

# Child Development Associates Nutrition Program

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

## QUALIFICATION OF PARENT OF TIER II PROVIDER (2009/2010)

(This Information Is Confidential And Not To Be Shared With Or Delivered To Your Provider)

Provider Caring for Child	Phone #
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### PART 1 CHILD INFORMATION ALL HOUSEHOLDS

List all children to be claimed by provider through 12 Years of Age (Last name, First, Middle Init.)	Age	Sex	B.Day

**PART 2A PARENT INFORMATION FOR HOUSEHOLDS RECEIVING FOOD STAMPS, FDPIR, CalWORKs, KinGAP OR FEDERALLY FUNDED HEAD START BENEFITS (STATE FUNDED EXCLUDED) :** 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 PARENT INFORMATION FOR ALL OTHER HOUSEHOLDS:** (All household members over the age of 10; 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 Federally Funded Head Start number (State Funded Excluded) 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 Parent/Guardian	SS#
Address/City/Zip	Home Phone Work Phone
Signature of Parent/Guardian	Date Signed

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

<u>Racial Data</u>	<u>Racial Data</u>	<u>Racial Data</u>	<u>Racial Data</u>	<u>Racial Data</u>	<u>Ethnic Data</u>
Am.Ind/Alaska Ntv.	Asian	Black/African Am.	Nat. Hawaiian/Pac.Isl.	White	Hispanic/Latino
1	2	3	4	5	6

### PART 5 FOR SPONSOR USE ONLY: CERTIFICATION

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

Income Eligible	Not Eligible		
Determining Official Signature			Date

# QUALIFICATION OF PARENT OF TIER II PROVIDER APPLICATION INSTRUCTIONS

Please complete the Child Care Food Program *Qualification of Parent of Tier II Provider* form using the instructions below. Sign the statement and return it to CDA Nutrition Program. Call 1-800-698-9798 if you need help.

## PART 1 PARENT INFORMATION: ALL PARENT HOUSEHOLDS TO COMPLETE THIS PART.

Print the names of the children that you want enrolled in your provider's day care home as CCFP participants through the age of 12.

## PART 2A FOR PARENT HOUSEHOLDS RECEIVING FOOD STAMPS, CalWORKS, FOOD DISTRIBUTION ON INDIAN RESERVATIONS (FDPIR), KinGAP OR FEDERALLY FUNDED HEAD START BENEFITS (STATE FUNDED EXCLUDED) : 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 (parent/guardian) must sign the statement in Part 3.

## PART 2B ALL PARENT 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. The parent/guardian, 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 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 number or Federally Funded Head Start, (State Funded Excluded) 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.

### INCOME TO REPORT

#### 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.



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**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 Parent:

The provider who cares for your child participates in the Child Care Food Program (CCFP) through an agreement with our agency. Consequently your provider has been able to claim reimbursement for the meals served to your child and other children while they have been in care. Required changes to the regulations that govern the CCFP have established a two tier system of reimbursement for meals served to children. As a result of the changes, beginning July 1st your provider will be reimbursed at a lower rate than in the past, unless your household income establishes that your child's meals are eligible for the higher Tier I rates. To assist your provider, we are asking that you complete the attached "*Qualification of Parent of Tier II Provider*".

With the information you provide, we will determine whether the meals served to your child will be reimbursed to your provider at Tier I rates. The information that you provide is confidential and will be used only for eligibility determination and verification of data; **THE INFORMATION WILL NOT BE SHARED WITH YOUR PROVIDER.** This information will only be made available to designated representatives of our agency, USDA, or the California Department of Education.

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

List the gross income from all sources. If you are self employed we recommend that you average your salary over the last 12 months and enter this in the space for "Earnings From Work". 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.

If your income increases during the year you are required to notify us of the change. Any decrease in household size or increase in income which exceed \$50 per month or \$600 per year must be reported. If you qualify based upon a categorically eligible program, you must notify us when you no longer receive benefits under that program. Similarly, you should notify us if you become unemployed and the loss of income during the period of unemployment causes your household to be within the eligibility standards.

If this application is for a Foster child please note that the child is "Foster" in Part I. A Foster child who is the legal responsibility of the welfare agency or court may be certified as eligible for free meals regardless of your household income. If you have a Foster child, please contact our office for additional information before completing the application.

If you believe that your household qualifies for free or reduced price meals, we urge you to complete the attached application so that your provider may receive the higher Tier I reimbursement rate for the meals served to your child. Higher rates will contribute to the overall quality of meals and care your provider strives to maintain.

## 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 FEDERALLY FUNDED 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 Federally Funded Head Start benefits. Those children are categorically eligible for free meal benefits.

Again, if your provider is to be reimbursed Tier I rates for the meals she provides to your child (ren) beginning July 31st, this "Qualification" form must be completed and in our office no later than July 31st. If you have any questions or need help in completing the application form, please call our toll free number.

Sincerely,

**Lorraine 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 [econtrer@cde.ca.gov](mailto:econtrer@cde.ca.gov).



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Julio 2009

A: Padres de Familia del Programa de Nutrición

DE: Lorraine Bergendorf-Clark  
Gerente del Programa de Nutrición

Por favor lea cuidadosamente las siguientes instrucciones antes de llenar la forma de Elegibilidad.

1. Revise la Tabla de Elegibilidad antes de llenar la forma. Si su ingreso es mayor a la cantidad permitida para el numero de miembros en su familia, **no es necesario** que regrese la forma de CDA
2. Por favor recuerde anotar el nombre de su Provedora en la parte de arriba de la forma de elegibilidad en el lugar correspondiente a "Provider Caring for Children".
3. Documente el nombre de todas las personas que viven con usted y su ingreso si aplica.
4. Si usted recibe CalWorks/Estampillas para Alimentos es necesario que documente **su número completo de caso**. Este número lo puede obtener de la forma "Notice of Action".
5. Si su niño es niño "foster" favor de indicarlo a un lado del nombre del niño.
6. Si su niño esta registrado en un Programa de "Head Start", es necesario enviar una carta del Programa de "Head Start" verificando la inscripción del niño en el programa.
7. Llena la Parte 3 incluyendo su número de Seguro Social (si no tiene favor de anotar N/A en el espacio correspondiente), su dirección completa y numero de teléfono.
8. Recuerde firmar la forma antes de regresarla a CDA en el sobre que le hemos proporcionado.

Si tiene alguna pregunta por favor no dude en llamar a la oficina al (619) 427-4922 o al 1-800-698-9798.

Gracias