



# SENDCAA

3233 S. University Drive · Fargo · ND 58104

## Application to Receive Tier I Reimbursement & Claim Own Children

Name of Child Care Provider \_\_\_\_\_

<b>Section 1</b>  Complete this section ONLY if you receive Food Stamps, TANF, and/or Commodity Assistance.	If your household receives Food Stamps, Temporary Assistance to Needy Families (TANF), and/or Commodity Assistance through the Food Distribution Programs on Indian Reservations (FDPIR), list names and ages of children, sign the application and return it to SENDCAA. <b><u>Documentation that your household receives the benefits indicated must accompany this application. (See backside of cover letter.)</u></b>															
	Does your household receive Food Stamps? Yes <input type="checkbox"/> No <input type="checkbox"/>		Case Number: _____													
	Does your household receive TANF? Yes <input type="checkbox"/> No <input type="checkbox"/>		Case Number: _____													
	Does your household receive FDPIR? Yes <input type="checkbox"/> No <input type="checkbox"/>															
	<table border="1"> <tr> <th>Name of Child</th> <th>Age</th> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Name of Child	Age					<table border="1"> <tr> <th>Name of Child</th> <th>Age</th> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		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. **Verification of income must accompany this application. (See backside of cover letter.)**

<b>Section 2</b>  Complete this section ONLY if you do not receive Food Stamps, TANF, or Commodity Assistance. Sign and return to SENDCAA.	FIRST and LAST names of <b>all</b> household members.		Current Income/Frequency			
	Name	Age of Children	Gross wages - before deductions	Child Support/ Alimony	Farm or Self Employment Income (complete back of application)	Other Income
	1. _____	_____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
	2. _____	_____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
	3. _____	_____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
	4. _____	_____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
	5. _____	_____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
	6. _____	_____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
	7. _____	_____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
	8. _____	_____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____

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 \_\_\_\_\_

## 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 prove 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. Any adjustments made for the current year must be substantiated with documents for verification purposes. 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/Verification \_\_\_\_\_

Signature of Determining Official \_\_\_\_\_

Dear Provider:

As a participant in the SENDCAA Program, you receive federal reimbursement for meals served to children and there is no charge to any child for meals or snacks served in your home. You may also be eligible to receive Tier 1 rates for meals served to all children enrolled in your child care program and claim your own children's meals/snacks. Further, if you do not have children twelve years or younger, you still may be eligible to claim all other children in your care for Tier 1 rates. Please submit the attached application form to us if your income falls within the following guidelines, or if you receive Food Stamps, TANF, or Commodity Assistance. An approved application will allow you to receive Tier 1 rates for meals served to all enrolled children and claim meals for you own children, when other enrolled children are present and eating. Please complete, sign, and return the enclosed application along with verification of income before the end of this month. We cannot approve application with missing information. A new application must be completed each year.

**HOW TO APPLY:** If you receive Commodity Assistance, Food Stamps or TANF, complete Section 1 of the attached application and submit it to SENDCAA, 3233 South University Drive, Fargo, ND 58104.

Verification of benefits received must accompany this application. (See back side of this page.)

If you do not receive Food Stamps, TANF, or Commodity Assistance, complete Section 2. The application must have the names of all household members, the frequency and the amount of income each household member now receives, the social security number of the household member who signs the application, and the signature of an adult household member. Verification of income must accompany this application. (See back side of this page.)

**REPORTING CHANGES:** If your application is approved based on Food Stamp, TANF, or Commodity Assistance information, you must notify SENDCAA if you no longer receive these benefits.

**AVAILABILITY 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 Food Stamps, TANF, or Commodity Assistance, fill out an 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

<b>Child &amp; Adult Care Food Program</b> Income Eligibility Guidelines July 1, 2010 - June 30, 2011
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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

## What is Appropriate Verification?

**If you completed SECTION 1**, you must provide verification that you receive the benefits you listed. This verification must be official documentation from the Food Stamp office, Social Services office or Tribal office stating you Case Number, and date of expiration.

**If you completed SECTION 2**, all income listed must be verified as follows:

1. Child care providers are considered self-employed individuals. Therefore, they may use last year's income tax return (1040 - front side only) if they did child care all of last year and if their current year's income will be similar to last year's. If not, then current income must be verified by having each child care family complete a statement listing how often they pay you, how much they pay you each time, and their signature.
2. Only farmers and self-employed individuals may use their last year's income tax return (1040 form).
3. Individuals who are not self-employed or who do not farm must verify their income with a copy of their latest pay stub showing how often they get paid and what their **gross wages** are per pay period. If pay varies, include several pay stubs in order to determine an average income.
4. Child support or alimony payments must be verified with a copy of the Court Order or other official documentation showing how much is received and how often it is received.
5. Interest income, dividend income, Social Security payments, or any other income received on a regular basis must be listed and verified with official documentation showing how much is received and how often it is received.
6. Teenagers living in your household who earn regular wages must be included in the total household income and their income must be verified with a copy of their latest pay stub showing gross wages and how often they are paid. Even though their income may be used solely for themselves (such as car payments, gas, clothes, etc.), it indirectly benefits the family because the family income is not being used for those expenses.
7. Names and ages of all people living in your home must be included in Section 2, as well as their income.