

Dear Parent or Guardian,

Your child's day care Provider participates in the Child and Adult Care Food Program (CACFP). CACFP gives your day care Provider a meal allowance for serving healthy meals to the children in his/her day care home. The CACFP meal allowance is paid at two different rates (Tier I and Tier II). This application will help us determine if your day care Provider can be paid at the higher rate (Tier I) or lower rate (Tier II) for your child's meals. If you decide not to complete this form, your day care Provider will receive the lower rate.

If you think your household qualifies for Tier I rates, please fill out this form. The information on this application is confidential and is used only for determining the meal allowance rate your Provider receives for the meals served to your child.

How do we determine if your child's meals can be reimbursed at Tier I rates? There are two ways to find out if your day care Provider can be paid at the higher rate:

1. If you or anyone in your household participates in any of the programs listed in Part A on page 3, CACFP will automatically pay Tier I rates to your day care Provider. You must fill out Parts A and C of this form. Include your identification or case number, sign and date the form. You will be asked to complete this form every year.
2. Your household might meet the income guidelines for Tier I rates (see chart on page 2 of this letter). The definition of household is a group of related or non-related individuals who are living as one economic unit. If household members become unemployed, the loss of family income may put your household in the eligible category. You must fill out Parts A, B and C, and sign and date the form. You will be asked to complete this form every year.
3. A court-placed foster child in your household will automatically be paid at the Tier I rate. The remaining children in the household will be paid at the Tier II rate unless determined eligible using 1 or 2 above.

If you have any questions, please contact _____ at _____ .

Thank you for your cooperation.

Sincerely,

CACFP Representative

This institution is an equal opportunity provider.

**INCOME ELIGIBILITY GUIDELINES FOR TIER I
(Effective July 1, 2024 until June 30, 2025)**

HOUSEHOLD SIZE	HOUSEHOLD INCOME (ALL SOURCES)		
	Yearly	Monthly	Weekly
1	27,861	2,322	536
2	37,814	3,152	728
3	47,767	3,981	919
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,876
FOR EACH ADDITIONAL FAMILY MEMBER	+9,953	+830	+192

SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS

Earnings from Work

Wages, Salaries, Tips
Strike Benefits
Unemployment Compensation
Workers' Compensation
Net Income from Self-Owned
Business or Farm

Welfare/Child Support/Alimony

Public Assistance Payments
Welfare Payments
Alimony
Child Support Payments

Pensions/Retirement/Social Security

Pensions (government or private)
Supplemental Security Income
Retirement Income
Veteran's Payments
Social Security

Other Income

Disability Benefits
Cash Withdrawn from Savings, Interest
or Dividends
Income from Estates, Trusts, Investments
Regular Contributions from persons
not living in the household
Net Royalties, Annuities
Net Rental Income
Any Other Income

LIST OF CATEGORICALLY ELIGIBLE PROGRAMS¹

Federal Assistance Program

Supplemental Nutrition Assistance Program (SNAP)
WIC Supplemental Food Program
Temporary Assistance to Needy Families (TANF)
Head Start
National School Lunch - Free/Reduced Meals
Commodity Supplemental Food Program (CSFP)
Food Distribution Program on Indian Reservations (FDPIR)
Medicaid

State Assistance Programs

Child Assistance Program
Prenatal Care Assistance Program
NYS Child Care Block Grant
Begin (NYC only)
Social Services Block Grant
Court-placed Foster Children

¹This list applies to households of children participating in a Tier II day care home only. The list of State Assistance Programs will be updated as needed.

Return to: _____

CACFP Agreement #: _____

Provider #: _____

_____ Initial here if you consent to allowing your Provider to take your form and send it to the Sponsor. Provider will not review your form.

PART A: The Child and Adult Care Food Program is required to ask for the information on this form. It will be used only by the Child and Adult. Food Program and is considered confidential. It is not related to any fees you may be charged by the Sponsor, Provider or institution.

Name of Child in Care _____

Name of Day Care or Owner/Operator _____

Name of Parent/Guardian _____

On-Site Provider (if different) _____

Street Address _____ Apt# _____

Mailing Address (if different) _____ Apt # _____

City _____ State _____ ZIP _____

City _____ State _____ ZIP _____

Phone Number _____

Alternate Phone Number _____

HOUSEHOLD: A group of individuals who live together and share income and expenses.

Name everyone living in your household *Begin with yourself	Date of Birth	Relationship to you	Enrolled in Care
*1.		SELF	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No
7.			<input type="checkbox"/> Yes <input type="checkbox"/> No

All children in a household are eligible for Tier I rates if any member of that household receives Free or Reduced-Price Meals, SNAP, TANF or FDPIR benefits.

Free/Reduced-Price School Lunch TANF # _____
 SNAP Case # _____ FDPIR # _____

Children enrolled in these programs are categorically eligible for Tier I:

Head Start or Early Head Start Court-placed Foster Child Medicaid # _____

PART B: Household Income - List the income/salary of everyone in your household and how often it is received.

HOUSEHOLD MEMBER NAME	GROSS SALARY		
	Weekly	Monthly	Yearly
1.			
2.			
3.			
<input type="checkbox"/> Unemployment/Disability			
<input type="checkbox"/> Self-Employed (Net)			
<input type="checkbox"/> Other - Includes pensions, retirement, Social Security, welfare payments, child support and any other sources of income. Please specify: _____			
TOTAL	\$	\$	\$

PART C: Parent/Guardian Certification – READ THE STATEMENT BELOW BEFORE SIGNING.

I certify that the information on this form is true and correct. I understand that this information is given for the receipt of federal funds, and officials may check the information on this application. I understand that giving incorrect information on purpose may subject me to prosecution under applicable state and federal laws.

Section 9 of the National School Lunch Act requires that if a SNAP, TANF or FDPIR case number is not provided, you must include the last four digits of a Social Security number below. Give the Social Security number of the parent/guardian who is the primary wage earner or the adult household member signing this statement, or indicate that the adult household members do not have a Social Security number. This statement cannot be approved without this information. This form must be brought to the attention of the household member whose Social Security number is disclosed. Verification of the information on this form may be conducted through program reviews, audits, investigations, contacting employers to determine income, or SNAP or welfare offices to determine the current certification for receipt of SNAP, TANF or FDPIR benefits, contact with the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claim, or legal actions if incorrect information is reported.

Printed Name of Adult _____

Social Security Number of Primary Wage Earner

Signature of Adult _____

|X|X|X|—|X|X|—|_|_|_|_|

Date Signed by Parent _____

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CACFP Agreement #	Provider #
Total Number of Household Members:	Total Household Income: \$
Total Number of Foster Children:	
Number of Tier I Eligible Children:	
Number of Tier II Eligible Children:	
Reason	
Signature of Sponsor's Determining Official _____ Date of Determination _____	