OHIO CHILD AND ADULT CARE FOOD PROGRAM
FAMILY DAY CARE HOMES 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) recognize the relationship between food and good nutrition and the capacity of children to develop and learn. CACFP reimbursement assists providers participating in the program to provide children with well-balanced, nutritious meals and snacks. Two meal rate categories of Tier I (highest) and Tier II (lowest), have been established to direct greater assistance to providers serving the neediest children.

DISTRIBUTION OF INCOME ELIGIBILITY APPLICATION for TIER I PROVIDERS

There are three ways for a provider to qualify for the higher Tier I rates: using school free or reduced data, census tract data, or household size and income. Provider may qualify using income guidelines or by listing a valid Ohio Works First (OWF), Food Assistance (formerly food stamps), or Women, Infants and Children (WIC) case number on the Income Eligibility Application.

To qualify for Tier I reimbursement by **income**, or if you are a Tier I provider and wish to receive reimbursement for meals served to your own children under the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP), you must complete, sign and return to the FDCH sponsor an Income Eligibility Application. In addition you must include proof of income or program benefits.

DISTRIBUTION OF INCOME ELIGIBILITY APPLICATION for TIER II PROVIDERS

When receiving CACFP assistance, Tier II providers must choose to either collect family size and income data for all members of the household or Food Assistance, Ohio Works First (OWF) or Women, Infants and Children(WIC) case numbers from families of enrolled children OR not to collect this information. If the choice is made not to collect the information, the provider will automatically receive the reimbursement rate established for the Tier II (lowest) reimbursement for all enrolled children. If the choice is made to collect the information, the provider must give the Ohio Child and Adult Care Food Program Income Eligibility Application for Free and Reduced-Price Meals and Household Letter to the family of each enrolled child. Parents/guardians have the option to complete the application or not. In order for any child to be claimed for Tier I benefits, the sponsor must have a completed application containing all required information on file. Any family whose income is above the reduced-price guidelines, an application does not need to be returned.

In other words, CACFP sponsors/providers cannot require parents/guardians to complete the Income Eligibility Application. Parents have the option to complete the application. However, the CACFP sponsor/provider must provide the form to all families for the Tier II provider to be potentially eligible for Tier I rates of reimbursement for any or all of the enrolled children in their care. If parents choose not to complete and return the application, the provider will be reimbursed at the Tier II rate.

CATEGORIZING INCOME ELIGIBILITY FORMS AS FREE, REDUCED OR PAID:

Free or reduced forms are qualified by having parents or guardians complete PARTS 1, 2, 3 and 4 or PARTS 1, 2, 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: CHECK Application Type

Select one of the four options.

PART 2: Child Information

Name/Age/Birth Date - List only the child (ren) who is enrolled for care with the provider; including their age and birth date is optional.

Foster Children – Check box if listed enrolled child is a foster child. A foster child is defined as one whose care and placement is the responsibility of the State or that the foster child has been placed with a caretaker household by a court. A foster child is the legal responsibility of a welfare agency or court. For purposes of categorical eligibility for free meals, informal arrangements that may exist outside of State or court based systems are not applicable regarding foster children.

Foster children are categorically eligible for free meals by two options.

- Option 1 – Income Eligibility Application: Part 1 (name and foster child designation) and Part 4 (signature of adult member of foster home or State welfare agency and date) must be completed.

  Foster children no longer have to be listed on a separate Income Eligibility Application. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same Income Eligibility Application that includes their non-foster children. The sponsor would categorize the foster child as Free and then make an eligibility determination for the remainder of the children based on the household's income (including personal income earned by the foster child) or other categorical eligibility information (food assistance or OWF case numbers) reported on the application. Foster payments received by the foster family from the placing agency are not considered income and do not need to be reported. Please note that the presence of a foster child does not convey eligibility for Free meals to all children in the household.

- Option 2 – Certification for Free meals without Income Eligibility Application: Sponsor to obtain documentation (such as a certificate or letter) from an appropriate State or local agency indicating the status of the child as a foster child whose care and placement is the responsibility of the State or that the foster child has been placed with a caretaker household by a court. Certification documentation is to be kept on file in lieu of application.

Households Receiving Food Assistance, Ohio Works First or Women, Infants and Children

Food Assistance - A household receiving Food Assistance (formerly Food Stamps) need only provide the current 10 to 12-digit case number and the signature of an adult member of the household and date in Part 4. A child qualifying in this manner must be a member of the Food Assistance household. The child is then approved in the free category.

Ohio Works First (OWF) - The OWF 10 to 12-digit case number of the enrolled child and the signature of an adult household member and date in Part 4 are required. The child is then approved in the free category.

Women, Infants and Children (WIC) - The WIC 10-digit case number of the enrolled child and the signature of an adult household member and date in Part 4 are required. The child is then approved in the free category.

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

PART 3: Total Household Size, Total Household Gross Income/How Often It Was Received

Household Si*ze* - List the names of all household members including all children who attend the center, whether they receive income or not. If additional space is needed to list all household members, attach an additional sheet of paper. 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 (including children), check box if that person has no/zero income. If additional space is needed to list all household members, attach an additional sheet of paper.

Household Income and How Often It Was Received – If a valid food assistance, OWF or WIC 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. For each household member, list each type of income received during the last month prior to application and list how often the money was received (weekly, every other week, twice a month, monthly, yearly). 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: When households have multiple sources of income paid on different schedules, the following income conversions must be used: Weekly income X 52, Bi-weekly (every other week) income X 26, Semi-monthly (twice a month) income X 24, Monthly income X 12. If household member normally gets overtime, include it, but not if you only get it sometimes.
Income and how often it was received must be reported in these designated columns:

Column 1 Earnings from work: Wages, salaries, tips, and commissions. For only the self-employed, 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.

Column 4 All Other income: Worker's Compensation, strike benefits, unemployment compensation, 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, mowing 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 Last 4 Digits of Social Security Number - An adult member of the household must sign his/her name and date the form. If the adult does not have a social security number, the box "I do not have a Social Security Number" should be checked. The last 4 digits of the social security number are not required if a Food Assistance, OWF or WIC case number has been listed in Part 2, or in the case of a student under 21 who lives alone (emancipated student), or when an individual under 21 signs the application as the parent, guardian, or oldest member of a child's household. The last 4 digits of the social security number are required only when the monthly household 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 9 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 Family Day Care Homes to maintain information about the racial/ethnic background of all enrolled children. If parents do not complete this section, then providers must visually identify the racial/ethnic identity of the child. All sponsors must record this information annually. 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 child (ren).

UPDATING FORMS:

A new Income Eligibility Application **must** be completed once every twelve (12) calendar months in order for the Tier II provider to receive Tier I rates for eligible children or a provider to qualify for the higher Tier I rates . 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 signs the income form to certify eligibility of the child. (Note: This is change from previous years as it used to be from the date the parent dated the form).

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

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 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.

Example A: The parent 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 parent 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:

The Income Eligibility Application must be kept by the sponsor for at least three (3) years plus the current fiscal year, or longer if income forms are part of an unresolved audit.

INCOME ELIGIBILITY GUIDELINES:

Free and reduced 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 9. 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 Tier I rates. Do not distribute this chart to parents/families.**

HOUSEHOLD LETTER TO PARENTS/GUARDIANS:

Sponsors/providers must distribute a Household Letter to parents/guardians along with the Income Eligibility Application for Free and Reduced Price Meals. The letter must include the following:

1. Sponsors or Providers distributing the Income Eligibility Application for Free and Reduced Price Meals must distribute a Household Letter describing CACFP benefits to the parents/guardians of enrolled children. Child care centers claiming all enrolled children 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. Space to signify a foster child.
6. A statement that children of parents or guardians 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.

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.

USDA
FY 2013 USDA INCOME ELIGIBILITY GUIDELINES
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.

FY 2014 Ohio CACFP Family Day Care Homes Household Letter

(INSERT SPONSORING ORGANIZATIONS LETTERHEAD

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled at a family day care home. **[Name of day care home]** offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Income Eligibility Application.

1. Am I required to complete an Income Eligibility Application in order for my child (ren) to receive CACFP Benefits? No, but if you choose to do so, your provider may receive a higher reimbursement for the meals served to your child. If you do complete the form, you have the option of returning it directly to your Provider or to the Provider's Sponsor, **[Sponsor's Name]**. If you would like to provide your form directly to the sponsor, return the completed form to: **[(Sponsor) at name, address, phone number].**

___ Initial here if you consent to allowing [**Provider's Name]** to collect your form and provide it to the Sponsor. **[Provider's Name]** will not review your form.

2. Do I need to fill out Income Eligibility Application for each of my children in day care? You may complete and submit one CACFP Income Eligibility Application for all children enrolled in child care in your household **only** if the children in child care are enrolled in the same home. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information.

3. Who qualifies for the higher reimbursement without providing income information? Your provider will receive a higher reimbursement for meals served to foster children and children in households getting Food Assistance Program (formerly Food Stamps), Ohio Works First (OWF), or Food Distribution Program on Indian Reservations (FDPIR) benefits. Children in households participating in WIC also qualify for the higher reimbursement.

4. Who qualifies for the higher reimbursement based on income? Your provider may receive a higher reimbursement for the meals served to your children if your household income is within the reduced price limits on the Federal Income Chart, shown on this application. Children in households participating in WIC are eligible for the higher reimbursement.

5. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the day care home.

6. Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include any foster children living with you.

7. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the family day care home will receive a higher level of reimbursement. Once properly approved for the higher reimbursement rate, whether through income or by providing a current Food Assistance, OWF, FDPIR, or WIC case number, you will remain eligible for those benefits for 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income unemployment causes your household income to be within the eligibility standards.

8. What if my income is not always the same? List the amount that you normally get. For example, if you normally get $1000 each month, but you missed some work last month and only got $900, put down that you get $1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

9. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court automatically qualify for the higher reimbursement. Any foster child in the household qualifies regardless of income. Households may include foster children on the Income Eligibility Application, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact **[name, address, and phone number].**

10. We are in the military; do we include our housing and supplemental allowances as income? If 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.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability. If you have other questions or need help, call **[phone number].**

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."

Sincerely,
[signature]

FY 2014 Ohio CACFP Family Day Care Homes Provider Letter

(INSERT SPONSORING ORGANIZATION LETTERHEAD)

Dear Provider:

To qualify for Tier I reimbursement, or if you wish to receive reimbursement for meals served to your own children under the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP), you must complete, sign and return to us the enclosed Income Eligibility Application.

1. How do I qualify for the Tier I reimbursement for meals served to children enrolled in my home? You must either (a) live in an area that is eligible based on economic need as determined by school enrollment or census data, or (b) establish economic need through the information provided on the enclosed Income Eligibility Application.

2. Who determines my eligibility as a Tier I day care home? Our office will determine your eligibility status. We will use the information you provide on the Income Eligibility Application. Make sure you complete and sign the form; report all household income (not just your family day care home business income); and provide appropriate records of your income. **Return the completed form and other papers to: [at name, address, phone number].**

3. What kind of records should I submit with my Income Eligibility Application? If you operated a family day care home business last year, attach a copy of your most recent tax return, including Schedule C if your recent tax return and Schedule C is no longer indicative of your income you may submit documentation of your current income and expenses. To do so, include payment statements for work and other forms of income. The papers you send must show the name of the person who received the income, the date it was received, how much was received, and how often it was received.

4. How do I get reimbursed for meals served to my own children? You are required by law to complete this form if you wish to claim meals served to your own children. Even if you live in an area identified as one of economic need, or you have already been classified as a tier I home, you must complete this form. Our office may verify the income information you submit. Tier II providers are not eligible to claim their own children.

5. If I do not live in an area of economic need or don't want to submit the Income Eligibility Application, what are my options for reimbursement? You will receive lower rates of reimbursement for meals served to children enrolled in your family day care home.

6. Will the information I give be verified? Maybe. We may ask you to send written proof to verify the information you submitted on the form. **What if I disagree with the decision about the information I complete on this form?** You should talk to your sponsoring organization.

7. Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you.

8. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, you will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or proof of benefits as supported by a current Food Assistance (formerly Food Stamp), Ohio Works First, or Food Distribution Program on Indian Reservations (FDPIR) case number, you will remain eligible for those benefits for a period not to exceed 12 months. However, notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

9. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens.

10. What if I have foster children? Foster children are eligible for free meals regardless of their personal or the income of the household with whom they reside. Households wishing to apply for such benefits for foster children should contact **[name, address, and phone number]**. Additionally foster children may be included as members of the household for determining the eligibility of other children in the household for free and reduced priced meals.

11. We are in the military. Do we include our housing allowance as income? If 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.

In the operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call **[phone number].**

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."

Sincerely,
[signature

OHIO CHILD AND ADULT FOOD CARE FOOD PROGRAM: FAMILY DAY CARE HOMES COMPONENT
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICED MEALS - FY2014

Income eligibility information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure and their decision will not affect their children's eligibility for free and reduced-price meals. **Forms must be updated annually and are valid for only 12 months.**

PART 1 – CHECK Application Type:

☐ 1. Provider requesting Tier I status by application (May only qualify through Food Assistance, Ohio Works First (OWF) or Income. PROOF OF INCOME IS REQUIRED to qualify as a Tier I provider by this application.

☐ 2. Provider is requesting meals for own/residential children ***enrolled*** for childcare. (May only qualify through Food Assistance, OWF or Income.)

☐ 3. Provider or Parent requesting meals for foster child. In certain cases, foster children are eligible for free and reduced-price meals regardless of Household income.

☐ 4. Parent requesting child meals with family child care provider**:** (May qualify through Food Assistance, OWF, WIC, Healthy Start or Income.)

Write the name of your child care provider here: _____

PART 2 – CHILD INFORMATION: Print information below for all children whose meals will be claimed on the CACFP.
BENEFIT INFORMATION: Enter the benefit program from PART 1 that automatically qualifies a child for Tier I meals. Enter the NAME and CASE or ID Number.

PRINT INFORMATION FOR ALL CHILDREN ENROLLED IN CARE			**CHECK IF A FOSTER CHILD (the legal responsibility of a welfare agency or court).**	**LIST EACH CHILD'S FOOD ASSISTANCE, OWF or WIC CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 10 OR 12 DIGITS. DO NOT USE SWIPE CARD NUMBER.**
* NAME OF ENROLLED CHILD(REN)	* AGE	* BIRTH DATE		Circle type of benefit: FOOD ASSISTANCE, OWF or WIC
1.			☐	CASE NUMBER: __ __ __ __ __ __ __ __ __ __ __ __
2.			☐	CASE NUMBER: __ __ __ __ __ __ __ __ __ __ __ __
3.			☐	CASE NUMBER: __ __ __ __ __ __ __ __ __ __ __ __
4.			☐	CASE NUMBER: __ __ __ __ __ __ __ __ __ __ __ __

PART 3 – TOTAL HOUSEHOLD SIZE AND TOTAL HOUSEHOLD GROSS INCOME: List names of all household members. List all gross income: list how much and how often. If Part 2 is completed, skip to Part 4.

a. LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1	b. CHECK IF NO/ZERO INCOME	c. GROSS INCOME during the last month (amount earned before taxes & other deductions) and HOW OFTEN IT WAS RECEIVED: Weekly, Every 2 Weeks, Twice a Month, Monthly, Yearly			
		1. Earnings from work before deductions	2. Welfare payments, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA	4. All Other Income
1.	☐	$_____/_____	$_____/_____	$_____/_____	$_____/_____
2.	☐	$_____/_____	$_____/_____	$_____/_____	$_____/_____
3.	☐	$_____/_____	$_____/_____	$_____/_____	$_____/_____
4.	☐	$_____/_____	$_____/_____	$_____/_____	$_____/_____
5.	☐	$_____/_____	$_____/_____	$_____/_____	$_____/_____

PART 4 – SIGNATURE AND SOCIAL SECURITY NUMBER: Adult household member must sign form. If Part 3 is completed, the adult signing the form must also list last 4 digits of his or her Social Security Number or check the "I do not have a Social Security Number" box.

I certify that all information on this form is true and correct and that all income is reported. I understand that the center will get Federal Funds based on the information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

*_____ **SIGNATURE OF ADULT HOUSEHOLD MEMBER**	*_____ **DATE**	**If Part 3 is completed, insert last 4 digits of Social Security Number** ☐☐☐☐
		☐ **(check if applicable) I do not have a Social Security Number**
Print Name:	Daytime Phone Number:	Work Phone Number:
Street / Apt:	City / State / Zip:	County:

PART 5: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race or ethnicity of enrolled child (ren)

	American Indian or Alaska Native		Asian		Black or African American
	Native Hawaiian or Other Pacific ander		White		Other

Please mark one ethnic identity: Hispanic or Latino ☐ Not Hispanic 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: Week of 6/24/2013**

----------SPONSOR MUST COMPLETE THIS SECTION----------

	Provider Tier I	**Residential Child**	**Child Tier I**	**Total Household Income**	
Approved	☐	☐	☐	**$**_____	**Signature of Official** **Date**
Denied	☐	☐	☐	**Total Household Size** _____	_____ **Effective Date** _____ **Expiration Date**

FREE & LOW – COST HEALTH CARE

Families with children eligible for school meals may be eligible for free & low - cost health coverage through Healthy Start & Healthy Families. If you are interested in information from Healthy Start & Healthy Families call 1-800-324-8680 or contact the web site at: www.state.oh.us/odjfs/ohp/bcps/hshf/index.stm Note: If you have an Ohio Medicaid Card, you are already getting this coverage.

HOW TO COMPLETE THE OHIO CACFP FAMILY DAY CARE INCOME ELIGIBILITY APPLICATION

1. PART 1 – Mark the box that applies in PART 1. If marking box 4, enter the home care provider's name in the space.

2. PART 2 – Enter the names of all children who will be claimed for meal reimbursement. If you are receiving benefits from programs such as Food Assistance or Ohio Works First (OWF) enter the case number. PARENTS checking # 4 in Part 1 and qualifying through other categorically eligible benefit programs (WIC, Healthy Start), enter the name for the benefit program and the case or identification number. The Family Child Care Sponsoring Organization may request additional documentation to verify participation.

3. PART 3 - Complete this part only if benefit name and case number in PART 2 are blank. Enter the names of all household members. A household is defined as a group of related or unrelated individuals who are living as one economic unit that share housing and/or significant income and expenses of its members. Income is any money received on a recurring basis, including gross earned income. Enter the gross income (amount before taxes are taken out) for the past month for each person with income. Monthly Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a Month x 24. Proof of income is required for Providers qualifying for Tier I by application (attach the documents that support the income entries).

4. PART 5 – A household member (provider, when using income to determine Tier eligibility, parent or guardian) must sign and date the form. If PART 3 is completed, the last four digits of your social security number must be entered. If the adult does not have a social security number, check the box that indicates they do not have one. If a valid Food Assistance or OWF case number or other eligible state identified benefit program and case or identification number is listed in Part 2, a social security number is not required. Enter the address and phone number information. **REMEMBER To SIGN AND DATE THE FORM.**

5. PART 6 – Complete the racial/ethnic, check the appropriate box. Parents/guardians are not required to complete this section.

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	YEAR	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