# OHIO CHILD AND ADULT CARE FOOD PROGRAM ADULT DAY CARE CENTER COMPONENT SPONSOR INSTRUCTIONS FOR INCOME ELIGIBILITY APPLICATION

### FY 2013 - 2014 Fiscal Year Effective July 1, 2013 through June 30, 2014

#### PURPOSE:

The Child and Adult Care Food Program (CACFP) recognizes the relationship between food and good nutrition and the capacity of adults to maintain health. CACFP reimbursement assists agencies participating in the program to provide adults with well-balanced, nutritious meals and snacks. Three meal rate categories are free (highest), reduced, and paid (lowest), have been established to direct greater assistance to sponsoring centers serving higher enrollments of needy adults. Food reimbursement levels are affected by the number of adults categorized as free, reduced, or paid enrollments.

# DISTRIBUTION OF INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED PRICE MEALS:

When receiving CACFP assistance, participating institutions must choose to either collect family size and income data for all members of the household or Food Assistance, Medicaid or SSI numbers from families of enrolled adults OR not to collect this information. If the choice is made not to collect the information, the institution will automatically receive the reimbursement rate established for the paid (lowest) enrollment category for all enrolled adults. If the choice is made to collect the information, the institution must give the Ohio Child and Adult Care Food Program Income Eligibility Application for Free and Reduced-Price Meals and Household Letter to the participant or family of each enrolled adult. Enrolled adults/guardians have the option to complete the application or not. In order for any enrolled adult to be claimed for free or reduced price benefits, the institution must have a completed application containing all required information on file with the agency. Any family whose income is above the reduced price guidelines, an application does not need to be returned.

In other words, CACFP sponsors cannot require enrolled adult participants to complete the Income Eligibility Application. Participants have the option to complete the application. However, the CACFP sponsor must provide the form to all families if the center will be claiming any adult in the free or reduced enrollment categories. If participants choose not to complete and return the adult application, the adult participant is claimed in the paid enrollment category.

#### CATEGORIZING INCOME ELIGIBILITY FORMS AS FREE, REDUCED OR PAID:

Free or reduced forms are qualified by having the enrolled adult/guardians complete PARTS 1, 2, and 4 or PARTS 1, 3, and 4 of the Ohio Child and Adult Care Food Program Income Eligibility Application for Free and Reduced-Price Meals. The asterisks (\*) on the form indicate information that must be completed.

**PART 1:** Participant Information - List only the adult(s) who is enrolled for adult day care at the center and their age and birth date. Age and birthdate are not required information that must be completed to qualify participant for free or reduced-price benefits. Households may submit one CACFP Income Eligibility Application for adults enrolled in adult day care only if they are enrolled in the same center.

PART 2: Benefits - Enter one of the following benefit/case numbers: Medicaid, Supplement Security Income (SSI) or Food Assistance (formerly known as Food Stamps). The case number for Food Assistance should be 10 to 12 digits. Do not use the swipe card number. If one or more of these numbers are entered and the application is considered complete and valid, the participant would be eligible to be claimed in the Free eligibility category.

NOTE: The case number or identification number on county payment rosters or vouchers may not be Food Assistance, Medicaid or SSI numbers. It is recommended that sponsors contact their county Job & Family Services specialist to determine the validity of Food Assistance case numbers.

#### PART 3: Total Household Gross Income and How Often It Was Received

Household Members – In this part, the participant, guardian or adult household member should list the name of the participant, his or her spouse and his or her dependents living in the household who share income and expenses. Household is defined as a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit. As one economic unit, they would share housing and/or significant income and expenses of its members. Generally, individuals residing in the same house are one economic unit. However, if more than one economic unit resides together in the same house, they are usually characterized by prorating expenses and having economic independence from one another.

#### Household Size Special Situations:

- Adopted child: An adopted child is one for whom a household has accepted legal responsibility, and is considered to be a member of the household.
- Child attending an institution: A child who attends but does not reside in an institution is considered a member of the household in which he/she resides.
- Child away at school: A child who is temporarily away at school (e.g., boarding school or college) should be counted as a member of the household.
- Child living with one parent, relative or friends: In cases where no specific welfare agency or court is legally responsible for the child or where the child is living with one parent, other relatives or friends of the family, the child is considered to be a member of the household with whom he/she resides.
- Children of parent who are foster parents: When foster parents apply for benefits for their own children, they may choose to include foster children as household members as well as any personal income earned by the foster child. Additionally, the payments provided for the care of the foster child should be excluded as income to the household.
- Family members living apart: Family members living apart on a temporary basis are considered household members. Family members living away from the household for an extended period of time are not considered members of the household for purposes of determining eligibility. Any money made available by family members living outside of the household, or on their behalf for the household, is included as income to the household.
- Institutionalized family members: An institutionalized spouse or other member of the household away for extended periods should not be considered a member of the household.
- Joint custody: In cases where joint custody has been awarded, and the child physically changes residence, the child is part of the household where he/she resides. Therefore, the child's eligibility could change depending on the rotating time periods of each household.

No/Zero Income – For each household member listed in Part 3, check the box if that person has no/zero income. If more space is needed to list all household members, attach an additional application or sheet of paper. If the income form reflects that the household has no or zero income, then the household now has year-long eligibility as Free. There is no longer any temporary 45 approval for zero household income.

Household Income and How Often It Was Received - If a valid Medicaid, Supplemental Security Income (SSI) or Food Assistance case number is not entered in Part 2 then households must report their current gross income on Part 3 of the application for free or reduced-price meal eligibility.

List all income received last month on the same line with the person who received it and how often it was received: weekly, every 2 weeks, twice per month, monthly or annually.

- Line 1: List the name and gross income during the last month of the adult day care participant and how often it was received
- List the name and gross income during the last month of the participant's spouse and Line 2: how often it was received
- Line 3 & 4: List the name and gross income during the last month of all dependents who live with the participant and how often it was received.

Income is defined as any money received on a recurring basis, including gross earned income (unless specifically excluded by legislation). Gross earned income means all money earned before deductions such as income taxes, employee's social security taxes, insurance premiums and bonds.

If income during this month is higher or lower than usual, and does not accurately represent the household's actual circumstances, the household may project its annual rate of income based on the following conversions listed below. If household member normally gets overtime, include it, but not if you only get it sometimes.

When households have multiple sources of income paid on different schedules then all incomes need to be converted to annual (yearly) totals by using the following income conversions: Weekly income X 52, Every Two Weeks income (bi-weekly) X 26, Twice per Month income (semi-monthly) X 24, Monthly income X 12.

Income and how often it was received must be reported in these designated columns:

- Earnings from work: Wages, salaries, tips, and commissions. For only the self-employed, Column 1 report income after expenses (net income).
- Column 2 Welfare payments/child support/alimony: Public assistance payments, welfare payments, alimony, and child support payments. Food Assistance benefits should not be reported.
- Column 3 Pensions/retirement/social security/SSI/VA: Pensions, retirement income, Social Security, Supplemental Security Income (SSI), Veteran's (VA) payments and disability payments.
- All Other income: Worker's Compensation, strike benefits, unemployment compensation, Column 4 regular contributions from people who do not live in your household, cash from savings, interest/dividends, income from estates/trusts/investments, net royalties/annuities, business, farm or rental property and any other money that may be available to the family. Do not include food assistance payments or Federal education benefits.

#### Income Exclusions:

- Foster Children: Payments received by household for a foster child.
- Student financial assistance: Provided for the costs of attendance at an educational institution, such as grants and scholarships, awarded to meet educational expenses.
- Loans: Such as bank loans, since these funds are only temporarily available and must be repaid.
- The value of in-kind compensation: Such as military on-base housing or any other noncash benefit.
- Occasional earnings: Received on an irregular basis and not recurring. Examples include occasional babysitting, moving lawns and tax refunds.
- Federal programs which are excluded by legislation: Including the value of assistance to children and their families under the National School Lunch Act, the Child Nutrition Act of 1966, and the Food Stamp Act of 1977.

Household Income Special Situations:

- Alimony and child support: Any money received by a household in the form of alimony or child support is considered income by the receiving household. However, any money paid out for alimony or child support may not be deducted from a household's reported gross income.
- Child's income: The earnings of a child who is a full-time or regular part-time employee must be listed on the application as income. However, occasional earnings such as income from occasional babysitting or mowing lawns should not be listed on the application as income.
- Garnished wages and bankruptcy: Income is the gross income received by a household before deduction. In the case of garnished wages and income ordered to be used in a specified manner, the total gross income must be considered regardless of whatever portions are garnished or used to pay creditors.
- Lump sum payments: Lump sum payments or large cash settlements are not counted as income since they are not received on a regular basis. These funds may be provided as compensation for a loss that must be replaced, such as an insurance settlement. When lump sum payments are put into a savings account and the household regularly draws from the account for living expenses, the amount withdrawn is counted as income.
- Military benefits: If housing is part of the Military Housing Privatization Initiative and Family Subsistence Supplemental Allowance is received, do not include these as income when determining household eligibility for free and reduced-price meals. This income exclusion is not an allowable exclusion for households living off-base in the general commercial/private real estate market. "Privatized housing" refers to the Military Housing Privatization Initiative which puts the operation of military owned housing under private contractor and a housing allowance would appear on the leave and earnings statement of service members living in privatized housing. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household can be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in gross income.

PART 4: Signature and Social Security Number – The participant, authorized guardian or an adult member of the household must sign his or her name and date the form. If income is listed in Part 3, the last 4 digits of the social security number of the adult who signs must be listed. If the adult does not have a social security number, check the box "I do not have a Social Security Number." If a Medicaid, SSI or Food Assistance number was listed in Part 2, the last 4 digits of the social security number are not required. The last 4 digits of the social security number are required only when income is used to determine eligibility category. The sponsor must compare income for the household size to the 2013-2014 Income Eligibility Guidelines for free and reduced-price meals on page 8 to determine the meal eligibility category.

PART 5: Racial/Ethnic Identity - The Civil Rights question on PART 5 of the Income Eligibility Application for Free and Reduced-Price Meals is optional and need not be answered in order for the application to be considered complete. However, Civil Rights regulations do require CACFP sponsors of Adult Day Care Centers to maintain information about the racial/ethnic background of all enrolled adults. All sponsors must record this information annually, preferably using the "racial/ethnic data" column on the Master List form that can be found on the CACFP web site. All income and racial/ethnic information is confidential and protected by law. Sponsors are to limit the use of this information to people directly connected with administering the CACFP.

The racial/ethnic categories are defined as:

- 1. American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- 2. **Asian**. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- 3. Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American".
- 4. Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 5. White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- 6. Other. Determined by respondent.
- 7. **Ethnic Identities.** Check the box that best describes the participant.

#### **HOUSEHOLD LETTER TO ENROLLED PARTICIPANTS/GUARDIANS:**

Sponsors must distribute a Household Letter to enrolled adult participants/guardians along with the Income Eligibility Application for Free and Reduced-Price Meals. The Household Letter should be on the reverse side of the application. NOTE: CACFP Regulation 226.23(e): The eligibility application and household letter given out to families of enrolled participants shall contain only the income levels for reduced-price meal eligibility.

If you choose to develop your own letter, it must include the following types of information:

- Sponsors of centers distributing the Income Eligibility Application for Free and Reduced Price Meals must distribute a Household Letter describing CACFP benefits to enrolled adult participants/quardians. Adult day care centers claiming all enrolled adults in the paid income category do not have to meet this requirement.
- 2. The nondiscrimination statement:
  - The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint filing cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing 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.

- 3. Instructions on making application for free and reduced-price meals.
- 4. An explanation that an application must contain complete information to be considered eligible for free or reduced-price meals.
- 5. A statement that enrolled adults who become unemployed are eligible for meal reimbursement during periods of unemployment provided the loss of income during this time causes the family to be within eligibility standards for meals.

#### **UPDATING FORMS:**

In accordance with 7 CFR 226.23(f), CACFP institutions must collect and report to State Agencies free, reduced and paid meal eligibility information. Such information must be updated annually and may not be more than 12 months old. Thus a new Income Eligibility Application for Free and Reduced-Price Meals for enrolled adult(s) must be completed by the participant, guardian, or adult household member once every twelve (12) calendar months in order for the Adult Day Care program to claim an enrolled adult in the free or reduced-price category. Keep expired forms on file, however the form and its information are invalid after twelve months.

The date to be used to determine if an Income Eligibility Application (income form) is current and valid is the date on which the sponsor or center representative signs the income form to certify eligibility of the child. (Note: This change was effective last year as before that it used to be from the date the person completing the form dated it).

Effective Date: The first day of the month in which the form was dated by the sponsor or center representative.

Expiration Date: Income eligibility forms should be considered current and valid until the last day of the month in which the form was dated as categorized by the sponsor or center representative one year earlier. Or in other words, form is valid for a year until the last day of the month in which the form was originally dated and categorized by the sponsor or center representative.

Example A: The person completing the form dated the form on July 9, 2013 and the sponsor or center representative dated the form on July 10, 2013. The form is effective July 1, 2013 and expires on July 31, 2014.

Example B: The person completing the form dated the form on July 31, 2013 and the sponsor or center representative dated the form August 2, 2013. The form is effective August 1, 2013 and expires on August 31, 2014.

#### **MAINTAINING RECORDS:**

CACFP records (including Income Eligibility Applications) must be kept on file for at least three (3) years plus the current fiscal year, or longer if there is an unresolved evaluation/audit. The State Agency has developed a Master List Form that adult programs should use to record which category each enrolled adult is claimed and to simplify completing the monthly claim for reimbursement. A copy may be downloaded from our web site at: http://www.education.ohio.gov

#### **INCOME ELIGIBILITY GUIDELINES:**

Free and reduced-price income eligibility guidelines are updated by the Federal government on July 1 of each year. Prior to completing the July claim for reimbursement, the sponsor must apply the new guidelines to current applications and re-categorize any application where necessary. The guidelines effective July 1, 2013 through June 30, 2014 are on page 8. You must use this 2-part chart and not the reduced-price guidelines on the Household Letter when categorizing and approving the Income Eligibility Application for Free and Reduced-Price Meals. Do not distribute this chart to families.

The Income Eligibility Guidelines (on page 8) list the household size, the income for five different pay periods/schedules (annual, monthly, twice per month, every two weeks and weekly), and shows the upper income levels for the free and reduced-price categories. After reviewing an income application/form and determining the number of people in the household and the total household income. you must first find the total number of people in the household in the first column titled. Household Size: then follow that row across the chart to compare the household income to the correct pay period/schedule.

- To determine whether the enrolled adult qualifies for free meals, the total household income must be equal to or less than the free income guidelines.
- To determine the reduced-price category, the household income must be equal to or less than the reduced-price income guideline but greater than the free guidelines.
- An income application/form falls into the paid category when the household income is over the reduced-price household income.

#### REMINDERS FOR INCOME DETERMINATION

If the household has only one income source, or if all sources are received in the same frequency (annually, monthly, twice per month, every two weeks or weekly), compare the income or sum of the incomes to the Income Eligibility Guidelines for that household size and that particular frequency of pay to made the eligibility determination/categorization.

Example: Jim Taylor \$ 1527 / monthly

> \$ 843 / monthly Mary Taylor

\$ 2,370 /monthly

On the Income Eligibility Guidelines chart, compare the household size to the income listed in the "Every Two Weeks" column to determine category.

If the household reports income sources at more than one frequency (annually, monthly, twice per month, every two weeks or weekly), all the incomes need to be converted to annual (yearly) totals by using the following Annual Income Conversion: Weekly Income by 52, Every Two Weeks Income (Biweekly) by 26. Twice Per Month Income (Semi-monthly) by 24. and Monthly Income by 12. Do not round income amounts resulting from each conversion. After converting each income to annual income, add the incomes together, and then compare the number of household members to the total annual income on the Income Eligibility Guidelines chart to make the eligibility determination/categorization.

Example: Bob Smith \$ 800 / every two weeks  $(800 \times 26 = \$20,800)$ 

> Jane Smith \$ 218 / weekly  $(200 \times 52 = $11.336)$ \$ 153 / twice per month  $(150 \times 24 = \$ 3,672)$

 $(100 \times 12 = \$ 1,200)$ \$ 100 / monthly

Total Household Income equals: \$ 37,008 annually

On the Income Eligibility Guidelines chart, compare the household size to the income listed in the "Annual" column to determine category.

# USDA **INCOME ELIGIBILITY GUIDELINES** FY 2014

# Effective July 1, 2013 through June 30, 2014

Households with total incomes less than or equal to the values below are eligible for free or reduced-price meals.

	FREE - 130%				REDUCED – 185%					
HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	14,937	1,245	623	575	288	21,257	1,772	886	818	409
2	20,163	1,681	841	776	388	28,694	2,392	1,196	1,104	552
3	25,389	2,116	1,058	977	489	36,131	3,011	1,506	1,390	695
4	30,615	2,552	1,276	1,178	589	43,568	3,631	1,816	1,676	838
5	35,841	2,987	1,494	1,379	690	51,005	4,251	2,126	1,962	981
6	41,067	3,423	1,712	1,580	790	58,442	4,871	2,436	2,248	1,124
7	46,293	3,858	1,929	1,781	891	65,879	5,490	2,745	2,534	1,267
8	51,519	4,294	2,147	1,982	991	73,316	6,110	3,055	2,820	1,410
For each additional family member, add	5,226	436	218	201	101	7,437	620	310	287	144

ANNUAL INCOME CONVERSION: Weekly Income by 52

Every Two Weeks Income (Bi-weekly) by 26 Twice Per Month Income (Semi-monthly) by 24

Monthly Income by 12

THIS CHART IS TO BE USED BY INSTITUTIONS, SCHOOLS, CENTERS AND SPONSORING ORGANIZATIONS TO APPROVE AND CATEGORIZE COMPLETE INCOME ELIGIBILITY APPLICATIONS FOR FREE AND REDUCED-PRICE MEALS.

THIS CHART IS NOT TO BE DISTRIBUTED TO FAMILIES/PARTICIPANTS.

#### OHIO CHILD AND ADULT CARE FOOD PROGRAM: ADULT DAY CARE COMPONENT INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICED MEALS: FY 2013- FY 2014

FY 2013 – FY 2014 (7/1/13 – 6/30/14) Instructions: For the center to receive free or reduced price meal reimbursement for meals served, please complete this application and return to the center. Follow the directions below and in the Household Letter on the backside of form. Asterisks indicate information that must be completed applicable and its valid for only 12 months.

completed. Form must be completed								
*NAME	TION - Enter na		ne, age, and birth date of the adult participant(s).			BIRTH DATE		
*NAME		AGE			BIRTH DATE			
NAME		AGE			BIRTH DATE			
PART 2: BENEFITS - Complete this section if you currently receive benefits from Medicaid, Supplemental Security Income (SSI), or if your household receives Food Assistance (formerly Food Stamps). Only 1 number is required. If you complete this part, skip Part 3. Continue to Part 4								
household receives Food Assista Medicaid Number	nce (formerly F	SSI Number	imber is required		plete this part, skip Part ance Case Number	3. Continue to Part 4		
PART 3: TOTAL HOUSEHOLD GROSS INCOME - Complete this section if Part 2 did not apply to you. In the "Name" column, list the name of the adult participant, his or her spouse and his or her dependent(s) living in the household who share income and expenses. If you need more space, use a separate sheet of paper. Refer to the information below and the backside of form for descriptions of various types of income. For participants NOT receiving Medicaid, SSI or Food Assistance, complete the chart below according to these instructions:  List all income received last month on the same line with the person who received it and how often it was received: weekly, every 2 weeks, twice per month, monthly or annually.  Line 1: List the name and gross income during the last month of the adult day care participant and how often it was received.  Line 2: List the name and gross income during the last month of the participant's spouse and how often it was received.  Line 3 & 4: List the name and gross income during the last month of all dependents who live with the participant and how often it was received.  If no or zero income, check box in column b. Households with no or zero income have year-long eligibility as Free.								
a.NAME: List only the adult	b. CHECK IF NO/ZERO	c. GROSS INCOME during the last month (amount earned before taxes & other deductions) and HOW OFTEN IT WAS RECEIVED: Weekly, Every 2 Weeks, Twice Per Month, Monthly, Annually						
participant(s), spouse and dependents of participant(s) living in household	INCOME	Earnings from work     before deductions/how often	2. Welfare pay	ments, child	3. Pensions, retirement, Social Security, SSI, VA /how often	All Other Income / how often		
1.		\$/	\$		\$/	\$/		
2.		\$/_	\$		\$/	\$/		
3.		\$/	\$	_/	\$/	\$/		
4.		\$/	\$		\$/	\$/		
or household member). The SSN signing the form must also list the I certify that all information on this information. I understand that CAC  * SIGNATURE OF PERSON COMP  Print Name: Street / Apt:	tif you provided a Medic of his or her Social Secu correct and that all incom verify the information. I un  *  DATE  Daytime Phone Num  City / State / Zip:	eaid, SSI or Food irity Number or che is reported. I understand that if I part 3 is consert last 4 (checonsert) I do not ber:	chold member must sign/date form (participant, guardian Assistance number. If Part 3 is completed, the adult heck the "I do not have a Social Security Number" box.  derstand that the center will get Federal Funds based on the purposely give false information, I may be prosecuted.  completed, digits of Social Security Number  k if applicable) not have a Social Security Number  Work Phone Number:  County:  ify the race or ethnicity of enrolled adult participant.  Black or African American  Other					
Please mark one ethnic identity:	□н	panic or Latino Not Hispan			or Latino			
Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program.  State Distribution: 6/21/2013								
THIS SECTION TO BE COMPLETED BY CENTER:  Complete information below only if qualifying participant by household income form Part 3. Application Categorized as:								
Per the total household size, compa Guidelines to determine correct cat of pay in Part 3, you must convert a following Annual Income Conversion	ncome Eligibility erent frequencies nination. Use the	y		nce ize & Income				
Weekly x 52, Every 2 Weeks (bi-weekly) X 26, Twice Per Month (semi-monthly) x 24, Monthly X 12								
Household	ehold Income: k □ Every 2 W	\$   □ PAID, based on □ Income Too High □ Incomplete □ Invalid Number or Information						
Signature of Sponsor / Center Representative Date Sponsor Categorized Effective Date (From the first of month of date categorized by sponsor/center) (Valid until last day of month of which form was dated and categorized by sponsor/center one year earlier)								

#### **HOUSEHOLD LETTER - Dear Participant/Guardian/Household Member:**

Please help us comply with the requirements of the United States Department of Agriculture's Child and Adult Care Food Program (CACFP) by completing the attached Income Eligibility Application for free and reduced-price meals. All information will be treated with strict confidentiality. The CACFP provides reimbursement to adult day centers for healthy meals and snacks served to adults enrolled in adult day care. The completion of the Income Eligibility Application is OPTIONAL. Complete the application on the reverse side using the instructions below for your type of household. You do not have to be U.S. citizens to qualify for meal benefits offered at the adult day care center. Households with incomes less than or equal to the reduced price values listed on the chart at the bottom of this page are eligible for free meal benefits. An application must contain complete information to be considered for free or reduced-price meals. Households are no longer required to report changes regarding the increase or decrease of income or household size or when the household is no longer certified eligible for Food Assistance or Ohio Works First (OWF). Once properly approved for free or reduced-price benefits, a household will remain eligible for these benefits for a period not to exceed 12 months. During periods of unemployment, participants are eligible for meal reimbursement provided the loss of income during this time causes the family to be within eligibility standards for meals. In operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability \$226.23(e)(2)(iv). If you have guestions regarding the completion of this application, contact the adult day

PART 1 - PARTICIPANT INFORMATION - All households must complete Part 1. The participant, guardian or household member shall list the \* name, age and birth date of the participant(s) enrolled in adult day care for participation in the Child and Adult Care Food Program (CACFP). (\* denotes required information) PART 2 - BENEFITS: MEDICAID, SUPPLEMENTAL SECURITY INCOME (SSI) OR FOOD ASSISTANCE - The participant, guardian or household member shall enter the benefit case number in the space provided. If none, skip Part 2 and complete Part 3. A participant receiving one or more of these benefits is automatically eligible to be claimed in the free category, as long as the benefit case number is listed and the form is signed by the participant, guardian or household member. If one benefit number is entered, skip Part 3 and complete Part 4.

PART 3 - TOTAL HOUSEHOLD GROSS INCOME AND HOW OFTEN IT WAS RECEIVED - Participants not receiving Medicaid, SSI or Food Assistance are to complete Part 3 and Part 4.

- a) Name: The participant, guardian or adult household member lists the name of the participant, his or her spouse and his or her dependents living in the household who share income and expenses.
- b) No or zero income: I person listed has no income then check box in column b.
- c) Gross Income: List all income received last month on the same line with the person who received it and how often it was received: weekly, every 2 weekly, twice per month, monthly or annually.
  - Line 1: List the name and gross income during the last month of the adult day care participant and how often it was received
  - Line 2: List the name and gross income during the last month of the participant's spouse and how often it was received
  - Line 3 & 4: List the name and gross income during the last month of all dependents who live with the participant and how often it was received.

Column 1) Earnings from work before deductions: Write the amount of total gross income each household member received the last month, before taxes/deductions or anything else is taken out (not the take-home pay) and how often it was received (weekly, every other week, twice per month, monthly). Income is any money received on a recurring basis, including gross earned income. Households are not required to include payments received for a foster child as income. If any amount during the previous month was more or less than usual, write that person's usual monthly income. If you normally get overtime, include it, but not if you only get it sometimes. If you are in the military and your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

Column 2) List the amount each person got the last month from welfare, child support or alimony and list how often the money was received.

Column 3) List the amount each person got the last month from pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits or disability benefits and list how often the money was received.

Column 4) List all other income sources. Examples include: Worker's Compensation, strike benefits, unemployment compensation, regular contributions from people who do not live in your household, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, net royalties/annuities or any other income. For only the self-employed, report income after expenses (net income) in column 1 under earnings from work. For your business, farm or rental property report income in column 4. Do not include food assistance payments.

#### PART 4 - SIGNATURE AND LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART (\* denotes required info)

- \* The participant, authorized guardian or an adult member of the household must sign the form.
- \* The adult signing the application must also date the form.
- \* If income is listed in Part 3, the last 4 digits of the social security number of the adult who signs must be listed. If the adult does not have a social security number, check the box "I do not have a Social Security Number." If a Medicaid, SSI or Food Assistance number was listed in Part 2, the last 4 digits of the social security number are not required.

#### PART 5 - RACIAL/ETHNIC IDENTITY - OPTIONAL

You are not required to answer this part in order for the application to be considered complete. This information is collected to make sure that everyone is treated fairly and will be kept confidential. No participant will be discriminated against because of race, color, national origin, gender, age or disability.

NON-DISCRIMINATION STATEMENT: The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint\_filing\_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing 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.

#### **REDUCED INCOME ELIGIBILITY GUIDELINES - 185%** Guidelines to be effective from July 1, 2013 through June 30, 2014

Households with incomes less than or equal to the reduced price values below are eligible for free or reduced-price meal benefits.

HOUSEHOLD SIZE	<u>YEAR</u>	MONTH .	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	21,257	1,772	886	818	409
2	28,694	2,392	1,196	1,104	552
3	36,131	3,011	1,506	1,390	695
4	43,568	3,631	1,816	1,676	838
5	51,005	4,251	2,126	1,962	981
6	58,442	4,871	2,436	2,248	1,124
7	65,879	5,490	2,745	2,534	1,267
8	73,316	6,110	3,055	2,820	1,410
For each additional					
family member, add	7,437	620	310	287	144