

Child Development Associates Nutrition Program

678 3rd Avenue, Suite 206, Chula Vista, CA 91910 * 619-427-4922

TIER I ELIGIBILITY FOR PROVIDER'S OWN CHILD (REN) (2009/2010)

PART 1 FOR ALL HOUSEHOLDS

OWN Children To Be Claimed, Up to 13 Years of Age (Last name, First name, Middle Initial)	Age	Sex	B.Day

PART 2A FOR HOUSEHOLDS RECEIVING FOOD STAMPS, CalWORKs, FDPIR, KinGAP OR HEAD START BENEFITS: Complete Part 2A and go to Part 3 and SIGN - DO NOT COMPLETE PART 2B.

FS Case #	CalWORKs Case #	FDPIR Case #	Head Start #	KinGAP
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PART 2B FOR ALL OTHER HOUSEHOLDS: (All household members over the age of 13; adults & children) If you did not complete part 2A, complete part 2B then go to Part 3 and SIGN.

Names Current Income/Monthly (Monthly Income Conversion: Weekly X 4.33, Every 2 Weeks X 2.15, Twice a Month X 2)				
Names of All Household Members (Not Children Above)	Job 1 -Earnings from Work (See Back Page)	Welfare, Child Support, Alimony	Payments from Pension, Retire, SS	Earnings From Job 2 or any Other Income
	Monthly \$ Amount	Monthly \$ Amount	Monthly \$ Amount	Monthly \$ Amount
1.				
2.				
3.				
4.				
5.				
Total Household Income: \$		Household Size:		

PART 3 SIGNATURE: An adult household member must sign the statement before it can be approved.

PENALTIES FOR MISREPRESENTATION: I hereby certify that all of the above information is true and correct and that the Food Stamp, CalWORKs, FDPIR, KinGAP or Head Start number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Printed Name of Adult	SS#
Address/City/Zip	Home Phone Work Phone
Signature of Adult	Date Signed

PART 4 RACIAL/ETHNIC IDENTITY: Racial identification of children is voluntary. Please circle.

- | | | | | | |
|---------------------|-------|-------------------|----------------------------|-------|-----------------|
| Am.Ind./Alaska Ntv. | Asian | Black/African Am. | Native Hawaiian/Pac.Island | White | Hispanic/Latino |
| 1 | 2 | 3 | 4 | 5 | 6 |

PART 5 FOR SPONSOR USE ONLY: CERTIFICATION

Food Stamp/CalWORKs, FDPIR, or Head Start household categorically eligible for program benefits: YES NO

Eligible School	Eligible Census	Eligible Income	Income Verified	Ineligible
Determining Official Signature				Date

TIER I PROVIDER ELIGIBILITY APPLICATION INSTRUCTIONS

Please complete the Child Care Food Program *Tier I Eligibility For Provider's Own Child(ren)* using the instructions below. Sign the statement and return it to CDA Nutrition Program.

PART 1 PARTICIPANT'S INFORMATION: ALL HOUSEHOLDS TO COMPLETE THIS PART.

Print the names of only your own children that you want enrolled in your day care home as CCFP participants who are under the age of 10.

PART 2A FOR HOUSEHOLDS RECEIVING FOOD STAMPS OR CalWORKs, FOOD DISTRIBUTION ON INDIAN RESERVATIONS (FDPIR), KinGAP OR HEAD START BENEFITS: COMPLETE PART 2A AND PART 3.

1. List your current Food Stamp, CalWORKs, FDPIR, KinGAP or Head Start case number. **DO NOT COMPLETE PART 2B.**
2. An adult household member (the provider) must sign the statement in Part 3.

PART 2B ALL OTHER HOUSEHOLDS: COMPLETE PART 2B AND PART 3.

1. Write in the names of everyone living in your household (except the children listed in PART 1), who are over age 12.
2. Write the amount of income (before taxes or anything else is taken out), received last month for each household member, and where it came from, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount last month was more or less than usual, write that person's usual income.
3. You, the provider, or another adult household member must sign and give his/her Social Security number in PART 3.

PART 3 SIGNATURE AND SOCIAL SECURITY NUMBER: All Households Complete This Part.

1. All provider Eligibility applications must have the signature of an adult household member.
2. The adult household member who signs the statement must include his/her Social Security number. If he/she does not have a Social Security number write "NONE" in the box. If you listed a Food Stamp, CalWORKs, FDPIR or Head Start number, a Social Security number is not needed.

"Section 9 of the National School Lunch Act requires that, unless the participant's Food Stamp case number, CalWORKs, or FDPIR ID number is provided, or you are eligible through a federally funded Head Start program, you must include the Social Security number on the application. This may be either the social security number of the parent or guardian who is the primary wage earner or the social security number of the adult household member signing the statement or an indication that the neither household member signing the statement possesses a Social Security number. Provision of a Social Security number is not mandatory, but if a Social Security number is not provided or an indication is not made that neither the primary wage earner nor the adult household member signing the statement has one, the statement cannot be approved. This notice must be brought to the attention of the household member whose Social Security number is disclosed. The Social Security number may be used to identify the household member in carrying out efforts to verify correctness of information stated on the Eligibility. These verification efforts may be carried out through program reviews, audits, and investigations, and may include contacting employers to determine income, contacting a Food Stamp or welfare office to determine current certification for receipt of Food Stamps, CalWORKs, or FDPIR office to determine current certification for receipt of Food Stamps, CalWORKs 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 eligibility through a federally funded Head Start program or 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."

PART 4 RACIAL/ETHNIC IDENTITY: Identification of Children's Ethnicity is Voluntary.

Although you are not required to provide this information, your cooperation will help determine compliance with federal civil rights laws. If you decline to provide this information, it will in no way affect your child's participation in the CCFP. Collection of this information is in accordance with Title VI of the Civil Rights Act of 1964 and is strictly for statistical reporting requirements.

PART 5 FOR SPONSORS USE ONLY: CDA will complete this portion of the form.

NOTE: UPDATING THIS FORM: You must update this Eligibility form if any family member becomes unemployed, whenever household income increases by \$50 per month, or \$600 per year or more, when the number of household members decreases, or when CalWORKs, FDPIR, Food Stamp or Head Start benefits are terminated.

INCOME TO REPORT

The provider's income from his/her day care business must be included. CCFP meal reimbursement is payment for a business expense and **NOT INCOME** to the provider. Since the provider is allowed to report **NET INCOME** from day care (after expenses are deducted) the CCFP payments may not actually be income. However, providers should be aware that the Internal Revenue Service (IRS) generally requires provider to document day care business costs, including food, with bills, receipts, and cancelled checks. Without these records, the CCFP reimbursement may be considered income by the IRS.

EARNINGS FROM EMPLOYMENT

Wages/salaries/tips, Strike benefits, Unemployment Compensation, Worker's Compensation, Net income from self-owned business, day care, farm, or other.

WELFARE/CHILD SUPPORT/ALIMONY

Public assistance payments, welfare payments, alimony/child support.

FOSTER CHILD'S INCOME

ONLY funds from welfare agency identified by category for personal use of child (clothing, school fees, etc.) funds from child's family for personal use and earning from other than occasional or part-time employment, **DO NOT COUNT** funds from welfare agency for shelter, care, etc.

PENSIONS/RETIREMENT/SOCIAL SECURITY

Pensions, Supplemental Security Income, Retirement income, Veteran's payments, Social Security.

MILITARY HOUSEHOLDS

All cash income, including military housing/uniform allowances. Does not include "in-kind" benefits **NOT** paid in cash (Base housing, clothing, food, medical care, etc.)

OTHER INCOME

Disability benefits, Cash withdrawn from savings, Interest/Dividends, Income from trusts/investments, Regular contributions from persons not living in household, Net royalties/annuities/net rental income, any other income.



Child Development Associates Nutrition Program

678 Third Avenue, Suite 206 • Chula Vista, California 91910 • (619) 427-4922 • 1 (800) 698-9798 • FAX 619-205-6265

July, 2009

Dear CDA Nutrition Program Provider:

An application, "*Tier I Eligibility For Provider's Own Child(ren)*", is enclosed. If you wish to claim reimbursement for meals served to your own child(ren) (see definition below), you must complete, sign and return this application. With the information provided, we will determine whether you may claim meal reimbursement for your own enrolled child(ren). The information that you provide is confidential and will be used only for eligibility determination and verification of data.

When you provide household size and income information, keep the following in mind:

- **OWN CHILDREN**: All residential children (under 13 years of age) in the household who are part of the "ECONOMIC UNIT" can be considered "own" children. This includes provider's own children, and any other residential children.
- **HOUSEHOLD INCOME**: List the gross income from all sources. We recommend that you average your salary over the last 12 months and enter this in the space for "Earnings From Work". You may report the net income from your day care business. (Deduct all day care expenses for supplies from gross receipts including CCFP reimbursement received for the provider's own children, or any residential children to obtain your net day care income.)

If the income of your household is from seasonal or part-time sources, you may report the total annual income received during the past 12 months or your household's current monthly income, whichever better indicates your household financial status.

You must notify our agency if there is a change in household size or an increase in income which exceeds \$50 per month or \$600 per year. If you list a Food Stamp, CalWORKs case number, FDPIR, KinGAP identification number, or Head Start number, you must notify our agency when you no longer receive these benefits. Similarly, you must notify our agency if a household member becomes unemployed and if there is a loss of income during the period of unemployment.

Most Foster children qualify for meal reimbursement regardless of your household income. If you have Foster children, please contact CDA for instructions and we will send you the appropriate application.

The information in the application may be verified by the California Department of Education at any time during the year and deliberate misrepresentation of information may subject you to prosecution under applicable State and Federal laws.

Within 30 days of receiving your application, we will notify you in writing if it is denied. If you do not agree with our decision on your application, you are welcome to call and discuss it with us. If you wish to review the decision further, you have a right to a fair hearing and may request one by calling or writing our office.

INCOME ELIGIBILITY GUIDELINES

July 1, 2009 through June 30, 2010

This scale is for determining the children's eligibility category for Federal meal reimbursement if they are not recipients of Food Stamps, CalWORKs, FDPIR, KinGAP or Head Start benefits. Children from households with incomes at or below the following levels will be considered eligible.

HOUSEHOLD SIZE	GROSS INCOME		
	WEEKLY	MONTHLY	ANNUALLY
1*	\$386	\$1,670	\$20,036
2	519	2,247	26,955
3	652	2,823	33,874
4	785	3,400	40,793
5	918	3,976	47,712
6	1,051	4,553	54,631
7	1,184	5,130	61,550
8	1,317	5,706	68,469
For each additional family member add . . .	+\$134	+\$577	+\$6,919

*A household of one means a child is his/her sole support. Foster children are one-member households if the welfare or the placement agency maintains legal responsibility for the child. 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.

This scale does not apply to households that receive Food Stamps, FDPIR, KinGAP benefits or children who are recipients of CalWORKs or Head Start benefits. Those children are categorically eligible for free meal benefits.

When documenting your income please show the net income (after deducting expenses related to your day care). For your spouse and other household members you must document the gross income (before deductions).

Sincerely,

Larraine Bergendorf-Clark
Nutrition Program Manager

NON DISCRIMINATION: 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 discrimination complaint, write USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202)720-5964 (voice and TDD). USDA is an equal opportunity provider and employer. To report program or discrimination complaints to the State, please contact Eva Lopez-Contreras, Civil Rights Coordinator at (916) 445-5008, (800) 952-5609, or econtrere@cde.ca.gov.