

**HOUSEHOLD ELIGIBILITY APPLICATION
FOR PROVIDERS REAPPLYING FOR TIER I STATUS BY INCOME**

Dear Day Care Home Provider:

Last year you were determined a Tier I day care home provider by completing a Household Income Eligibility Application. To continue this Tier I status, you must complete the enclosed Household Income Eligibility Application and return it to our office. To be eligible, your household income must meet or fall below the Household Income Eligibility Guidelines or a member of your household must be eligible to receive Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits. If you have children, completing the application will allow you to claim your own children's meals while other children are in attendance.

The information you provide on the application will be used to determine your child's eligibility for meal benefits. The information will be kept confidential and only available to staff in our office directly connected with administering the CACFP. By signing Number 4 on the application for the Illinois *All Kids* Health Insurance, you are stating you do not want your information shared with the Illinois Department of Healthcare and Family Services. If you agree to disclose the application information, it may be used to identify your child(ren) for the health insurance program. If you would like more information on *All Kids*, call toll-free 866/255-5437 or 877/204-1012 (TTY).

INCOME ELIGIBILITY GUIDELINES

July 1, 2011 through June 30, 2012
Level for Reduced –Price Meals

Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	20,147	1,679	840	775	388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
For Each Additional Family Member Add:	7,067	589	295	272	136

If you have any questions or need help, please contact our day care home provider or sponsoring organization listed below.

Sincerely,

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free 866/632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800/877-8339; or 800/845-6136 (Spanish). USDA is an equal opportunity provider and employer.

PARENT INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD ELIGIBILITY APPLICATION

Once properly approved for meal benefits, a child's Household Eligibility Application will remain in effect for 12 months.

Complete the Household Eligibility Application for one of the following areas:

- If anyone (child or adult) in your household receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) follow **Instructions A** below.
- If you have a foster child who remains the legal responsibility of the Department of Children and Family Services (DCFS) or the court, follow **Instructions B** below.
- If you receive income, follow **Instructions C** below.

Instructions A—Households Receiving SNAP or TANF

If any member (child or adult) of your household receives benefits from SNAP or TANF, provide the following information:

- **Number 1**—List the names of ALL people in your household (such as grandparents, other relatives, or friends who live with you) and the age(s) of the child(ren) enrolled in your day care home.
- **Number 3**—Record a valid SNAP or TANF case number for any member (child or adult) of this household. Do not list your Illinois LINK card number. You may find your SNAP or TANF case number on your medical card or letter of eligibility for benefits.
- **Number 4 (OPTIONAL)**—*Illinois All Kids Health Insurance Program*.
- **Number 6**—Mark the box that best describes your purpose for the application.
- **Number 7**—Provide a signature of an adult household member and date the application.

Your application is complete.

Instructions B—Application for a Foster Child(ren). A **foster child** remains the legal responsibility of DCFS or the court.

- 1) If you have a legal document from DCFS or the court for your foster child, please provide a copy; you do not need to complete this application. If you don't have a legal document, follow Step 2 or 3 below.
- 2) If all children in your household (who attend this day care home) are foster children provide the following information:
 - **Number 1**—List the name(s) and age(s) of your foster child(ren) attending this day care home.
 - **Number 2**—Check the box(es) indicating the child is a foster child(ren).
 - **Number 4 (OPTIONAL)**— *Illinois All Kids Health Insurance Program*.
 - **Number 6**—Mark the box that best describes your purpose for the application.
 - **Number 7**—Provide a signature of an adult household member and date the application.
 - Your application is complete.
- 3) If you have a foster child(ren) along with other children attending this day care home, please provide the following information:
 - **Number 1**— List the names of ALL household members including the foster child(ren) and the age(s) of the child(ren) attending the day care home.
 - **Number 2**—Check the box(es) identifying the foster child(ren).
 - **Number 4 (OPTIONAL)**— *Illinois All Kids Health Insurance Program*.
 - **Next Go to Instruction C—Households Reporting Income** below and complete Numbers 5 and 6.
 - **Number 6**—Mark the box that best describes your purpose for the application.
 - **Number 7**—Provide a signature of an adult household member and date the application.
 - Your application is complete.

Instructions C—Households Reporting Income

It is not necessary to complete income information if you provided SNAP or TANF information in Number 3. However, if no one in your household receives SNAP or TANF benefits, please report all household income. The Household Eligibility Application must include the following information:

- **Number 1**— List the names of ALL household members and the age(s) of the child(ren) attending the day care home.
- **Number 4 (OPTIONAL)**— *Illinois All Kids Health Insurance Program.*
- **Number 5**—List total gross income (before deductions), not your take-home pay; and the frequency, how often the money is received, for each household member for last month. If the income last month was not the usual amount you normally receive, you may provide a projected amount that better represents your gross income.
 - For ONLY the self-employed, list income after expenses. This is for your business, farm, or rental property.
 - If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- **Number 6**—Mark the box that best describes your purpose for the application.
- **Number 7**—Provide the last four digits of the social security number for the adult household member signing the application. If you refuse to provide the last four digits of the social security number, the application cannot be approved. If the adult does not have a social security number, mark the box, *I do not have a social security number.*
- Your application is complete.

CHILD AND ADULT CARE FOOD PROGRAM – HOUSEHOLD ELIGIBILITY APPLICATION FOR DAY CARE HOME PROVIDER

<p>1 LIST EVERYONE IN PROVIDER'S HOUSEHOLD (Children and Adults)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">NAME (First, Middle and Last)</th> <th style="width:10%;">Check If No Income</th> <th style="width:10%;">Date of Birth</th> <th style="width:10%;">Ages of Providers Children</th> <th style="width:10%;">2 FOSTER CHILD</th> </tr> </thead> <tbody> <tr> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;">/ /</td> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;">/ /</td> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;">/ /</td> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;">/ /</td> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;">/ /</td> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;">/ /</td> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;">/ /</td> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;">/ /</td> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </tbody> </table>	NAME (First, Middle and Last)	Check If No Income	Date of Birth	Ages of Providers Children	2 FOSTER CHILD		<input type="checkbox"/>	/ /		<input type="checkbox"/>		<input type="checkbox"/>	/ /		<input type="checkbox"/>		<input type="checkbox"/>	/ /		<input type="checkbox"/>		<input type="checkbox"/>	/ /		<input type="checkbox"/>		<input type="checkbox"/>	/ /		<input type="checkbox"/>		<input type="checkbox"/>	/ /		<input type="checkbox"/>		<input type="checkbox"/>	/ /		<input type="checkbox"/>		<input type="checkbox"/>	/ /		<input type="checkbox"/>	<p>2 FOSTER CHILD Check box for all foster children that are a legal responsibility of DCFS or the court.</p>	<p>3 SNAP or TANF CASE NUMBER Skip if foster child. Provide one SNAP or TANF case number for any child or adult in your household. Do NOT use LINK card number. If completed, skip to Number 6. Do not list foster child.</p> <p>Name of Child or Adult: _____</p> <p>Case Number: _____</p>
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<p>4 OPTIONAL—SHARING INFORMATION WITH ALL KIDS INSURANCE PROGRAM May we share your information on this application with All Kids Insurance Program, the complete health insurance program for every child in Illinois? If yes, do not sign below.</p> <p>No, I do not want my information from this application shared with All Kids Insurance Program.</p> <p>Sign here: _____</p>																																															

5 HOUSEHOLD MEMBERS WITH INCOME—List only the names of individuals living in the household, their gross income, and how often it is received. If a person has a second job, list that income in the last column. After completing, go to Number 6.

NAMES (List only individuals with income)	Earnings from Work (Gross before Deductions)		Income from Welfare, Child Support, Alimony		Income from Retirement, Pensions, SSI, Social Security		Income Received From Savings, Investments, Trust Accounts, and Other Resources	
	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?
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6 Must check only one box.

I am a provider applying to claim my own children and qualify for Tier I status. I am a provider with no children applying for Tier I status.

I am a Tier I provider based on school or census data applying to claim my own children.

7 Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Number 5 above is completed the adult signing the form must also list the last four digits of his or her social security number or mark the box I do not have a social security number.

X X X - X X - _____
Social Security Number

I certify all information on this application is true and all income is reported. I understand the amount of federal funds received will be based on the information I give. I understand the institution, Illinois State Board of Education, or Office of Inspector General, may verify this information on the application. Deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Date	Printed Name of Adult Household Member	Signature of Adult Household Member	Address of Adult Household Member
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PRIVACY ACT STATEMENT: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the Child and Adult Care Food Program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

NON-DISCRIMINATION STATEMENT: In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free 866/632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800/877-8339; or 800/845-6136 (Spanish). USDA is an equal opportunity provider and employer.

<p>SPONSOR REPRESENTATIVE USE ONLY—ELIGIBILITY DETERMINATION — Follow the instructions provided in the Household Income instructions.</p>			
<p>Mark one of the boxes below to show how you are going to determine eligibility.</p>			
<p><input type="checkbox"/> SNAP/TANF Household</p>	<p><input type="checkbox"/> Income Household Use the conversion table to convert income to total annual income. Total the number of household members from Section 5.</p> <p>Total Household Annual Income \$ _____</p> <p>Total Household Size _____</p>	<p><input type="checkbox"/> Approved to Claim Foster Child's meals at Tier I Rate</p> <p><input type="checkbox"/> Approved Tier I Status/ Claim Providers Own Children (if applicable)</p> <p><input type="checkbox"/> Denied</p>	<p>Effective Date of Application _____</p> <p style="text-align: right;">Signature of Representative _____</p>
<p>CONVERSION TABLE</p> <p>To convert all income to annual income use the following conversion calculations:</p> <p>Weekly Income x 52</p> <p>Every 2 Weeks x 26</p> <p>Twice a Month x 24</p> <p>Monthly x 12</p>		<p>TEMPORARY APPLICATION – Review Application in 45 Days</p> <p><input type="checkbox"/> Approved Tier I Status/ Claim Providers Own Children (if applicable) Until _____ (Date)</p>	