



FY – 2021

Dear Tier II Provider:

You have been determined a Tier II day care home provider in the Child and Adult Care Food Program. You may change your Tier II status to a Tier I status if your household income meets or is below the Household Income Eligibility Guidelines or if you receive Supplemental Nutrition Assistance Program (SNAP) (formerly known as the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) benefits. This will allow you to claim your own children’s meals while other children are in attendance.

Income Eligibility Guidelines

Effective July 1, 2020-June 30, 2021

Household size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$23,606	\$1,968	\$984	\$908	\$454
2	\$31,894	\$2,658	\$1,329	\$1,227	\$614
3	\$40,182	\$3,349	\$1,675	\$1,546	\$773
4	\$48,470	\$4,040	\$2,020	\$1,865	\$933
5	\$56,758	\$4,730	\$2,365	\$2,183	\$1,092
6	\$65,046	\$5,421	\$2,711	\$2,502	\$1,251
7	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411
8	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570
For each additional family member, add	\$8,288	\$691	\$346	\$319	\$160

If you have any questions or need help, please contact Charlotte Barthelemy, 1-800-467-2322 ext. 116, United 4 Children, 1310 Papin Street Suite 100 B, St. Louis, MO 63103.

The information you provide on the application will be used to determine your child’s eligibility for meal benefits. The information will be kept confidential and only available to staff in our office directly connected with administering the CACFP. Section 6 on the application requires you to sign that section if you do not want your information given to the All Kids Health Insurance Program. If contacted by another program, we may share your child’s eligibility information with or without your consent. These programs might be education, health, or 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.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in any program or activity conducted or funded by the USDA. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the USDA Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing 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.

Instructions for Completion of the Household Income Eligibility Application

Once properly approved for meal benefits, a child's Household Income Eligibility Application will remain eligible for 12 months.

- Check the box that indicates your status.
- Provide your name and address.
- Complete the application for one of the following areas: SNAP, TANF, foster child, or household income.

Households Receiving SNAP or TANF Benefits

If you or your child receives SNAP or TANF benefits, complete the following information:

- Part 1—List the names of your enrolled children. **If you are a Tier II provider with no children, do not complete Part 1.**
- Part 2—Record the appropriate SNAP or TANF case number for you or your children. **Do not include the LINK card number.** Skip to Part 5.
- Part 5—Provide the signature of an adult household member and sign the application.
- Attach to the application a copy of the benefit letter from the welfare agency that indicates you now receive benefits. This letter must contain the effective date of the benefit.
- Your application is complete.

Application for Foster Children

If you have foster child(ren) that reside in your day care home, complete a separate application for each foster child. A foster child who remains the legal responsibility of the welfare agency or court is considered a household of one. In certain cases, the foster child is eligible for Tier I meal rates regardless of the household income. Provide the following information:

- Part 1—List the name of your enrolled foster child.
- Part 3—Place an "X" in the box and record only the foster child's personal use income or write "O" if the child has no personal use income. **Do not list the income you receive for the care of the foster child.** Skip to Part 5.
- Part 5—Provide signature, home and work telephone numbers, and home address of the adult household member. Date the application.
- Your application is complete. **Please remember, a foster child's eligibility does not change your tiering status.**

Household Reporting Income

It is not necessary to complete income information if you provided SNAP or TANF information. However, if any child does not receive SNAP or TANF benefits, you must report all household income. The Household Income Eligibility Application must include the following information.

- Part 1—List the names of your enrolled children. **If you do not have children, do not complete Part 1.**
- Part 4—Provide the names of all household members related or non-related, and the previous month's income by source for each household member.
- Part 5—An adult household member must sign and date the application, list their home and work telephone numbers, and provide their home address. In addition, the adult household member must provide their social security number. If the adult household member does not have a social security number, check the box by the statement *I do not have a social security number.*
- Attach verification of income reported on the application; e.g., wage stubs; all Internal Revenue Service Forms including but not limited to the IRS Form 1040, Schedule C for day care home providers; etc. (See the attached guidance to provide you with examples of income verification documentation.)
- Your application is complete.

All Kids Health Care Insurance Program

Part 6—By signing this section, you elect NOT to share this application information or social security number with the Illinois Department of Healthcare and Family Services (HFS). Your decision will not affect your child(ren)'s meal eligibility determination. If you agree to disclose the application information, it may be used to identify and enroll your child(ren) in the state health insurance program.

1 LIST EVERYONE IN PROVIDER'S HOUSEHOLD
(Children and Adults)

NAME (First, Middle and Last)	Check If No Income	Date of Birth	Ages of Providers Children
	<input type="checkbox"/>	/ /	
	<input type="checkbox"/>	/ /	
	<input type="checkbox"/>	/ /	
	<input type="checkbox"/>	/ /	
	<input type="checkbox"/>	/ /	
	<input type="checkbox"/>	/ /	
	<input type="checkbox"/>	/ /	
	<input type="checkbox"/>	/ /	
	<input type="checkbox"/>	/ /	
	<input type="checkbox"/>	/ /	

2 FOSTER CHILD

Check box for all foster children that are a legal responsibility of DCFS or the court.

3 SNAP or TANF CASE NUMBER
Skip if foster child.

Provide one SNAP or TANF case number for any child or adult in your household. Do NOT use LINK card number. If completed, skip to Number 6. Do not list foster child.

Name of Child or Adult: _____

Case Number: _____

4 OPTIONAL—SHARING INFORMATION WITH ALL KIDS INSURANCE PROGRAM

May we share your information on this application with All Kids Insurance Program, the complete health insurance program for every child in Illinois? If yes, do not sign below. No, I do not want my information from this application shared with All Kids Insurance Program.

Sign here: _____

5 HOUSEHOLD MEMBERS WITH INCOME—List only the names of individuals living in the household, their gross income, and how often it is received. If a person has a second job, list that income in the last column. After completing, go to Number 6.

NAMES (List only individuals with income)	Earnings from Work (Gross before Deductions)		Income from Welfare, Child Support, Alimony		Income from Retirement, Pensions, SSI, Social Security		Income Received From Savings, Investments, Trust Accounts, and Other Resources	
	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?
	\$ /		\$ /		\$ /		\$ /	
	\$ /		\$ /		\$ /		\$ /	
	\$ /		\$ /		\$ /		\$ /	
	\$ /		\$ /		\$ /		\$ /	
	\$ /		\$ /		\$ /		\$ /	

6 Must check only one box.

I am a provider applying to claim my own children and qualify for Tier I status. I am a provider with no children applying for Tier I status.

I am a Tier I provider based on school or census data applying to claim my own children.

7 Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Number 5 above is completed the adult signing the form must also list the last four digits of his or her social security number or mark the box I do not have a social security number.

_____ X X X - X X - _____ I do not have a social security number.

Social Security Number

I certify all information on this application is true and all income is reported. I understand the amount of federal funds received will be based on the information I give. I understand the institution, Illinois State Board of Education, or Office of Inspector General, may verify this information on the application. Deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Date _____ Printed Name of Adult Household Member _____ Signature of Adult Household Member _____ Address of Adult Household Member _____

PRIVACY ACT STATEMENT: 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 social security number is 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 Child and Adult Care Food Program. 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: 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) 632-8992. 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 Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

SPONSOR REPRESENTATIVE USE ONLY—ELIGIBILITY DETERMINATION — Follow the instructions provided in the Household Income Instructions.

Mark one of the boxes below to show how you are going to determine eligibility.

SNAP/TANF Household **Income Household** **Approved to Claim Foster Child's meals at Tier I Rate** **Approved Tier I Status/ Claim Providers Own Children (if applicable)** **Denied**

CONVERSION TABLE

To convert all income to annual income use the following conversion calculations:
 Weekly Income x 52
 Every 2 Weeks x 26
 Twice a Month x 24
 Monthly x 12

Use the conversion table to convert income to total annual income. Total the number of household members from Section 5.

Total Household Annual Income \$ _____
 Total Household Size _____

Signature of Representative: _____
 Date _____

*Effective Date of Application: _____
 *Effective Date may be made retroactive back to the first day the provider participates in the CACFP as long as it occurs in the same month in which the provider's eligibility is certified.

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