

Child and Adult Care Food Program

Income Eligibility Guidance for

Child Care Homes



July 2019

Missouri Department of Health and Senior Services
Bureau of Community Food and Nutrition Assistance
P.O. Box 570
Jefferson City, MO 65102
Telephone: 800-733-6251
FAX: 573-526-3679

<http://health.mo.gov/living/wellness/nutrition/foodprograms/cacfp/index.php>

CACFP@health.mo.gov

CHILD AND ADULT CARE FOOD PROGRAM
INCOME ELIGIBILITY GUIDANCE FOR CHILD CARE HOMES

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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

This institution is an equal opportunity provider.

This statement implementation date is November 2015.

**Child and Adult Care Food Program
Parent Letter Non-pricing Sponsors of Homes
July 2019 through June 2020**

Dear Parent or Guardian:

As a family child care home provider, you are currently participating in the Child and Adult Care Food Program (CACFP) under the jurisdiction of a sponsoring organization. If your yearly family income is equal to or below the amount listed for your family size on the chart below, you may be eligible to claim meals served to your own children. If your family income is higher than the amount listed for your family size, you do not need to complete the income application.

Family Size	Yearly Income	Family Size	Yearly Income
1	\$23,107	5	\$55,815
2	\$31,284	6	\$63,992
3	\$39,461	7	\$72,169
4	\$47,638	8	\$80,346
For each additional Family Member, add			+\$8,177

To determine eligibility to claim meals served to your own children, you must complete the attached form. Your application cannot be approved unless the attached form is completed according to the directions provided below:

Part 1: Children Enrolled at Child Care Home

List all children in the household for whom the application is made. Indicate the birth date of the child. If you are applying for a foster child, the foster child is eligible for free meals regardless of household income, and you do not need to complete a separate IEF, although you must obtain and have on file documentation verifying that the child’s placement in the household is the responsibility of the State or court. The eligibility of foster children applies only to children formally placed by a State child welfare agency or court. It does not apply to informal arrangements that may exist outside of State or court based systems.

Households with foster and non-foster children may include the foster child as a household member, as well as include any personal income earned by the foster child, on the application. This may help the foster family’s non-foster children qualify for free or reduced price meals based on household size and income.

If your child receives Temporary Assistance (formerly AFDC, now funded by TANF) payments or Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps), please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete part 2 or 3. If you do not participate in SNAP or TANF you must complete all sections of the form including parts 2, 3, and 4.

Part 2: Computing Net Child Care Income

Determine the net day care income by deducting business costs from gross child care income. Insert net child care income in the appropriate column in Part 3.

Part 3: Household and Income Information

List all members of the household. A household is a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses). Report monthly income for each household member. The income reported on the application must include all gross income before deductions.

Part 4: Signature

The adult household member completing the application must sign and date the application. If the child(ren) is not an TANF or SNAP recipient, the adult signing the application must provide the last four digits of his/her social security number. If you do not have a social security number, write "none" in the space provided. Failure to provide the last four digits of your social security number, if you have one, will make the income application invalid if the child(ren) is not a SNAP or Temporary Assistance recipient.

Reporting Changes

You should notify your sponsor if any member(s) of the household become unemployed. A child may be eligible for free or reduced-price meals during the period of unemployment.

Sincerely,

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

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

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE
 CHILD AND ADULT CARE FOOD PROGRAM

APPLICATION FOR MEALS IN FAMILY CHILD CARE HOME – PROVIDER’S OWN

To apply for CACFP reimbursement for meals served to **resident** children in the household and/or to determine provider’s eligibility for Tier I rates based on household income, complete information on both sides of the form and return form to your sponsoring organization.

PART 1 RESIDENT CHILDREN ENROLLED AT CHILD CARE HOME

Complete information below for provider’s children enrolled in the home. If child(ren) are receiving SNAP or TANF, complete Parts 1 and 4 only. Complete Parts 1, 2, 3, and 4, if you did not provide a SNAP case number or TANF case number for **all of the children listed in part 1.**

NAME	BIRTHDATE	FOSTER CHILD	SNAP (FOOD STAMPS)	TANF
			CASE NUMBER	

PART 2 COMPUTING NET CHILD CARE INCOME

Child care income, although somewhat irregular, does not fluctuate significantly, and therefore should be reported as the income from the most recent calendar month. You may deduct from your total gross child care income all business costs, such as business-related automobile expenses, telephone costs, the cost of food served to your child care children, etc. (If the provider’s income is negative, it should be listed as “zero” income.) The reimbursement received from CACFP must be included as income. Contact the sponsoring organization for more information.

INCOME

GROSS CHILD CARE FEES (Money from parents /FSD of Child Care Children)		A
CACFP REIMBURSEMENT		B
TOTAL GROSS CHILD CARE INCOME	A+B=	C

COSTS

BUSINESS COSTS (Auto, Phone, expenses, Etc.)		D
COST OF FOOD FOR CHILD CARE BUSINESS		E
TOTAL GROSS COST	D+E=	F

C
F
G

NET CHILD CARE INCOME	(Insert this figure in Gross Wages column in part 3)	C-F=
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PART 3 HOUSEHOLD AND INCOME INFORMATION

List all other members of the household (all persons, related or not, living together in the household) besides the children listed in part 1. For each household member, indicate all sources and amounts of current monthly gross income before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current income. Irregular self-employed income may be averaged over the prior 12 months.

HOUSEHOLD MEMBERS	MONTHLY GROSS WAGES	MONTHLY WELFARE, CHILD SUPPORT, ALIMONY	MONTHLY PENSIONS, RETIREMENT, SOCIAL SECURITY	MONTHLY OTHER

PART 4 SIGNATURE

I hereby certify that all of the information provided is true and correct. I understand that this information is being given in connection with the receipt of Federal funds, that institution officials may verify information and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER (last four) XXX-XX-_____	DATE	PRINTED NAME OF ADULT FAMILY MEMBER
ADDRESS			TELEPHONE NUMBER

Section 9 of the National School Lunch act requires that, unless your children's SNAP (food stamp) or TANF case number is provided, you must include the social security number (last four) of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP (food stamp) or welfare office to determine current certification for receipt of SNAP (food stamps) or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR SPONSORING ORGANIZATION USE ONLY- DO NOT WRITE BELOW THIS LINE

Monthly Income Conversion Weekly X 4.33 Every 2 Weeks X 2.15 Twice a Month X 2

Total Household Size: _____ Monthly Income: _____ SNAP : _____ TANF : _____

Eligibility Determination: Eligible Not Eligible If eligible for Tier I rates based on provider's household income, has income verification been completed: Yes No
Date verification completed _____. (Attach verification documentation)

Signature of Sponsoring Organization Representative _____ Date _____



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE
 CHILD AND ADULT CARE FOOD PROGRAM

APPLICATION FOR TIER I MEALS IN FAMILY CHILD CARE HOME

To apply for tier I meal reimbursement for your child(ren), fill out this form and return it to the family child care home sponsoring organization.

PART 1 CHILDREN ENROLLED AT THE FAMILY CHILD CARE HOME

Complete information below for children enrolled in the home. If child(ren) are receiving any of the programs listed on the attached sheet, complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide case number for all of the children listed in Part 1.

NAME	BIRTH DATE	FOSTER CHILD	SNAP (Food Stamp), TANF, WIC HEAD START, CHILD CARE SUBSIDY CATEGORICAL ELIGIBLE PROGRAM	CASE NUMBER

PART 2 HOUSEHOLD AND INCOME INFORMATION

List all other members of the household besides the children listed in Part 1. For each household member, indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children are eligible regardless of household income. Contact the child care home sponsoring organization for more information.

INCOME BASED ON (CHECK ONE)	YEARLY <input type="checkbox"/>	MONTHLY <input type="checkbox"/>	2 X A MONTH <input type="checkbox"/>	EVERY 2 WEEKS <input type="checkbox"/>	WEEKLY <input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, ETIREMENT, SOCIAL SECURITY	OTHER	

PART 3 RACIAL ETHNIC INFORMATION (You are not required to answer this section)

Are you of Hispanic or Latino origin? YES NO

What is your race? (Select one or more)

AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 4 SIGNATURE

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER (LAST FOUR) XXX-XX-	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

Section 9 of the National School Lunch Act requires that, unless your children's food stamp or Temporary Assistance case number is provided, you must include a social security number (last four numbers) of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews 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 stamps or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR SPONSORING ORGANIZATION USE ONLY – DO NOT WRITE BELOW THIS LINE

Monthly Income Conversion: Weekly X 4.33 Every 2 Weeks x 2.15 Twice a Month x 2

TOTAL HOUSEHOLD SIZE:	MONTHLY INCOME:	CATEGORICAL ELIGIBLE PROGRAM:
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Eligibility Determination: Eligible Ineligible

SIGNATURE OF SPONSOR REPRESENTATIVE	DATE
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(FDC Sponsoring Organization’s Letterhead)

SAMPLE LETTER FOR TIER II HOUSEHOLDS

Dear Parent or Legal Guardian:

Your child is enrolled at the family child care home of _____, a child care provider who is participating in the 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 when in care. There are 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 tier I rates, in which case your provider will receive the higher reimbursement rates. Higher reimbursement can contribute to the overall quality of care your provider maintains. You can establish your eligibility for the higher tier I rates by completing the attached form: Application for Tier I Meals in Family Child Care Home.

The form asks for your family size and income information only if you do not qualify as categorically eligible. If you or your child participates in, or is subsidized under, a Federal or State supported benefit program with an income eligibility limit that does not exceed the eligibility standard, your child is categorically eligible.

If you do not participate in an eligible Federal or State program, but feel you qualify based on the income guidelines listed below, please complete the form. If your yearly family income is higher than the amount listed for your family size, you do not need to complete the form.

Family Size	Yearly Income	Family Size	Yearly Income
1	\$23,107	5	\$55,815
2	\$31,284	6	\$63,992
3	\$39,461	7	\$72,169
4	\$47,638	8	\$80,346
		For each additional Family Member, add	+\$8,177

If you believe that your household income does not exceed the above chart, please complete the attached application according to the directions provided below:

Parent/Guardian Instructions for Completing the Income Eligibility Form (IEF)

PART 1: CHILDREN ENROLLED AT THE CHILD CARE CENTER

- List all children that you are applying to enroll in the child care.
- List each child’s birth date.

- If you are applying for a foster child, the foster child is eligible for free meals regardless of household income, and you do not need to complete the IEF. Talk to the child care center director regarding documentation of a foster child's eligibility.
- 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 household application that includes their non-foster children.
- If your child receives Temporary Assistance (formerly AFDC, now funded by TANF) payments or Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps), please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete part 2.
- If you have a SNAP or Temporary Assistance case number for at least one of your children enrolled at the center the eligibility extends to all of your children enrolled at the center. You do not need to complete Part 2.
- If you do not participate in SNAP or TANF you must complete all sections of the form including Part 1, 2, 3, 4.

PART 2: HOUSEHOLD AND INCOME INFORMATION – Not completed if case number for SNAP or TANF is provided in Part 1.

- List all members of the household not included in Part 1. A household is a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses).
- Report the monthly income by source for each household member.
- The income reported on the application must include all income before taxes and before other deductions.
- Income Exclusions not to be reported or counted include:
 1. Payments received for the care of foster children.
 2. Student financial assistance provided for the costs of attendance at an educational institution, such as grants and scholarships.
 3. Loans, such as bank or student loans, since these funds are only temporarily available and must be repaid.

PART 3: RACIAL ETHNIC INFORMATION--Completion is Voluntary

PART 4: SIGNATURE

- The adult household member completing the application must sign and date the application.
- If the child(ren) is not a Temporary Assistance or SNAP recipient, the adult signing the application must provide the last four digits of his/her social security number.
- If you do not have a social security number, write "none" in the space provided.
- Failure to provide the last four digits of your social security number, if you have one, will make the income application invalid if the child(ren) is not a SNAP or Temporary Assistance recipient.
- The adult household member completing the IEF must attest to the fact that the information provided is correct, that it is being given in connection with the receipt of federal funds, that it is subject to verification, and that the deliberate misrepresentation of facts will subject the individual to prosecution under applicable state and federal statutes.

The form must be returned to our office at the above address. Please do not return this form to your family child care home provider. The regulations require that the information on this form is kept confidential. There will be no identification of meal program recipients in the day care homes, and income eligibility information concerning individual households will not be shared with child care home providers. The use of this information will be limited to those persons directly connected with the administration and enforcement of the program.

Sincerely,

(signature of sponsor representative /director)

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Office of the Assistant Secretary for Civil Rights
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Washington, D.C. 20250-9410;
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