

Dear Provider:

To qualify for Tier I reimbursement, or if you wish to receive reimbursement for meals served to your own children under the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP), you must complete, sign and return to us the enclosed Application for Tier I Meal Reimbursement Eligibility form.

**1. How do I qualify for the Tier I reimbursement for meals served to children enrolled in my home?** You must either (a) live in an area that is eligible based on economic need as determined by school enrollment or census data, or (b) establish economic need through the information provided on the enclosed Application for Tier I Meal Reimbursement Eligibility form.

**2. Who determines my eligibility as a Tier I child care home?** Our office will determine your eligibility status. We will use the information you provide on the Application for Tier I Meal Reimbursement Eligibility form. Make sure you complete and sign the form; report all household income (not just your family child care home business income); and provide appropriate records of your income. Return the completed form and other papers to: Heartland Child Nutrition, PO Box 1218, Bismarck, ND 58502; 701-250-0140 or 1-800-366-6793.

**3. What kind of records should I submit with my Application for Tier I Meal Reimbursement Eligibility form?** If you already qualify for Tier I rates (the higher rates) based on school or census data, you only need to complete this form if you have children of your own age 12 or younger and wish to claim them for reimbursement. Proof of income is not required. If you do not qualify for Tier I rates based on school or census data, complete this form and attach verification of all income received by everyone living in your household. If you operated a family child care home business last year, attach a copy of your most recent tax return, including Schedule C. Any other income received by anyone in your household must be verified with pay stubs and other forms of verification. If your most recent tax return and Schedule C is not indicative of your current child care income or you did not do child care last year, you may submit documentation indicating current child care income and expenses. Any income verification must include the name of the person who received the income, the date it was received, how much was received, and how often it was received.

**4. How do I get reimbursed for meals served to my own children?** You are required by law to complete this form if you wish to claim meals served to your own children. Even if you live in an area identified as one of economic need, or you have already been classified as a Tier I home, you must complete this form. Our office may verify the income information you submit.

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. If I do not live in an area of economic need or don't want to submit the Application for Tier I Meal Reimbursement Eligibility form, what are my options for reimbursement?** You will receive lower rates of reimbursement for meals served to children enrolled in your family child care home.

**6. Will the information I give be verified? Maybe. We may ask you to send written proof to verify the information you submitted on the form. What if I disagree with the decision about the information I complete on this form?** You may call Heartland for further clarification.

**7. 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 shares income and expenses. You must include yourself and all children who live with you.

**8. 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 Income Chart (shown at left), you will receive a higher level of reimbursement. Once properly approved for Tier I reimbursement, whether through income or proof of benefits as supported by a current Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp), Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case number, you will remain eligible for those benefits for a period not to exceed 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

**9. 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.

**10. What if I have foster children?** Foster children are eligible for Tier I meals regardless of their personal income or the income of the household with whom they reside. Households wishing to apply for such benefits for foster children should contact at the office of Heartland Child Nutrition at 701-250-0140 or 1-800-366-6793. Additionally foster children may be included as members of the household for determining the eligibility of other children in the household for free and reduced priced meals.

**11. We are in the military. Do we include our housing allowance 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 the CACFP, 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 Child Care Providers

Are you currently eligible for Tier I rates by either census or school?  
 Yes ( ) No ( )

1. Complete one application per household.

## Households that receive SNAP, TANF or FDPIR Benefits

Enter the SNAP, TANF or FDPIR case number for **ANY** household member currently receiving benefits: \_\_\_\_\_ (Social Security, Medicaid and EBT numbers are not accepted.) 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**

## 2. Households that do not receive SNAP, TANF or FDPIR 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 with income.
- Print the last 4 digits of Social Security Number of the household member who signs the form. If this household member does not have a Social Security Number, check the "I do not have a Social Security Number" 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	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  Native Hawaiian or Other Pacific Islander  
 White  American Indian or Alaska Native

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: \_\_\_\_\_

Names and Ages of Provider's Own Children age 12 or younger:

Name of Child	Age	Name of Child	Age
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Name of Child	Age	Name of Child	Age
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**For Office Use**

This child care provider has been:  Approved  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 SNAP, TANF, or Commodity Assistance, 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.

A copy of this page will be returned to you informing you of approval or denial to receive Tier I rates. If denied, provider's own children may not be claimed at all. You may request yellow applications for your child care parents.

\_\_\_\_\_  
 Shirleen Piela, Executive Director  
 (blue)

\_\_\_\_\_  
 Date

**Date Application Received**