\$1,765	\$1,912	\$883
6	\$52,540	\$4,379	\$2,021	\$2,190	\$1,011
7	\$59,200	\$4,934	\$2,277	\$2,467	\$1,139
8	\$65,860	\$5,489	\$2,534	\$2,745	\$1,267
For each additional family member, add	\$6,660	\$555	\$257	\$278	\$129

Look at the chart. Find your household size. If your household income is the same or less than the listed income for your household size, you may be eligible to claim Tier 1 reimbursement for meals served to your own child(ren) and also to all other children in your care.

A household is all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. Total household income is current income received by all household members during the month prior to application. If this income is higher or lower than usual and does not fairly or accurately represent the household’s actual circumstances, the household may project its annual rate of income. Income includes **gross** earned income, which means all income earned before such deductions as income taxes, employee’s social security taxes, insurance premiums, and bonds.

Note: If you receive Food Stamps (FS), commodities through the Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF) for your children, you are automatically eligible to receive the Tier 1 rate for meals served to your own child(ren) and all other children’s meals.

## ATTACHMENT F2

### Instructions for Completing the Tier 1 Reimbursement Application

Indicate at the top of the application if you are applying for Tier 1 rates for all children and/or your own children. Check “for all children” only if you have not been determined eligible for Tier 1 rates based on school or census area data.

**PART 1-Household receiving Food Stamps (FS), Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR).** For a household receiving these benefits, this application must include:

1. A current FS, TANF, or FDPIR case number in Part 1.
2. Names of all children under age 13, who receive these benefits in Part 3.
3. An adult household member signature in Part 4.

**PART 2 - Foster Child Living in the Household.** A separate application for each child must include:

1. The name of the foster child, under age 13, in Part 2.
2. The foster child’s monthly “personal use” income in this Part. This includes: (a) money given by the welfare office identified as child’s personal use; and (b) any other money the child gets for personal use. Write “0” if the foster child does not get “personal use” income. Skip Section 3.
3. The signature of a foster parent or other official representing the child in Part 4.

**PART 3 - Household not getting FS/TANF/FDPIR.** This application must include:

1. Names of all household members.
2. An “x” next to those children under age 13 for which you wish to claim meals.
3. Current income for all household members listed under the appropriate source. Include all types of income:
  - earnings from work (wages, salaries, tips, commissions, etc.).
  - NET income from self-owned business (daycare home business, farming, etc.).
  - pensions, retirement income, social security, supplemental security income, and veteran’s payments.
  - any other income such as net rental income, annuities, net royalties,
  - disability benefits, interest, etc.
4. A signature and social security number of an adult household member in PART 4.

**CURRENT INCOME:** This is income received by the household during the month prior to application. If this income is higher or lower than usual and does not fairly or accurately represent the household actual circumstances, the household may project its annual rate of income.

Self-employed persons (day care provider’s business, etc.) must indicate net income rather than gross income as described here. Net income for self-employment is determined by subtracting business expenses from gross receipts. Self-employed persons may use last year’s income as a basis to project their current year’s **net** income, unless their current net income provides a more accurate measure.

To figure monthly income for self employed: Take information from your US Individual Tax Return-Form 1040, write the number from the corresponding tax form lines in the spaces on the next page.

## ATTACHMENT F2

To figure monthly income for farm/self-employed: The information to figure income from private business operation is to be taken from your US Individual Income Tax Return-Form 1040. Write the numbers from the corresponding tax form lines in the spaces below.

<u>Farm Income</u>	<u>Proprietorship income</u>	<u>Partnership Income</u>
Line 13 \$ _____		
Line 14 \$ _____	Line 12 \$ _____	Line 13 \$ _____
Line 17 \$ _____	Line 13 \$ _____	Line 14 \$ _____
Line 18 \$ _____	Line 14 \$ _____	Line 17 \$ _____
<b>TOTAL \$</b> _____	<b>TOTAL \$</b> _____	<b>TOTAL \$</b> _____

Divide the total by 12 and write it on the application in the monthly earnings column. If it is a negative number, write it as zero on the application.

All other income on lines 7 through 22 of the tax form must be listed separately for the person who earned it.

**DETERMINING MONTHLY INCOME:** To convert income figures to monthly income, use the following multiplication factors: weekly x 4.33; every 2 weeks x 2.15; twice a month x 2.

**PROOF OF ELIGIBILITY:** Providers who are applying to receive Tier 1 rates for all children in care based on this application must attach supporting documentation for all income listed (pay stubs, or an award letter from welfare departments or government agencies for those benefits). The application will not be approved without this information. Those providers approved for Tier 1 rates based on area eligibility, and are applying only to claim meals served to their own children; do not need to attach information.

**TO REAPPLY:** You may fill out an application for benefits any time during the year. If you should have a decrease in household income, an increase in household size, become unemployed, or get food stamps, FDPIR commodities, or TANF, you may want to fill out an application at that time.

**CONFIDENTIALITY:** The information included in this application is confidential. This information may only be made available to designated representatives of our agency or representatives of USDA.

### **NON-DISCRIMINATION STATEMENT:**

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

**APPLICATION EFFECTIVE DATES:** This form will be in effect for one year.

Please ensure that all parts of the application, which pertain to you, as directed on the application, have been fully completed. The application cannot be approved unless it contains proper documentation. If you have any questions regarding proper completion of the application, please contact our office for assistance.

## ATTACHMENT F3

### VERIFICATION - SUPPORTING DOCUMENTS TO SUBMIT

#### Providers who are applying for Tier 1 rates:

**Food Stamps (FS)/Temporary Assistance for Needy Families (TANF)/Food Distribution Program on Indian Reservations (FDPIR) Households:** If you get FS, TANF, or FDPIR, you only have to send the following:

- FS, TANF, or FDPIR certification notice showing the beginning and ending dates of the certification period.
- Letter from the food stamp, welfare, or commodity office stating that you now get FS, TANF, or FDPIR.

**Households that do not get FS, TANF, or FDPIR:** If you do not get these benefits for your child:

- 1) Complete the application form.
- 2) Write the name and social security number of an adult household member on the enclosed sheet.
- 3) Submit copies of information or papers that show your household's current income. Current income is the amount of money your household received last month.

The papers you send in must show:

1. The amount of the income received
2. The name of the person who received it
3. The date the income was received
4. How often the income is received

**To show the amount of money your household received last month, send copies of the following:**

Earnings/wages/salary for each job:

- Current paycheck stub that shows gross income and how often it is received.
- Letter from employer stating gross wages and how often you are paid.

Self Employment/daycare business/farming:

- NET income from prior month including documentation of gross income and business expenses.
- A copy of last year's tax forms showing NET income from self-employment if it more accurately reflects current NET income.

Unemployment compensation/disability or worker's compensation:

- Notice of eligibility from state employment security office.
- Check stub
- Letter from worker's compensation.

Child Support/alimony

- Court decree, agreement, or copies of checks received.

All other income:

- Document the amount of income received and how often (i.e. rental income, etc.)

**ATTACHMENT F4**

**PROVIDER APPLICATION FOR TIER 1 REIMBURSEMENT**

To apply for the Tier 1 rate of reimbursement for all children in your care OR to claim meals served to your own child(ren), complete this application. Complete a separate application for each foster child living in your household.

Application to claim Tier 1 rates: \_\_\_\_\_ for all children (attach supporting documents for all income or case number listed)  
 \_\_\_\_\_ for my own children

**PART 1 - Households Receiving Food Stamps (FS), Temporary Assistance For Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR):** If your family is NOW receiving Food Stamps, TANF, or commodities on reservations, please complete parts 1,2 (if applicable), 3, and 4.

Food Stamp Case Number: \_\_\_\_\_ TANF Case Number: \_\_\_\_\_ FDPIR Case Number: \_\_\_\_\_

**PART 2 - Foster Child Living in the Household: Complete this part and sign the application.**

You may be eligible to claim meals served to a foster child in your household regardless of your household income. Fill out an application for each foster child living with you.

Foster Child's Name \_\_\_\_\_ Foster Child's Monthly Personal Use Income \_\_\_\_\_  
 (Write "0" if the child has no personal income then proceed to Part 4)

**PART 3 - Households Not Getting FS/TANF/FDPIR: Complete parts 3 and 4 and sign the application.** (See back, section 2) List everyone living in your household. Include parents, all children, grandparents, and all other people related or unrelated who share living expenses. Place an "X" next to the name of the child (ren) under age 13 for which meals will be claimed

"X" Own Children Under Age 13	Names of All Household Members	Monthly Earnings From Work (Before Deductions)	Monthly Welfare, Pensions, Unemployment, Child Support, Social Security, Alimony	Other Cash Income Received (amount per month)	Check if No Income
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>

**PART 4 - Signature: An adult household member must sign this application before it can be approved.**

**PENALTIES FOR MISREPRESENTATION** - I certify that the information provided is correct and that all income was reported. I understand that this information is being given for the receipt of Federal benefits and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal law.

X \_\_\_\_\_  I do not have a Social Security Number  
 Signature of Adult Household Member Social Security Number (required only if Part 3 is completed)

Home Telephone No. \_\_\_\_\_ Work Telephone No. \_\_\_\_\_ Printed Name \_\_\_\_\_

Street/Apt. No. \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Date \_\_\_\_\_

**FOR SPONSORING ORGANIZATIONS USE ONLY**

\_\_\_\_\_ FOOD STAMPS/TANF/FDPIR \_\_\_\_\_ HOUSEHOLD SIZE \$ \_\_\_\_\_ TOTAL HOUSEHOLD INCOME

Approved to claim Tier 1 rates for:  
 (a) \_\_\_\_\_ provider's own children based on this application  
 (b) \_\_\_\_\_ children in care based on this application

If eligibility is based on part 2 or 3 (above), has verification been completed? \_\_\_\_\_ yes \_\_\_\_\_ no (attach documentation)

\_\_\_\_\_ APPLICATION DENIED REASON FOR DENIAL \_\_\_\_\_

DATE NOTIFICATION SENT \_\_\_\_\_  
 SIGNATURE OF APPROVING OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

Notes about eligibility/verification:

## ATTACHMENT F4

**Section 1: HOUSEHOLD** - "Family" 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 group. It includes parents, preschool children, children in school, children out of school living with parents, children away at school, grandparents, etc., living in the home. However, children who are full-time residents of an institution are considered a family of one. A child living alone, dependent only on his or her income or the income provided from welfare, etc., is also a family of one.

**Section 2: CURRENT INCOME** - You are to include the total amount of current income for everyone living in your household regardless of their relationship to you.

"Income" means income before deductions for income taxes, employees' social security taxes, insurance premiums, bonds, etc. Persons engaged in farming or who operate other types of private businesses where cash flow varies throughout the year making it impossible to predict yearly income with any accuracy, may use their income tax records for the preceding calendar year as a basis for Tier 1 rates during the present year. Deductions for personal expenses, such as interest on home payments, medical expenses, and other similar non-business deductions, are not allowed in reducing gross business income. As a self-employed businessperson or farmer, business expenses are deducted when considering income. Income for foster children means their personal money.

Also, if you have additional income from other kinds of employment, this income must be treated as separate and apart from the income generated from your business venture. For example, if you operated a business at a net loss, but held additional employment for which you received a salary, your income for purposes of applying for Tier 1 rates would be the value of the income from your salary only, since the loss from the business cannot be deducted from the amount of the income earned in the additional employment.

"Income," as the term is used in this notice, does not include any income or benefits received under any federal program, which is excluded from consideration as income by legislative prohibition. Furthermore, the value of assistance to children or their families shall not be considered as income if prohibited by the authorizing legislation, such as the National School Lunch Act and the Child Nutrition Act of 1966.

**TYPES OF INCOME** - Include all income from all sources for all persons living in your house or apartment. Report income from the following sources:

Wages	Public assistance payments	Social Security survivor's benefits
Salaries	Welfare payments	Veteran's subsistence benefits
Tips	Strike benefits	Net income from farm or non-farm self employment
Commissions	Unemployment compensation	Pensions - personal or government
Annuities	Supplemental security income	Retirement income - personal or government
Interest	Worker's comp	Cash withdrawn from savings, trusts, or investments
Alimony	Child support payments	Regular contributions from persons not living in the household
Dividend income	Disability benefits	Social Security
Net royalties	Net rental income	Any other resources which may be available to pay for children's meals

**DO NOT REPORT:** scholarships, educational benefits, food stamps, children's incidental income from such occasional activities as: baby-sitting, shoveling snow, cutting grass.

**Section 3: PRIVACY STATEMENT** - If you did not give a Food Stamps, FDPIR (commodity), or TANF case number, Section 9 of the National School Lunch Act requires you to list the social security number of the adult household member who signs the application or indicate that the adult household member does not have a social security number. You do not have to give a social security number, but if you do not give a social security number or indicate that the signer does not have a social security number, your child cannot receive free or reduced price meals. The social security number may be used to identify you for verifying the information you report on this application. Verification may include program reviews, audits, investigations, contacting the state employment security office, food stamp or welfare office, and employers, and checking the written information provided by the household to confirm the information received. If incorrect information is discovered, a loss of benefits or legal action may occur.