



Dear Provider:

This letter pertains to you if you wish to establish income eligibility as a Tier I home in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP) or if you wish to receive reimbursement for meals served to your own child(ren).

**Eligibility as a Tier I Home** - The CACFP has a two-tiered reimbursement structure. To qualify for the higher Tier I reimbursement rates for meals served to children enrolled in your day care, you must either be 1) located in a low-income area as determined by school boundary information or census data or 2) qualify as a Tier I home based up income eligibility guidelines or receipt of benefits from the Food Assistance Program (FAP), Temporary Assistance to Families (TAF) or Federal Distribution Program on Indian Reservations (FDPIR). If you qualify as a Tier I home because your home is located in a low-income area, you do not have to complete this form unless you want to claim meals served to your own child(ren).

**Eligibility for Meals Served to Your Own Child** – This form must be completed to claim CACFP meals served to your own child(ren). If you qualify, meals served to your own child(ren) living in the household may be claimed for reimbursement in certain circumstances. Sponsors will clarify exceptions.

**Note: no white out or erasure should be used. If there is an error cross through, correct, and initial.**

**Part 1 CHILDREN:**

- Complete this part for each of your own children enrolled for care. List each child's last and first names and dates of birth.
- If the child is a foster care child (the legal responsibility of a foster care agency or the court), please check the box.

**Part 2 FOR A HOUSEHOLD RECEIVING BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), TEMPORARY ASSISTANCE FOR FAMILIES (TAF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR):**

- Complete Parts 1, 2 and 4 on the reverse side.
- Provide the name and case number for the program from which benefits are received.

**Part 3A FOR A HOUSEHOLD EXCEEDING THE INCOME GUIDELINES LISTED BELOW:**

- Complete Parts 1, 3A and 4 on the reverse side.

**TO CALCULATE ANNUAL INCOME**

Weekly Income X 52 ☉ Every 2 Weeks Income X 26 ☉ Twice a Month Income X 24 ☉ Monthly Income X 12

Household Size:	1	2	3	4	5	6	7	Each Add'l Family Member
Annual Income:	\$22,459	\$30,451	\$38,443	\$46,435	\$54,427	\$62,419	\$70,411	+ \$7,992

**Part 3B FOR ALL OTHER HOUSEHOLDS:**

- Complete Parts 1, 3B and 4 on the reverse side using the additional information below.
- **HOUSEHOLD NAMES:** Write the names of everyone in your household not listed in Part 1. Include yourself and all other children, your spouse, grandparents, other relatives and unrelated people in your household. Use a separate sheet of paper if you do not have enough space.
- **GROSS INCOME BEFORE DEDUCTIONS:** Write the amount of income each person gets on the same line as their name. Use the appropriate column(s): Earnings from Work, Welfare/Child Support/Alimony, Pensions/Retirement/Social Security or Other Income (see list below). Next to the amount of income write how often the income was received. Income is all money before taxes or anything else is taken out. If a person does not have income, check the box for zero income.
  - OTHER INCOME:** strike benefits, unemployment compensation, worker's compensation, disability benefits, interest/dividends, cash withdrawn from savings, income from estates/trust/investments, royalties/annuities/rental income, and regular contributions from persons not living in the household.
  - FOSTER CHILDREN:** List any personal income received by the foster child. Personal income is (a) money given for the child's personal use, such as clothing, school fees and allowances and (b) all other money the child gets, such as money from his/her family.
  - MILITARY HOUSING BENEFITS:** Report off-base housing allowance as income. If the housing is part of the Military Housing Privatization Initiative, do not include as income.
  - SELF-EMPLOYMENT:** Report income derived from the business venture less operating costs for net income. The loss from the business cannot be deducted from a positive income earned in other employment. The least possible income is zero.
- **SOCIAL SECURITY NUMBER:** Write the last four (4) digits of the social security number of the adult household member who signs the form. If the adult household member does not have a social security number, check the box. Use of this information is for CACFP use only and is required.

**Part 4 SIGNATURE AND CONTACT INFORMATION:**

- Sign and date the application.
- Complete the contact information – name, address, telephone number, and employer information.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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