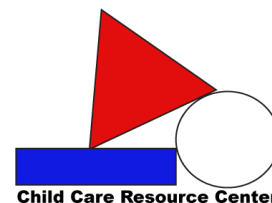


# FY 2016-17 Ohio CACFP Family Day Care Homes Provider Letter

Please refer to back of this letter for TIPS in completing Income Eligibility Application (IEA)



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 Income Eligibility Application(IEA). **Forms MUST be returned to the Child Care Resource Center (CCRC) by JULY 30, 2016**

- 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 Income Eligibility Application.
- 2. Who determines my eligibility as a Tier I day care home?** Our office will determine your eligibility status. We will use the information you provide on the Income Eligibility Application. Make sure you complete and sign the form; report all household income (not just your family day care home business income); and provide appropriate records of your income. **Return the completed form and other papers to: CCRC; Attn.: Terri; 5350 Oberlin Ave.; Lorain, OH 44053, by JULY 30, 2016.**
- 3. What kind of records should I submit with my Income Eligibility Application?** If you operated a family day care home business last year, attach a copy of your most recent tax return, including Schedule C if your recent tax return and Schedule C is no longer indicative of your income you may submit documentation of your current income and expenses. To do so, include payment statements for work and other forms of income. The papers you send must show 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. Tier II providers are not eligible to claim their own children.
- 5. If I do not live in an area of economic need or don't want to submit the Income Eligibility Application, what are my options for reimbursement?** You will receive lower rates of reimbursement for meals served to children enrolled in your family day 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 should talk to your sponsoring organization.
- 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 attached Income Chart, you will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or proof of benefits as supported by a current Food Assistance (formerly Food Stamp), Ohio Works First, 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. 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 free meals regardless of their personal or the income of the household with whom they reside. Households wishing to apply for such benefits for foster children should contact the Child Care Resource Center. 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.

**In the letter to the Parent/Guardian, parents have the option to initial the notice allowing you, the Provider to collect the forms and send them in on their behalf. The CCRC is requiring you to make a copy of this form and send the original along with the completed IEA form(s) to the CCRC office.**

The Income Eligibility Application, supporting paperwork and any Parent Form(s), **MUST BE IN THE OFFICE NO LATER THAN JULY 30, 2016**. Failure to meet this deadline may result in your July claim being paid at the Tier II rate. Again it is very important the forms are filled out CORRECTLY and received by 07/30/16. **Please see the back of this letter for helpful tips in completing your IEA.** If you have other questions or need help, call Terri at 440/960-7187 or 800/526-5268 x230

Nondiscrimination statement: "The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases 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 employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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 to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto: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."

Sincerely,  
Terri J. Sluss-Cole  
CACFP Specialist



## Helpful Tips in Completing your CACFP Income Eligibility Application (IEA)

**Details on how to complete the IEA Form are on the back side of the form.**

- **Do NOT** use **white-out or cross off** any info on the IEA. Doing so will void the form and you will need to complete a new one.
- **Providers claiming OWN/RESIDENTIAL children – You are receiving (2) copies of the form. One is an EXTRA copy in the event of any errors.**
- **Providers distributing IEAs to families – (1) copy/family, along with the Parent letter is to be distributed. Parents may return BOTH of these to you & you send to CCRC or they may send directly to CCRC.**
- Provider's name should be written under Part 1, below #4.
- **TIPS TO COMPLETING THE IEA FORM:**
  - Part 1:
    - Check #1 if requesting T1 by Income & NOT CLAIMING OWN CHILD
    - Check #2 IF CLAIMING OWN CHILD
    - Check #3 if Provider OR Parent is requesting T1 for Foster Child
  - Part 2:
    - Name of Enrolled Children: Parents will list the names of ALL their children who will be claimed for meal reimbursement. Providers, if you are claiming your OWN children as a Parent receiving benefits from a program such as Food Assistance or Ohio Works First (OWF), this is for the names of Provider's OWN children ONLY & NOT all children enrolled in your program and who will be claimed for meal reimbursement. If you are receiving benefits from OWF or Food Assistance, enter the case number. **PROVIDERS MUST INCLUDE SUPPORT DOCUMENTS FOR THIS.** Parents need to supply the appropriate case number. **A valid case number contains 10-12 digits. Do not use ODJFS Swipe Card Number.**
  - Part 3:
    - Complete **ONLY** if Part 2 is BLANK. **PROVIDERS MUST INCLUDE SUPPORT DOCUMENTS FOR INCOME VERIFICATION.**
  - Part 4
    - Adult household member must sign & date form. If Part 3 is completed, the last four digits of your Social Security Number must be entered. Part 4 must be completed in its entirety. **IMPORTANT:** the DATE signed, MUST match the date of enrollment. (Also, be certain the parent/guardian dates the bottom of Enrollment Form with the same date of enrollment)
  - Part 5
    - Racial/Ethnic Identity (Optional). Please check appropriate boxes to identify the race or ethnicity of enrolled child(ren) listed in Part 2.

Again, please refer to the BACK of the IEA for detailed instructions on how to complete the Income Eligibility Application. If you have additional questions, please contact Terri, at the Child Care Resource Center 440/960-7187 or 800/526-5268 x230.