Ohio | Department of Education

John R. Kasich, Governor
Dr. Richard A. Ross, Superintendent of Public Instruction

TO: Child and Adult Care Food Program (CACFP)
ADULT DAY CARE CENTER COMPONENT SPONSORS

FROM: Mary Kershaw, Assistant Director, Office for Child Nutrition

DATE: June 20, 2014

SUBJECT: FY 2014- 2015 Income Eligibility Packet: Instructions, Income Guidelines and Application

The Income Eligibility Application (IEA) for Free or Reduced-price Meal Benefits to be utilized for FY 2014- 2015 is attached. The packet includes Sponsor Instructions, Income Eligibility Guidelines, Income Eligibility Application for Free and Reduced-price Meals and the Household Letter to enrolled adults/guardians. **The Guidelines and Income Eligibility Application are effective as of July 1, 2014.**

NEW

- The income eligibility determination procedures were expanded by USDA so sponsors have more flexibility concerning the effective date when approving income applications. Last January, a memo was eblasted to all sponsors and posted on the CACFP website detailing the change. The date to be used to make this determination may be either:
  A. The date on which the sponsor or center representative signs the form to certify eligibility/category of the participant OR
  B. The date the participant, guardian or adult household member signed the income form

  Sponsors wanting to change their current procedure (above A) to above B for the remainder of CACFP fiscal year 2014 (ending September 30, 2014) must complete and return to the State Agency the attached SPONSOR RESPONSE FORM. For CACFP fiscal year 2015 (beginning October 1), sponsors will indicate determination procedure to be used on the application center management plan.
- Ohio Policy: Regardless of the procedure used to determine eligibility effective date, in order for the income form to be valid, the sponsor/center representative must complete the bottom of the form: sign, date and categorize the form. Failure to do so will make the form incomplete and the participant could only be claimed as PAID until the month the bottom of the form was completed by sponsor/center representative.

REMINDERS:

- After July 1, 2014, begin including the Income Eligibility Application and Household Letter (front and back) in your enrollment packet for new enrollees. Applications on file that are not expired must be updated by comparing and, if necessary, re-categorizing them with the enclosed FY 2014-2015 Income Eligibility Guidelines. A sponsor may choose to distribute the new Income Eligibility Application to all adults enrolled even though the form on file has not expired. Collecting new income eligibility applications for every enrolled participant in July can simplify recordkeeping. Remember that all Income Eligibility Applications must be completed every twelve calendar months.

- The Household Letter on the backside of the IEA has the reduced income eligibility guidelines listed. Sponsors are not to use this scale to categorize the form but are to use the Income Eligibility Guidelines chart on page 9 of the sponsor instructions.

- Income Eligibility Applications and Household Letters are to be copied as needed and are available on the ODE website: www.education.ohio.gov Please remember that the confidentiality of participant eligibility must be protected and that information can only be released for those purposes permitted by federal laws. If you have questions, need the income eligibility application in another translated language or require additional assistance, please call our ODE customer service at 614-466-2945 or toll free at 800-808-6325.

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To: Child and Adult Care Food Program Sponsors

From: Mary Kershaw
Assistant Director, CACFP, Office for Child Nutrition

Date: Original, January 30, 2014; Revised and Reissued June 20, 2014

RE: SPONSOR RESPONSE FORM
Procedures for Determining the Effective Date of Income Eligibility Applications (IEA)

Current Ohio procedures, as listed on the FY 13-14 Income Eligibility Instructions and Application, state that the date to be used to determine if an Income Eligibility Application (income form) is effective or expired is based on the date which the sponsor/center representative signs the form to certify eligibility/category of the child or adult day care participant.

Per recent USDA Instructions, CACFP 06-2014 and 07-2014, sponsors now have the flexibility concerning the effective date when approving income eligibility applications. This flexibility applies only to eligibility determinations made thorough the submission of completed income applications. The date to be used to make this determination may be either:

A. The date on which the sponsor or center representative signs the form to certify eligibility/category of the participant (current Ohio procedures) OR
B. The date the parent or guardian (ADC – participant, guardian or adult household member) signed the income form

Sponsors wanting to change their current income eligibility effective date determination procedure (above A) to the above B, for FY 14 must notify the State Agency in writing by completing and returning this response form via fax: 614-752-7613 or 614-466-8505. If no response is received, our office will then expect your agency to be following the determination procedures as stated in above "A" for the remainder of FY 2014 (ending Sept. 30). FY 2015 (beginning Oct. 1) determination procedures will be entered on the application center management plan.

To signify response, insert checkmark (√) or month in boxes below

Check	Our agency has decided to change procedures used to determine the effective date to be: *the date the parent or guardian (ADC – participant, guardian or adult household member) signed the Income Eligibility Application (income form)*
Insert Month	Our agency will begin using this procedure for determining income eligibility effective date with indicated claim month (insert month in box)
Check	Our agency understands that this procedure must be applied to income forms for all CACFP center/sites and or homes operated by our agency.
Check	Our agency understands that income forms still must be updated annually and may not be more than 12 month old. Income forms are be considered current and valid from the first of the month from the date in which form was signed by the parent and are valid until the last day of the month in which the form was dated one year earlier.

Sponsor Name:	IRN#	County:
Print Sponsor Representative Name:	Date:	
Sponsor Representative Signature:	Title:	

25 South Front Street
Columbus, Ohio 43215
education.ohio.gov

(877) 644-6338
For people who are deaf or hard of hearing, please call Relay Ohio first at 711.

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

FY 2014 – 2015 Fiscal Year
Effective July 1, 2014 through June 30, 2015

PURPOSE:

The Child and Adult Care Food Program (CACFP) recognize 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

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.

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:

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 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 2014-2015 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 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:

1. 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/guardians. 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.

BOTTOM SECTION OF FORM TO BE COMPLETED BY SPONSORS

The sponsor/center representative is to complete the bottom section of the form: Total household size; total household income (if applicable); categorize form as free, reduced or paid; signature, date categorized, effective date and expiration date of form.

Per recent USDA Instructions, sponsors now have the flexibility concerning the effective date when approving income eligibility applications. This flexibility applies only to eligibility determinations made through the submission of completed income applications. The date to be used to make this determination may be either:

Option A: The date on which the sponsor or center representative signs the form to certify eligibility/category of the participant OR

Option B: The date the participant, guardian or adult household member signed the income eligibility form.

As Option A was the State Agency required procedure for FY 14, sponsors wanting to change their determination procedure from Option A (date sponsor/center signs forms to certify eligibility category) to Option B (date participant/guardian/adult household member signed the form) for FY 14 must notify the State Agency in writing by completing and returning the SPONSOR RESPONSE FORM. This form is attached to the income eligibility instruction cover letter and is also posted and available on the CACFP center-based component website. If no response form is received, the State Agency would expect the sponsor to be following the Option A determination procedures for the remainder of FY 2014 which ends on September 30, 2014.

For FY 2015 (beginning October 1, 2014), CACFP sponsors will indicate their procedure for determining the effective date when approving income eligibility applications on the CRRS online application center management plan.

Effective Date:

Option A. The first day of the month in which the form was dated by the sponsor/center representative.
Example: The participant, guardian or adult household member dated the form on July 9, 2014 and the sponsor/center representative dated/categorized the form on July 10, 2014. The form is effective July 1, 2014 and expires on July 31, 2015.
Example: The participant, guardian or adult household member dated the form on July 31, 2014 and the sponsor/center representative dated/categorized the form on August 4, 2014. The form is effective August 1, 2014 and expires on August 31, 2015.

Option B. The date the participant, guardian or adult household member signed the income form.
Example: The participant, guardian or adult household member dated the form on July 9, 2014 and the sponsor/center representative dated/categorized the form on July 10, 2014. The form is effective July 1, 2014 and expires on July 31, 2015.
Example: The participant, guardian or adult household member dated the form on July 31, 2014 and the sponsor/center representative dated/categorized the form on August 4, 2014. The form is effective July 1, 2014 and expires on July 31, 2015.

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/center representative or date participant, guardian or adult household member signed the application form 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/center representative or dated by the participant, guardian or adult household member if that option was submitted to the State Agency via the Sponsor Response Form or entered on the FY 15 CRRS Center Management Plan.

OHIO POLICY: Regardless of the procedure used to determine eligibility effective date, in order for the income form to be valid the sponsor/center representative must complete the bottom of the form: signature, date and categorize the form. Failure of the sponsor/center representative to complete the bottom of the form will make the form incomplete and the child/participant could only be claimed as PAID until the month the bottom of the form was completed by the sponsor/center representative.

- Example: Center has informed the State Agency they will be using the date the participant, guardian or adult household member signed the income form as the date to determine effective date beginning with the December 2013 claim. The participant, guardian or adult household member signed the form on December 8, 2013. However the sponsor/center representative did not complete the bottom of the form. The State Agency conducts a review on February 10, 2014 and finds that the sponsor has claimed the participant as FREE (due to valid food assistance case number) on the December 2013 and January 2014 claims. The State Agency determines the form incomplete and participant should have been claimed as PAID for December 2013 and January 2014. Sponsor completes the bottom of the form on February 10, 2014. Sponsor can claim participant as free if in attendance on the February 2014 claim.
- Example: If there was a valid food assistance case number and participant, guardian or adult household member signature and date on the form which would make the form FREE but the sponsor/center representative did not sign, date and categorize the bottom of the form. The participant must be claimed as PAID until the month the sponsor/center representative completes the bottom of the form.

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.

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, 2014 through June 30, 2015 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 Free and Reduced-Price Meals. Do not distribute this chart to families.**

The Income Eligibility Guidelines (on page 9) 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
	Mary Taylor	$ 843 / monthly
		$ 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 (Bi-weekly) 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 x 26 = $20,800)
	Jane Smith	$ 218 / weekly	(200 x 52 = $11,336)
		$ 153 / twice per month	(150 x 24 = $ 3,672)
		$ 100 / monthly	(100 x 12 = $ 1,200)
		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, 2014 through June 30, 2015

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	15,171	1,265	633	584	292	21,590	1,800	900	831	416
2	20,449	1,705	853	787	394	29,101	2,426	1,213	1,120	560
3	25,727	2,144	1,072	990	495	36,612	3,051	1,526	1,409	705
4	31,005	2,584	1,292	1,193	597	44,123	3,677	1,839	1,698	849
5	36,283	3,024	1,512	1,396	698	51,634	4,303	2,152	1,986	993
6	41,561	3,464	1,732	1,599	800	59,145	4,929	2,465	2,275	1,138
7	46,839	3,904	1,952	1,802	901	66,656	5,555	2,778	2,564	1,282
8	52,117	4,344	2,172	2,005	1,003	74,167	6,181	3,091	2,853	1,427
For each additional family member, add	5,278	440	220	203	102	7,511	626	313	289	145

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 2014- FY 2015

FY 2014 – FY 2015 (7/1/14 – 6/30/15) 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. Form must be completed annually and is valid for only 12 months.

PART 1: PARTICIPANT INFORMATION - Enter name, age, and birth date of the adult participant(s).

*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

Medicaid Number	SSI Number	Food Assistance Case Number

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 participant(s), spouse and dependents of participant(s) living in household	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 Per Month, Monthly, Annually			
		1. Earnings from work before deductions/how often	2. Welfare payments, child support, alimony/how often	3. Pensions, retirement, Social Security, SSI, VA /how often	4. All Other Income / how often
1.	☐	$_____/_____	$_____/_____	$_____/_____	$_____/_____
2.	☐	$_____/_____	$_____/_____	$_____/_____	$_____/_____
3.	☐	$_____/_____	$_____/_____	$_____/_____	$_____/_____
4.	☐	$_____/_____	$_____/_____	$_____/_____	$_____/_____

PART 4: SIGNATURE AND LAST 4 DIGITS OF SOCIAL SECURITY NUMBER - Adult household member must sign/date form (participant, guardian or household member). The SSN is not required if you provided a Medicaid, SSI or Food Assistance number. If Part 3 is completed, the adult signing the form must also list the 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 PERSON COMPLETING FORM	*_____ 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 adult participant.

	American Indian or Alaska Native		Asian		Black or African American
	Native Hawaiian or Other Pacific Islander		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: 6/20/2014

THIS SECTION TO BE COMPLETED BY CENTER:

Complete information below only if qualifying participant by household income form Part 3.

Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion:
Weekly x 52, Every 2 Weeks (bi-weekly) X 26, Twice Per Month (semi-monthly) x 24, Monthly X 12

Total Household Size: _____

Total Household Income: $_____

Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year

Application Categorized as:
- ☐ **FREE,** based on ☐ Medicaid ☐ Supplemental Social Security (SSI) ☐ Food Assistance ☐ Household Size & Income
- ☐ **REDUCED,** based on Household Size & Income
- ☐ **PAID**, based on ☐ Income Too High ☐ Incomplete ☐ Invalid Number or Information

Signature of Sponsor / Center Representative	Date Sponsor Categorized	Effective Date	Expiration Date
Note: If using signature of person completing the form signature date to determine effective/expiration date of all forms, then option must be selected on FY 15 CRRS management plan		(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 questions regarding the completion of this application, contact the adult day care center.

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 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.
   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)

a) * The participant, authorized guardian or an adult member of the household must sign the form.
b) * The adult signing the application must also date the form.
c) * 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, 2014 through June 30, 2015
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	21,590	1,800	900	831	416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
For each additional family member, add	7,511	626	313	289	145