



Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled at a family child care home. Your child care provider offers healthy meals to all enrolled children as part of his/her participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Application for Tier I Meal Reimbursement Eligibility form.

**1. Am I required to complete an Application for Tier I Meal Reimbursement Eligibility form in order for my child(ren) to receive CACFP Benefits?** No, but if you choose to do so, your provider may receive a higher reimbursement for the meals served to your child. If you do complete the form, you have the option of returning it directly to your Provider or to the office of Heartland Child Nutrition. If you would like to provide your form directly to Heartland, return the completed form to: Heartland Child Nutrition, PO Box 1218, Bismarck, ND 58502; 701-250-0140 or 1-800-366-6793.

\_\_\_ Initial here if you consent to allowing your child care provider to collect your form and provide it to Heartland. Your child care provider will not review your form.

**2. Do I need to fill out an Application for Tier I Meal Reimbursement Eligibility form for each of my children in child care?** You may complete and submit one Application for Tier I Meal Reimbursement Eligibility form for all children enrolled in child care in your household only if the children in child care are enrolled in the same home. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information.

**3. Who qualifies for the higher reimbursement without providing income information?** Your provider will receive a higher reimbursement for meals served to foster children and children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) benefits. Children in households participating in WIC also may qualify for the higher reimbursement.

**4. Who qualifies for the higher reimbursement based on income?** Your provider may receive a higher reimbursement for the meals served to your children if your household income is within the reduced price limits on the Federal Income Chart, shown on this application. Children in households participating in WIC may be eligible for the higher reimbursement.

FEDERAL INCOME CHART For School Year 2011-2012			
Household Size	Yearly	Monthly	Weekly
1	\$20,147	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
Each additional person:	\$7,067	\$589	\$136

**5. May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care home.

**6. Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who share income and expenses. You must include yourself and all children who live with you. You also may include any foster children living with you.

**7. How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the family child care home will receive a higher level of reimbursement. Once properly approved for the higher reimbursement rate, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

**8. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

**9. What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court automatically qualify for the higher reimbursement. Any foster child in the household qualifies regardless of income. Households may include foster children on the Application for Tier I Meal

Reimbursement Eligibility form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact the Heartland office.

**10. We are in the military, do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability. If you have other questions or need help, call the Heartland Office at 250-0140 or 1-800-366-6793.

Sincerely,

Shirleen Piela, Executive Director  
Heartland Child Nutrition, Inc.

# APPLICATION FOR TIER I MEAL REIMBURSEMENT ELIGIBILITY

For Parent/Guardian

Complete one application per household.

1. 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. In section 2, list all children in the household and their age. Do not list any adult household member names or income information. **Then go to section 3.**

SNAP (Food Stamps), please provide **CASE NUMBER** \_\_\_\_\_  
 TANF, please provide **CASE NUMBER** \_\_\_\_\_  
 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 and Early Head Start Program  
 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.**)

2. **Households that do not receive any of the above-listed Benefits:**

- List the names of **EVERYONE** living in your household. If you need more space, attach a separate sheet of paper.
- Indicate if the household member is a foster child or receives no income by checking the box.
- List the age of each child enrolled in child care.
- List all income on the same line with the person who receives it. Record income under the correct pay period category. See page 3 of this application for additional assistance.
- Print the last 4 digits of Social Security Number of the household member who signs the form. If this person does not have a Social Security Number, check the box.

HOUSEHOLD MEMBERS: List the names of all household members	Check if Foster Child	Check if No Income	Age	Earnings from work before deductions. Enter <b>gross</b> income under the appropriate pay period. Record each income only <b>once</b> .				Other Income		
				Weekly	Every Two Weeks	Twice a Month	Monthly	Indicate How Often Received		
								Farm/Self Employment <b>Annual – See Back</b>	Child Support/ Alimony	Interest, Unemployment, Social Security, etc.
1.	<input type="checkbox"/>	<input type="checkbox"/>								
2.	<input type="checkbox"/>	<input type="checkbox"/>								
3.	<input type="checkbox"/>	<input type="checkbox"/>								
4.	<input type="checkbox"/>	<input type="checkbox"/>								
5.	<input type="checkbox"/>	<input type="checkbox"/>								
6.	<input type="checkbox"/>	<input type="checkbox"/>								

Name of the Household Member who Signs this Form: \_\_\_\_\_ Social Security Number (last 4 digits) XXX-XX-\_\_\_\_  I do not have a Social Security Number

Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity:  Hispanic/Latino  Not Hispanic/Latino

Mark one or more racial identities:  Asian  Black or African American  White  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander

3. 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; that center 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 (last, first) \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Privacy Act Statement: This explains how we will use the information you give us.**

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 last four digits of the social security number are 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 lunch and breakfast programs. 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: This explains what to do if you believe you have been treated unfairly.**

“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 Civil Rights, 1400 Independence Avenue, S.W., 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.”



PO Box 1218  
Bismarck ND 58502  
701-250-0140 • 1-800-366-6793

**Calculating Farm or Self-Employment Income**

Persons who are engaged in farming or who operate other types of private businesses may experience variations in cash flow or monthly income throughout the year. These persons may use their income tax records from the preceding calendar year as a basis for applying for the free and reduced price meals. The income to be reported is income derived from the business venture less operating costs incurred while making that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing gross business income.

Additional income from other kinds of employment must be treated as separate and apart from the income generated from your business venture. USDA **DOES NOT** recognize income the same way as IRS. USDA does not permit a loss from a business venture to offset earnings from wages or salary. Though your business may have suffered a net operational loss, for purposes of this application, it is not possible to have a negative income. **The least self employed income possible is zero (no income).** For example, if you operated a business at a net loss but held another job where you received wages, your income for purposes of applying for free or reduced price meals would be the income from your wages only. The loss from the business cannot be deducted from the amount of the income earned in the other job.

A prior year loss from farming or other private business operation cannot be used to reduce the current year net income for determining free and reduced price eligibility. Wages paid to a spouse or other family member in the operation of a farm or private business must be shown as household income in Part 2 of the application.

**Income from private business operations is to be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Use the lines from the 1040 that are identified.**

Line Number	Type of Income	Amount listed on Form 1040
12	Business income or (loss)	\$
13	Capital gain or (loss)	\$
14	Other gains or (losses)	\$
17	Rent royalties, etc.	\$
18	Farm income or (loss)	\$
Total		\$

(Transfer this total to the front of the application under Farm/Self Employment Income. If the total is negative, it must be transferred to the front of this application as \$0). A **NEGATIVE CANNOT BE USED TO OFFSET ANY OTHER INCOME.**

**NOTE: THIS IS FOR THE CALCULATION OF FARM AND BUSINESS INCOME ONLY. ALL OTHER INCOME RECEIVED BY THE FAMILY MUST BE LISTED ON THE FRONT OF THIS FORM.**

### Notification Regarding Eligibility to Receive Tier I Rates

*(Application must be received on or before last working day of the month in which you wish to qualify.)*

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

Name of Parent/Guardian: \_\_\_\_\_

Would you like to be informed of approval or denial for your children to receive Tier I rates?     Yes         No

<b>For Office Use</b>
This child care provider has been: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Effective Date _____
If denied, reason:

Your eligibility is effective through \_\_\_\_\_.

You may apply or reapply 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 any of the benefits listed in Section 1, fill out an application at that time.

The information you provide on this application will be treated confidentially and will be used only for eligibility determination.

\_\_\_\_\_  
Shirleen Piela, Executive Director                      \_\_\_\_\_  
Date

<b>Date Application Received</b>
----------------------------------

