

SOLANO FAMILY & CHILDREN'S SERVICES

421 EXECUTIVE COURT NORTH ♦ FAIRFIELD CA 94534-4019 ♦ (707) 863-3950 ♦ (707) 642-5148 ♦ FAX (707) 863-3975

DAY CARE HOME PROVIDER LETTER

July 2009 – June 2010

Dear Provider:

To qualify for tier I reimbursement for meals served to children in your care, or if you wish to receive reimbursement for meals served to your own children under the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP), you must complete, sign, and return the enclosed *Meal Benefit Form* to us.

Establishing Eligibility as a Tier 1 Day Care Home

In order to qualify for the higher tier 1 reimbursement for meals served to children enrolled for care in your day care home, you must meet one of the following criteria:

1. Be located in an area of economic need as determined by elementary school enrollment data or census data.

Establishing Eligibility for Reimbursement for Meals Served to Your Own Children

If you wish to receive reimbursement for meals served to your own children, you must complete and sign the *Meal Benefit Form*. Even if you live in an area identified as one of economic need, you are required by CACFP regulations to complete the form if you wish to claim meals served to your own children. Our office **may** verify the income information you submit, but we are not required to do so in this circumstance. In this situation, do not submit income documentation unless we specifically ask you to do so.

If you have already been classified as a tier I day care home because your home is located in an area identified as one of economic need, you do not have to complete this form unless you would like to also receive reimbursement for meals served to your own children. Please contact our office if you do not know whether you live in an area of economic need.

2. Establish individual economic need through the *Meal Benefit Form*.

Since you do not meet the area eligibility criteria, our office will determine your eligibility as a tier 1 day care home based on information you provide on the *Meal Benefit Form*. To be eligible for tier I reimbursement under individual economic need you must:

- Submit a completed and signed *Meal Benefit Form*.
- Supply proof of participation if qualifying by an eligible Benefit program (Section 4).
- Ensure you report **all** household income, not just your day care home business income, if qualifying under Section 5.
- Check the box in Section 1 indicating that you are a day care home provider applying for tier I benefits.

We are required by law to verify the income information you report on your *Meal Benefit Form*. Please include income documentation with your completed *Meal Benefit Form* (See page 4 of the *Meal Benefit Form*). If you operated a day care home business last year, please attach a copy of your Schedule C. Income documentation may include:

- A copy of your most recent tax return forms showing your accurate income (your 1040).
- If day care is just starting, complete the *Income and Expenses Statement*.
- Payment statements from salaried work for **all** members of your household.
- Proof of child support, alimony, unemployment, disability benefits, pensions, SSI, etc.
- Statements from other forms of income for **all** household members.

For All Households

USDA defines a household as a group of related or unrelated individuals (not residents of a boarding house or an institution) who are living as one economic unit (i.e., sharing living expenses). Therefore, the income reported on the Meal Benefit Form must include the gross income of all members of your household, by source.

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, you will receive a higher level of reimbursement.

Once properly approved for tier 1, whether through income or proof of benefits as supported by a current case number for the Food Stamp Program, the California Work Opportunity and Responsibility for Kids (CalWORKs), the Kinship Guardian Assistance Payment (Kin-GAP), or the Food Distribution Program on Indian Reservations (FDPIR), you will remain eligible for those benefits until June 30, 2010.

If you are approved for the lower tier 2 reimbursement, you should notify us if a member of your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the tier 1 eligibility standards.

Confidentiality of Information on the Meal Benefit Form:

We will use the information on the form to decide if you qualify for tier I reimbursement or if you are eligible to claim reimbursement for meals served to your own children. We may inform officials of other child nutrition, health and education programs of the information on your form to determine benefits for those programs.

Establishing Eligibility for Tier 1 Reimbursement for Meals Served to Low Income Children in a Tier 2 Day Care Home

If you do not live in an area identified as one of economic need and you choose not to complete this form or you are not eligible tier 1 reimbursement, you will receive the lower tier 2 reimbursement for meals served to children enrolled in your day care home, but you may not claim meals served to your own children.

If you believe that there are children enrolled for care in your day care home who are eligible for free or reduced price meal benefits, you may have our agency send the *Meal Benefit Form* and a *Letter to Households* to the parents of the enrolled children. Our office will determine the tier eligibility of each of the enrolled children based on information the parents provide on the *Meal Benefit Form*.

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 to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (800) 795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer. Thank you for your cooperation.

Sincerely,

Teresa Godfrey, CCFP Manager

Effective from July 1, 2009 through June 30, 2010

Providers from households with incomes **at** or **below** the following levels are eligible for tier 1 reimbursement.

GROSS INCOME					
HOUSEHOLD SIZE *	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	\$ 20,036	\$ 1,670	\$ 835	\$ 771	\$ 386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
FOR EACH ADDITIONAL FAMILY MEMBER, ADD:	\$ 6,919	\$ 577	\$ 289	\$ 267	\$ 134