



**LETTER TO PARENT/GUARDIAN - DAY CARE HOMES
FOR CHILDREN ENROLLED IN TIER II HOMES**

Date

Dear Parent/Guardian:

This letter is for parents/guardians who have children enrolled in the home of _____, who is a provider that participates in the federal Child and Adult Care Food Program (CACFP) through an agreement with our agency. The CACFP is a program under the U.S. Department of Agriculture and, like the National School Lunch Program (NSLP), it assists licensed child care providers in providing healthy and nutritious meals to your children. One of the most important resources your provider receives from the CACFP is reimbursement for the nutritious meals and healthy snacks they feed your child.

Since July 1997, the CACFP has used a “geographical area” or a “household income eligibility” to determine the provider’s reimbursement level. Your provider’s home is located in a Tier II geographical area. **You may be able to help your provider!**

If your family or child participates in a qualifying program, or your household meets the income eligibility guidelines included with this letter, your provider will receive a higher level of reimbursement. If you meet the income eligibility guidelines, have a foster child, or are participating in a qualifying program, please take a few moments to complete the Meal Benefit Form (MBF). It will be placed in our files and kept confidential. Please note that your children will participate in the CACFP whether or not the form is returned.

When you have completed the MBF, you have **two** options:

1. Mail the MBF directly to our agency using the pre-printed return envelope
2. Return the MBF to your provider **sealed** in the pre-printed return envelope

If you choose option 2, please sign below, and enclose this letter with your MBF. Your signature certifies that you have agreed for your provider to transmit your MBF on your behalf to our agency.

			Printed Name of
Parent/Guardian	Signature	Date	

Thank you.

Sincerely,

Jamie Ortega
Executive Director
Angels Child Care Food Program



Meal Benefit Form for Parents (Tier II Homes)

Complete, sign, and return this form to the day care home (DCH) sponsor listed below or your childcare provider. See cover letter to give permission.

If you need assistance completing this form, call: Jamie Ortega 562-463-1427 XT 105

Enter name of DCH provider: _____

1. Child Information:

Enter the name(s) of all children enrolled for childcare. Indicate Foster Child with either Yes or No. Enter National School Lunch Program (NSLP), Head Start (HS), or Early Start (ES) as needed, see below for details.

Last Name	First Name	Birthdate	Foster Child*	NSLP, HS, ES**

* If the foster child receives personal-use income, please enter the amount and the frequency it is received in the last column in Section 3 (below).

** If any child in your household participates in HS, ES, or is receiving free or reduced-price meals in the NSLP, indicate above.

2. Categorical Eligibility (Household)

If anyone in your household receives CalFresh (formerly Food Stamps), California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR), enter that person's name below, check the appropriate program box and enter the program case number.

Last Name, First Name	Program:	Case Number:



3. Income Eligibility (Not required if you reported a case number in Part 2)

Does any person in the household receive income? Yes No

List Gross Income and how often it is received (e.g., weekly, every two weeks, twice a month, monthly, or annually). Applicants without income are requested to write a **zero** in the applicable field or mark **no income**. Any income field left blank is a positive indication of no income and certifies that there is no income to report. Applications with blank income fields will be processed as complete.

Household members' names (List all household members not listed in Part 1.)	Earnings from work before deductions	Alimony, child support	Retirement, pensions, Social Security	All other income (include foster child's personal-use income here)

Enter the total number of household members (children listed in Part 1 plus other household members listed in Part 3):



4. Signature and Certification

Penalties for Misrepresentation: I certify that all of the above information is true and correct and that the CalFresh, CalWORKs, or FDPIR, or other eligible program case number is current, correct, or that all income is reported. I understand that this information is being given for the receipt of federal funds, that agency officials may verify the information on the meal benefit form, and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Printed Name of Parent or Guardian

Date

Signature of Parent or Guardian

Phone Number

Last Four Digits of Social Security Number (SSN)

No SSN

Address

City, State, Zip

Privacy Act Statement:

The Richard B. Russel National School Lunch Act (NSLA) requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the SSN of the adult household member who signs the application. The last four digits of the SSN are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP, or CalFresh), Temporary Assistance for Needy Families (TANF, or CalWORKs) Program, or FDPIR case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have an SSN. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for the administration and enforcement of the program.

The last four digits of the SSN may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits and investigations, and may include contacting employers to determine income, contacting a CalFresh, CalWORKs, or FDPIR office to determine current certification for CalFresh, CalWORKs, or FDPIR benefits, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The last four digits of the SSN may also be disclosed to programs as authorized under the NSLA and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain federal, state, and local education, and health and nutrition programs.



5. Racial/Ethnic Identity (Optional)

You are not required to answer this question to get meal benefits, but completion of this information will assist with the fair and equitable treatment of all participants.

Ethnicity

Hispanic or Latino

Not Hispanic or Latino

Race (select one or more)

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Income Eligibility Guidelines for Child Care Centers and Day Care Home Providers Qualifying as Tier I Children who participate in the following programs are automatically eligible for the free reimbursement rate: • CalFresh Program (formerly known as Food Stamps) • California Work Opportunity and Responsibility to Kids Program • Food Distribution Program on Indian Reservation • Foster Care Program • Head Start • Homeless/emergency shelter (centers only) • Migrant children (centers only) The eligibility scale is for determining participating children's eligibility category for federal meal reimbursement if they are not recipients of any of the programs listed above. Participants from households with total gross incomes at or below the following levels may be eligible for free or reduced-price reimbursement rates.

Centers Reduced-price and Day Care Home Tier I Scale

Household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
For each additional family member, add	\$9,509	\$793	\$397	\$366	\$183



Day Care Home Sponsor Use Only

Enter total gross income: _____ Frequency income is received: _____

(Annual Income Conversion: Weekly multiplied by 52, every 2 weeks multiplied by 26, twice a month multiplied by 24, monthly multiplied by 12)

Indicate Categorical Eligibility:

- | | |
|-----------------------------------|---------------------------------|
| <input type="checkbox"/> CalFresh | <input type="checkbox"/> Foster |
| <input type="checkbox"/> CalWORKs | <input type="checkbox"/> HS |
| <input type="checkbox"/> ES | <input type="checkbox"/> NSLP |
| <input type="checkbox"/> FDPIR | |

Child(ren) eligible for Tier II High (Reimbursed at Tier I rate or Tier II Low).

Indicate High or Low: High Low

Provider's own child(ren) eligible for Tier I reimbursement:

This form must be signed and dated by the agency's official.

Printed Name of Agency Official:

Signature of Agency Official:

Date:



Instructions for Completing the Meal Benefits Form for Parents (Tier II Homes)

If you need help, please call: _____

Name of DCH Provider:

- a. Enter the provider's name.

Part 1—Child Information:

- a. Enter the name(s) of your child(ren) enrolled in care and their birthdate(s).
- b. Indicate if your child is a foster child by writing Yes or No.
- c. If your child(ren) participate(s) in Head Start (HS), Early Start (ES), or receive(s) free or reduced-price meals in the National School Lunch Program (NSLP), indicate HS or ES or NSLP. These children qualify for Tier I reimbursement. It does not qualify the provider as a Tier I home.

Part 2—Categorical Eligibility (Household): If anyone in your household receives CalFresh (formerly Food Stamps), CalWORKs, or FDPIR, complete Part 2, and sign the form in Part 4. Do not complete Part 3.

- a. Enter the benefit recipient's name. Only one benefit recipient is needed.
- b. Indicate the program: CalFresh, CalWORKs, or FDPIR.
- c. Enter the CalFresh, CalWORKs, or FDPIR case number.
- d. Skip Part 3. Complete Part 4. Part 5 is optional.

All children in the household are categorically eligible for Tier I reimbursement if any member of the household receives CalFresh, CalWORKs, or FDPIR benefits.

Part 3—Income Eligibility: Complete this section if you do not receive benefits listed in Part 2.

- a. Indicate if any person in the household receives income by marking Yes or No.
- b. Enter the names of all household members not listed in Part 1. Do not list the children in care. Include household members even if they do not have income. Include yourself, your spouse, or your significant other, and all other household members (such as your parent or grandparent, etc.) if they are part of your household.
- c. Enter the amount of income each person receives before taxes or any other deductions that were made and how often it was received. If no income, indicate no income. Each income amount should be entered in the appropriate column on the form. If you have foster children in your care and are completing this section to qualify other children for higher reimbursement, list any personal-use income of the foster child. Foster payments you receive from the placing agency for the care of the child do not need to be reported.



- d. If anyone is self-employed, write the amount of income that person earns from self-employment. Call the number listed at the top of the form if you need assistance.
- e. Enter the total number of household members. Count the children in Part 1 and the household members in Part 3.
- f. Go to Part 4.

Income to Report

Earnings from work, child support, alimony:

- Wages, salaries, or tips
- Strike benefits
- Unemployment compensation
- Net income from self-employment
- Public assistance payments
- Alimony or child support payments

Pensions, retirement, Social Security:

- Pensions
- Supplemental security income
- Retirement income
- Veteran’s payment
- Social Security

Other monthly income:

- Disability benefits
- Cash withdrawn from savings
- Interest dividends
- Income from estates, trusts, or investments
- Regular contributions from persons not living in the household
- Net royalties, annuities, net rental income
- Military allowance for off-base housing
- Any other income

Part 4—Signature and Certification

- a. Enter the name of the household member signing this form.
- b. The form must have the signature of an adult household member.
- c. The adult household member who signs the statement must include the last four digits of their SSN or indicate **No SSN**. An SSN is not needed if you listed a CalFresh, CalWORKs, or FDPIR case number.

Part 5—Racial/Ethnic Identity:

You are not required to answer this question to get meal benefits, but completion of this information will assist with the fair and equitable treatment of all participants.



Ethnicity:

- a. **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race. The term Spanish origin can be used in addition to Hispanic or Latino.
- b. **Not Hispanic or Latino.**

Race: Select one or more.

- a. **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- b. **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- c. **Black or African American:** A person having origins in any of the black racial groups of Africa.
- d. **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- e. **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.



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1. Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. Fax: (833) 256-1665 or 202-690-7442; or
3. Email: program.intake@usda.gov

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