

SOLANO FAMILY & CHILDREN'S SERVICES

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DAY CARE HOME PROVIDER LETTER

July 1, 2018 – June 30, 2019

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 attendance area boundaries of eligible elementary, middle, or high school enrollment data or census data.
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*.
- Ensure you report all household income, not just your day care home business income.
- Provide sufficient documentation of your income to determine your eligibility based on individual economic need. (See page 4 of the *Meal Benefit Form*.)
- 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 most recent tax return, including Schedule C. Income documentation may include:

- Payment statements from salaried work for all members of your household, including your spouse.
- A copy of your most recent tax return forms showing your accurate income.
- Statements from other forms of income for all household members.
- Proof of your gross household income for last month along with an income and expenses statement for that month.

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.

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*.

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.

Once properly approved for tier 1, whether through income or proof of benefits as supported by a current case number for CalFresh (formerly known as Food Stamps), 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 for a period not to exceed 12 months.

If you are approved for 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 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.

Non-discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- 1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights,
1400 Independence Ave, SW, Washington DC , 20250-9410;
- 2) Fax: (202) 690-7442;
- 3) email: program.intake@usda.gov

This institution is an equal opportunity provider

Sincerely,

Teresa Godfrey

Teresa Godfrey, CCFP Manager
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Income Eligibility Guidelines For Day Care Home Providers Qualifying as Tier I Effective from July 1, 2018 through June 30, 2019

Recipients of the following programs are automatically eligible for Tier I reimbursement rates:

- CalFresh Program (formerly known as Food Stamps)
- California Work Opportunity and Responsibility to Kids Program (CalWORKs)
- Food Distribution Program on Indian Reservation (FDPIR)
- Foster Care Program
- Head Start or Even Start

The scale below is for determining the participant's eligibility category for federal meal reimbursement if they are not recipients of any of the previous programs. Participants from households with total gross incomes at or below the following levels may be eligible for Tier I reimbursement rates.

Tier I Eligibility Scale Effective from July 1, 2018 – June 30, 2019

Gross Income of Household					
Household Size*	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 22,459	\$ 1,872	\$ 936	\$ 864	\$ 432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
For Each Additional Family Member Add:	\$ 7,992	\$ 666	\$ 333	\$ 308	\$ 154

* Household is synonymous with family and means a group of related or unrelated individuals who are not residents of an institution or boarding house but who are living as one economic unit, sharing housing and all significant income and expenses.