



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

Julio, 2009

Estimada Proveedor(a):

Adjunto enviamos copia de la *Solicitud de Elegibilidad para Niños Propios, Tarifa I*. Si desea reclamar los alimentos proporcionados a sus niños propios (ver definición), es necesario que llenen esta solicitud. Con la información que usted proporcione, nosotros determinaremos si usted califica para reclamar a sus niños propios. La información que usted nos proporcione es estrictamente confidencial y solamente será utilizada para determinar su elegibilidad y verificar la información.

Si usted proporciona información referente a el número de miembros en su familia e ingreso familiar, tome en consideración lo siguiente:

- **NIÑOS PROPIOS:** Todos los niños (menores de 13 años) que residen en el hogar y forman parte de la UNIDAD ECONOMICA FAMILIAR pueden considerarse como “propios”. Esto incluye los niños propios de la proveedora y cualquier otro niño/a que resida en el hogar.
- **INGRESO FAMILIAR:** Mencione todas las fuentes de ingreso bruto (gross income). Recomendamos que obtenga un promedio basado en el salario obtenido durante los 12 meses anteriores y que anote esa cantidad en el espacio correspondiente a “Ingresos de Trabajo”. Usted puede reclamar el ingreso neto de su hogar/guardería. (Deduzca todos los gastos relacionados con su hogar/guardería incluyendo reembolsos recibidos del Programa de Nutrición (CCFP) por niños propios de la proveedora, o cualquier otro niño/a que resida en el hogar para obtener el ingreso neto de su guardería).

Si su ingreso familiar se origina de un trabajo temporal o de un trabajo que no sea de tiempo completo, puede declarar su ingreso total anual que haya recibido durante los 12 meses anteriores o su ingreso mensual actual, lo que represente su situación financiera más apegada a la realidad.

Deberá notificar a la agencia cualquier cambio en el número de miembros en su familia o aumento en el ingreso familiar siempre y cuando la cantidad sea mayor de \$50.00 al mes o mayor de \$600.00 al año. Si usted ha presentado número de expediente que comprueba que el niño/a recibe Estampillas para Alimentos, CalWORKs, número de identificación de FDPIR, KinGAP o “Head Start” deberá notificar a nuestra agencia cuando sus beneficios hayan sido cancelados. De la misma manera, deberá notificar a nuestra agencia si cualquier miembro de la familia se ha quedado sin empleo y si existe una pérdida de ingreso durante el período de desempleo.

La mayoría de los niños “foster” califican para reembolso de alimentos sin importar cual sea su ingreso familiar. Si usted tiene niños “foster” por favor póngase en contacto con CDA para recibir instrucciones y le enviaremos las solicitudes de inscripción correspondientes.

La información en la solicitud está sujeta a verificación por el Departamento de Educación de California en cualquier momento y el proporcionar deliberadamente información incorrecta puede resultar en un proceso legal en su contra ya sea por parte de las leyes Estatales o Federales.

Al cabo de 30 días de recibir su solicitud, se le notificará por escrito si su solicitud ha sido rechazada. Si usted no está de acuerdo con la decisión de nuestra agencia en lo concerniente a la solicitud de su niño/a, favor de llamarnos para hablar acerca de ello. Si desea que se haga una revisión más a fondo, usted tiene derecho a una audiencia justa. Usted puede solicitar una audiencia llamando o escribiendo a nuestra oficina.

TABLA DE ELEGIBILIDAD

Julio 1, 2009 a Junio 30, 2010

Esta tabla es para determinar la elegibilidad del niño(s) para recibir reembolso Federal por alimentos reclamados si no recibe(n) beneficios como Estampillas para Alimentos, CalWORKs, o FDPIR KinGAP o Programa de “Head Start” que recibe beneficios de fondos Federales (Programa de Head Start que recibe fondos del Estado son Excluidos). Niños de familias cuyo ingreso familiar sea el indicado o menor de lo indicado en la siguiente tabla serán considerados elegibles.

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

*Una familia de uno significa un niño/a que se mantiene a si mismo. Los niños “foster” son familia de uno cuando la agencia de colocación o la oficina de “welfare” conserva la responsabilidad legal del niño/a. Unidad Familiar es un sinónimo de familia y significa un grupo de personas ya sean familiares o no quienes no residen en una institución o casa de huéspedes, pero que viven como una sola UNIDAD ECONOMICA compartiendo ingresos y gastos bajo un mismo techo.

Esta tabla de elegibilidad no aplica a niños que reciben Estampillas para Alimentos o reciben beneficios de FDPIR, KinGAP o reciben beneficios de CalWORKS o Programa de “Head Start”. Esos niños son categóricamente elegibles para recibir alimentos gratuitos.

Cuando documente su ingreso por favor anote su ingreso neto (después de deducir gastos relacionados con su guardería). Para su esposo y cualquier otro miembro de la familia debe documentar el ingreso bruto “gross” (antes de descontar gastos).

Atentamente,

Lorraine Bergendorf-Clark
 Gerente del Programa de Nutrición

NO DISCRIMINACION: De acuerdo a la ley Federal y reglamento del Departamento de Agricultura, prohíbe a esta institución discriminar en base a raza, color, nacionalidad de origen, sexo, edad o incapacidad. Para reportar algún incidente por discriminación escriba a USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW Washington, D.C. 20250-9410 o llame al (202)-720-5964 (buzón de voz o TDD). USDA brinda la misma oportunidad como proveedor y empresa. Para reportar incidentes por discriminación al Estado, por favor póngase en contacto con Eva Lopoez-Contreras, Coordinadora de Derechos Civiles (916) 445-5008, (800) 952-5609, o econtrer@cde.ca.gov.

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
-----------	-----------------	--------------	--------------	--------

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

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 13.

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, 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.

PENSIONS/RETIREMENT/SOCIAL SECURITY