**[Date]**

Dear **[Name of Provider]**:

##### Thank you for participating in the Child and Adult Care Food Program (CACFP) and providing healthy meals to children in your care. This *CACFP Meal Benefit Income Eligibility* form is for family day care home providers who would like to:

1. Apply for tier I reimbursement for CACFP meals served to all enrolled children at their day care home, based on the provider’s household income, or
2. Apply for tier I reimbursement for CACFP meals served to their own children enrolled in their day care home.

##### We will use the information you provide on this form to determine your eligibility for tier I rates. Make sure you report all household income, not just your day care home business income. If your household income is equal to or less than the amounts for your household’s size on the *Federal Income Chart*, you will receive tier I reimbursement for all enrolled children, including any of your own children enrolled in your day care home.

|  |  |  |
| --- | --- | --- |
| Federal Income Standards for  Reduced-Price Meals for July 1, 20\_\_\_\_ - June 30, 20\_\_\_\_ | | |
| Household size | Yearly Income | Monthly Income |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

Please be sure to read the instructions carefully. Fill in all the information we request. We can only approve complete forms. Please send the completed form to:

**[Name, Address, Email Address].**

To approve you for tier I rates, we will confirm that the information you provide on the form is correct. You must include documents, with your form, which show your household’s income. The back of this letter has information about what to send.

If you disagree with our decision, you have the right to appeal it. In the operation of child nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability. If you have questions or want to request an appeal, please contact **[Name]** at **[Phone Number]** or **[Email Address]**.

Sincerely,

*Signature*

**[Name**

**Title]**

| *What to Send* |
| --- |
| Does someone in your household receive **[State SNAP]**, **[State TANF]**, FDPIR, or **[Insert names of any State benefit programs that confer categorical eligibility**] ? If Yes: Return this letter with a copy of your **[State SNAP]**, **[State TANF]**, FDPIR, or **[Insert names of any State benefit programs that confer categorical eligibility]** certification notice. If you don’t have a notice, you can send us any letter from that office that shows your dates of certification. Do not send your EBT card. If you send us one of the documents above, you are done! If No: Return this letter along with a copies of documents that show your household’s total income for the month you applied or any month since. See Documents for Showing Income below. |
| *Documents for Showing Income* |
| **Each document must show:**   * Name of person who received the income * Date received * Amount received * How often it was received   **Jobs:** Paycheck stub, paycheck statement, or letter from employer  **Self-employment:** Business or farming papers, such as ledgers or tax papers  **Social Security, Pensions, or Retirement:** Eligibility notice or payment statement  **Unemployment, Disability, or Worker’s Compensation:** Eligibility notice or payment statement  **Child Support or Alimony:** Court decree, court agreement, or copies of checks received  **All Other Income (Such as Rental Income):** Any document that shows the amount of income, the person who received it, the date it was received, and how often it was received.  **Military Housing**: Letter or rental contract showing that the housing allowance goes directly to housing as part of the Military Privatized Housing Initiative. |