



Parent / Guardian Application to Qualify Children for Tier 1 Reimbursement

Name of Child Care Provider _____

<p>Section 1</p> <p>Complete this Section ONLY if you receive FDPIR, Free or reduced price meals at school, WIC, Head Start, Child Care, Even Start, Assistance benefits, Food Stamps, or TANF</p>	<p>If your household receives benefits through any of the programs listed below, please check the box next to the program (s) for which benefits are received, list names and ages of children, sign the application, and return it in the self-addressed envelope.</p> <p> <input type="checkbox"/> Food Distribution on Indian Reservations (FDPIR) <input type="checkbox"/> Free or Reduced Price Meals at School <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/> Federally Funded Head Start Program <input type="checkbox"/> Even Start Program <input type="checkbox"/> Child Care Assistance (If you receive 40% or more assistance for your child care fees, submit a copy of your benefit letter from Human Services) <input type="checkbox"/> Food Stamps, please provide CASE NUMBER: _____ <input type="checkbox"/> TANF, please provide CASE NUMBER: _____ </p>												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Name of Child</td> <td style="width:10%;">Age</td> <td style="width:25%;">Name of Child</td> <td style="width:10%;">Age</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Name of Child	Age	Name of Child	Age								
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List **all** income received, by source, i.e. \$550/week (**DO NOT LIST HOURLY WAGE OR ANNUAL WAGE**) unless you are self-employed. Instructions for calculating self-employment income are included on the back side of this form.

<p>Section 2</p> <p>Complete this section ONLY if you do NOT receive any of the benefits listed in Section 1. Sign and return to SENDCAA in the self-addressed envelope provided</p>	<p>FIRST and LAST names of all household members.</p>		<p>Current Income/Frequency</p>																																																				
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Social Security Number of Person Signing this form _____ - _____ - _____

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds and SENDCAA officials may verify the information on the application, and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult Household Member _____ Date _____ Home Phone _____ Work Phone _____

Print Name _____ Street Address _____ City _____ State _____ Zip Code _____

Dear Parent or Guardian:

This application will allow your child care provider to receive higher rate of reimbursement for meals and snacks served to eligible children, if approved. Please submit the attached application form to us if your income falls within the following guidelines (see below), or if your household receives benefits through one of the following eligible federal or state programs (see next paragraph). We cannot approve an application with missing information. Please complete, sign, and return in the envelope provided before the end of this month. A new application must be completed each year. This is not a mandatory requirement and you are not obligated to complete this form.

HOW TO APPLY: Complete Section 1 if you receive assistance through one of the following programs: The Food Distribution Program on Indian Reservations (FDPIR), Free or Reduced-Price Meals at School, Special Supplemental Nutrition program for Women, Infants, and Children (WIC), Federally Funded Head Start, Even Start, Child Care Assistance for 40% or more of your child care fees, (you must submit a copy of your benefit letter from Human Services), Food Stamps or Temporary Assistance for Needy Families (TANF) and list your Case Number.

If you do not receive benefits throughout the above mentioned programs, complete Section 2 with the names of ALL household members, the frequency and the amount of income each household member now receives, and the Social Security Number of the person signing the form.

REPORTING CHANGES: If an application is approved based on receipt of assistance through one of the above mentioned programs, you must notify SENDCAA if you no longer receive these benefits.

AVAILABLE OF BENEFITS: You may apply for benefits at any time during the year. If you are not eligible now, but have a decrease in household income, an increase in household size, become unemployed, or begin to receive benefits through one of the above mentioned programs, fill out and application at that time.

FOSTER CHILDREN: Foster children may be eligible for benefits regardless of your household income. Please contact the local agency if there are questions on how to fill out the application.

CONFIDENTIALITY: The information you provide on the application will be treated confidentially and will be used only for eligibility determinations.

NONDISCRIMINATION: USDA is an equal opportunity provider and employer.

DISABLED CHILDREN: All meals served must meet patterns established by the U.S. Department of Agriculture. However, if a child has been determined by a doctor to be disabled and the disability would prevent the participant from eating the regular meals or snacks, this program will make any substitution prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your participant needs substitutions because of a disability, please contact us for further information.

If you have any questions or need help in completing the application form, please contact us.

Sincerely,

Geri Langseth, CACFP Coordinator

Child & Adult Care Food Program Income Eligibility Guidelines July 1, 2010 - June 30, 2011			
Household Size	Yearly	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
For each additional family member, add...	+6,919	+577	+134

Explanations:

SOCIAL SECURITY NUMBERS: If completing Section 1, a Social Security Number is not required. If completing Section 2, you are required to include a social security number on the application. This should be the social security number of the adult household member signing the application, or an indication that the household member 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 adult household member signing the application does not have a social security number, 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 the program reviews, audits, and investigations and may include contacting employers to determine income, contacting the State Job Service 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 of or reduction in benefits, administrative claims, or legal actions if incorrect information is reported.

CALCULATION OF FARM OR SELF-EMPLOYMENT INCOME: Persons engaged in farming or who operate other types of private business, including child care, where cash flow varies throughout the year, making it difficult to predict income with any accuracy, may use their most recent income tax records and adjust for the current year. The income to be reported is income derived from venture less operating costs incurred in the generation of that income. The income for arriving at allowable income from a private business operation may be taken from the Federal Tax Form (1040).

If you have additional income from other sources, this income must be treated as separate and apart from the income generated from your business or farm venture.

Add together the amounts reported on the following lines of your 1040 Form.

Line 12 \$ _____ Line 13 \$ _____ Line 14 \$ _____ Line 17 \$ _____ Line 18 \$ _____ Total \$ _____

Transfer this total to the front of the application under Farm or self-employment income. If the total is negative, it must be transferred to the front of the application as \$0. A negative number cannot be used to offset other income.

WHAT IS INCOME? Income reported must be gross income and is generally considered to be any monies received on a recurring basis. Income includes the following: wages, tips, salaries, commissions, social security benefits, dividends or interest on savings or bonds, income from estates or trusts, supplemental security income (SSI), public assistance or welfare payments (not food stamps), unemployment compensations, government civilian employee or military retirement or pensions, veteran's payments, pensions, annuities, child support, alimony, regular contributions from persons not living within the household, rental income and royalties, net income for farmers and self-employed, strike benefits, disability payments, interest income, and other cash income.

For Office Use Only

Date Received

Approved

Denied

Date of Determination/ _____

Signature of Determining Official _____