


# 2009-2010 Ohio CACFP Family Child Care Household Letter

TO: Provider:  
 FROM:  703 S. Main Street, Suite 211, Akron, Ohio 44311  
 SUBJECT: Income Eligibility Applications

Our nutrition organization provides meal reimbursement to child care providers who serve nutritious free meals to children as a part of the federally funded Ohio Child and Adult Care Food Program (CACFP). Providers may be reimbursed at the Tier I or Tier II rate. Meal rates change each July and will be mailed in the near future.

**As a Family Child Care Home Provider**, Child and Adult Care Food Program regulations allow three ways to qualify for the higher Tier I rates: using elementary school meal free and reduced data, census tract data, or household size and income. Providers may qualify using income guidelines or by listing a valid Ohio Works First (OWF) or Food Assistance (FA) case number on the Income Eligibility Application. To qualify for the Tier I rates through household size and income, providers must complete the Income Eligibility Application and submit their proof of income or program benefits to our organization. If changes in your participation in the Ohio Works First (OWF) or Food Assistance (FA) programs occur, you must notify the sponsoring organization. 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).


You must also complete this form if you wish to claim CACFP meals served to children living in your home. If you qualify, meals will be reimbursed for these children when they are under thirteen years of age, enrolled for care and eat with other non-residential child care children.

In certain cases foster children are eligible for free or reduced-price meals regardless of the income of such household with whom they reside and that households wishing to apply for such benefits for foster children should contact the sponsoring organization.

<b>REDUCED INCOME ELIGIBILITY GUIDELINES</b>					
<b>Guidelines to be effective from July 1, 2009 through June 30, 2010</b>					
<b>Households with incomes less than or equal to the reduced price values below are eligible for free meal benefits.</b>					
<u>HOUSEHOLD SIZE</u>	<u>YEAR</u>	<u>MONTH</u>	<u>TWICE PER MONTH</u>	<u>EVERY TWO WEEKS</u>	<u>WEEK</u>
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317

# 2009-2010 Ohio CACFP Family Child Care Household Letter

TO: Parent or Guardian

FROM:  703 S. Main Street, Suite 211, Akron, Ohio 44311

SUBJECT: Income Eligibility Applications

Your child is enrolled for care in the home of a provider participating in the U.S. Department of Agriculture’s Child and Adult Care Food Program (CACFP) through an agreement with our agency. Through this agreement, your provider is able to claim reimbursement for the meals served to your child while in care.

Changes in the regulations that govern this program have established two tiers of reimbursement for meals served to children in family child care homes. Your provider will be reimbursed at the lower Tier II rate for your child, unless your household income qualifies your child as eligible for the highest Tier I rates. You can help your provider receive the higher rate of reimbursement by establishing your household’s eligibility for Tier I rates by completing the attached application form.

**Return this form to our office; do not return it to the provider.** You are not required to complete the form, but if your family qualifies for the Tier I rate, the additional reimbursement will help keep child care costs more affordable. Meals are free. Families should not be charged a fee for food or asked to bring extra food. Participants having family members who become unemployed are eligible for free or reduced-price meals during the period of unemployment, provided that the loss of employment causes the family income to be within the eligibility standards for those 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).

The Income Eligibility Application is confidential and protected by law. There will be no identification of Tier I and Tier II children in child care homes nor will we share income eligibility information about your household with the provider. Our organization will limit the use of this information to people directly connected with administering Child Nutrition Program.

If you or your child participates in any of the following programs, your provider may be reimbursed at the higher rate upon completion of this form:

- Food Assistance Program (formerly Food Stamps)
- Ohio Works First (OWF)
- Women, Infants and Children (WIC)
- Healthy Start

If you participate in any of these programs, you must indicate the name of the program and your case number.

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**OHIO CHILD AND ADULT FOOD CARE FOOD PROGRAM: FAMILY CHILD CARE COMPONENT  
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICED MEALS - 2009-2010**

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 including the month signed.**

**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.

CHILD NAME	AGE	BIRTH DATE	If you give benefit information <b>DO NOT</b> complete PART 3	
			LIST EACH CHILD'S FOOD ASSISTANCE, OWF, WIC OR HEALTHY START CASE NUMBER. DO NOT USE SWIPE CARD NUMBER.	ENTER THE NAME OF THE BENEFIT PROGRAM (Food Assistance, OWF, WIC, or Healthy Start)
1.			CASE NUMBER:	
2.			CASE NUMBER:	
3.			CASE NUMBER:	

**PART 3 – HOUSEHOLD MEMBERS AND MONTHLY INCOME:** (Complete **ONLY** if benefit name and case number above 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. **DO NOT** list foster children. Enter monthly income (BEFORE TAXES) for past month for each person who has earnings. Monthly Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a Month x 24.

**PROOF of income is required when box 1 of PART 1 is checked.**

NAMES OF ALL HOUSEHOLD MEMBERS DO NOT list children from PART 2	Monthly earnings from all work before deductions	Monthly welfare payments, child support, alimony	Monthly pension, retirement, social security	All other Monthly income
1.				
2.				
3.				
4.				
5.				

**PART 4 – FOSTER CHILD:** ONE FORM for each foster child. Complete PARTS 1, 2, and 4, **DO NOT** list anyone else on the form. Complete child's personal use income or enter "0" for no personal use income \$ \_\_\_\_\_. Personal use income is money given to the child for him or her to spend. A foster child is considered a household of one.

**PART 5 – SIGNATURE & SOCIAL SECURITY NUMBER:** I certify all above information is correct, and all income is reported. I understand the purpose of this form is to receive federal funds, and program officials may verify the information. I understand deliberate false information may cause me to be prosecuted under applicable state and federal laws.

Signature of adult household member	Social Security Number (for PART3) or the word "none"	Date
Home Address	City	Zip Code
	County	Phone Number

**PART 6: RACIAL/ETHNIC IDENTITY (Optional):** Please check appropriate boxes to identify the race or ethnicity of your child(ren).

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other
Please mark one of the following ethnic entities: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		

**NON-DISCRIMINATION:** In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, gender, age or disability. To file a complaint of discrimination, write USDA Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call 800-795-3272 or 202-720-6382 (voice and TTY).

**SPONSOR MUST COMPLETE THIS SECTION**

<b>Zero Income</b>						
<b>Temporary Free Approval Until:</b> _____	<b>Provider</b>	<b>Residential</b>	<b>Child</b>	<b>Total Household Income</b>		
	Tier I	Child	Tier I	\$ _____	<b>Signature of Official</b>	<b>Date</b>
	Approved <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Must be reviewed again in 45 days.</b>	<b>Denied</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Total Household Size</b>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

**EXPIRATION DATE OF FORM**

Privacy Act Statement: Section 9 of the National School Lunch Act (NSLA) requires that, unless your child's food stamp or OWF case number is provided, you must include the social security (SS) number of the adult household member signing the application or indicate that the household member does not have a SS number. Provision of a SS number is not mandatory, but if a SS number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. This notice must be brought to the attention of the household member whose SS number is disclosed. The SS number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application or shared with other persons directly connected with the administration or enforcement of the program under the NSLA or Child Nutrition Act of 1966 to determine program eligibility. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of Food Assistance or OWF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal action if incorrect information is reported. State Distribution: Week of 6/22/09

### 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](http://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 CHILD CARE INCOME ELIGIBILITY APPLICATION

- PART 1 – Mark the box that applies in PART 1. If marking box 4, enter the home care provider's name in the space.
- 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.
- 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).
- PART 4 – Complete for each foster child living in the household and enrolled in the CACFP. Enter the personal use income for the foster child. If no personal use income, enter zero.
- 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, a social security number must be entered. If the adult does not have a social security number, the word "none" must be entered in the space. 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.
- PART 6 – Complete the racial/ethnic, check the appropriate box. Parents/guardians are not required to complete this section.

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