



OHIO CHILD AND ADULT CARE FOOD PROGRAM FAMILY DAY CARE HOME COMPONENT Income Eligibility Application

The family day care home component income eligibility application (IEA) for free or reduced-price meal benefits to be utilized for fiscal year 2024-2025 is attached. The packet includes sponsor instructions, income eligibility guidelines, the income eligibility application for free and reduced-price meals and the household letter to enrolled participant's parent/guardians. The guidelines and IEA are effective July 1, 2024.

The U.S. Department of Agriculture (USDA) expanded the income eligibility determination procedures to afford sponsors greater flexibility concerning the effective date when approving income applications. The date used to make this determination may be either of the following options:

- A. The date on which the sponsor or center representative signs the form to certify eligibility/category of the child; or
- B. The date the parent or guardian signed the income form

Beginning October 1, sponsors will indicate the determination procedure to be used on the family day care home management plan for CACFP fiscal year 2024-2025.

For the income form to be valid, the sponsor/center representative must sign, date and categorize the form at the bottom of page regardless of the procedure used to determine the eligibility effective date. Failure to do so will render the form incomplete and the child only may be claimed as paid until the month the form was completed by the sponsor/center representative.

Reminder: Households are no longer required to report changes to income or household size or when the household is no longer certified eligible for food assistance and/or Ohio Works First (OWF). Once approved for free or reduced-price benefits, a household will remain eligible for those benefits for a period of no more than 12 months. However, providers categorized as Tier I by income must immediately report any changes to their sponsor.

After July 1, 2024, sponsors should include the IEA and household letter (front and back) in the enrollment packet for new enrollees. Sponsors shall collect and maintain documentation of the enrollment of each participant, including information used to determine eligibility for free and reduced-price meals. Such documentation of enrollment must be updated annually and signed by a parent or legal guardian. Remember that all IEAs must be completed every 12 calendar months (Example: A form signed July 1, 2024 (by the sponsor) will expire July 31, 2025).

IEA forms and household letters are available in the Download Forms section of the Claims Reimbursement and Reporting System (CRRS). Please remember that participant eligibility is confidential and must be protected. Participant eligibility information can only be released for purposes permitted by federal laws. If you have questions or require additional assistance, please call the Office of Nutrition at 614-466-2945 or toll free at 800-808-6325.

**OHIO CHILD AND ADULT CARE FOOD PROGRAM
FAMILY DAY CARE HOME COMPONENT
SPONSOR INSTRUCTIONS FOR INCOME ELIGIBILITY APPLICATION**

**Fiscal Year (FY) 2024 - 2025
Effective July 1, 2024 through June 30, 2025**

PURPOSE:

The Child and Adult Care Food Program (CACFP) recognizes the relationship between food and good nutrition and the capacity of children to develop and learn. The CACFP reimbursement assists participating agencies to provide children with well-balanced, nutritious meals and snacks. The U.S. Department of Agriculture (USDA) has established two meal rate categories: Tier I (highest) and Tier II (lowest). This gives greater assistance to providers serving higher enrollments of needy children.

DISTRIBUTION OF INCOME ELIGIBILITY APPLICATION FOR TIER I PROVIDERS:

When receiving CACFP assistance, providers may qualify for the higher Tier I rate using free or reduced-price school lunch data, census tract data or household size and income. A provider may qualify using income guidelines or providing a food assistance (SNAP), Ohio Works First (OWF) or Women, Infants and Children (WIC) case number on the income eligibility application.

To qualify for Tier I reimbursement by **income**, or if you are a Tier I provider and wish to receive reimbursement for meals served to your own children under the CACFP, you must complete, sign and return an income eligibility application to the FDCH sponsor. You also must include proof of income or program benefits to qualify for Tier I reimbursement by income.

DISTRIBUTION OF INCOME ELIGIBILITY APPLICATION FOR TIER II PROVIDERS:

When receiving CACFP assistance, Tier II institutions must choose to collect family size and income data for all members of the household, collect food assistance (SNAP), OWF, or WIC case numbers from families of enrolled children OR not to collect this information at all. If the institution chooses not to collect the information, the institution will automatically receive the Tier II (lowest) reimbursement rate for all enrolled children. If the choice is made to collect the information, the institution must give the Ohio CACFP income eligibility application for free and reduced-price meals and household letter to the family of each enrolled child. Parents/guardians can complete the optional application. For an enrolled child to be claimed for Tier I benefits, the sponsor must have a completed application containing all required information on file. Any family whose income is above the reduced-price guidelines is not required to return an application.

CACFP sponsors cannot require parents/guardians to complete the income eligibility application. However, the CACFP sponsor/provider must provide the form to all families for the Tier II provider to be potentially eligible for Tier I reimbursement rates for all enrolled children. If parents choose not to complete the application, the provider will be reimbursed at the Tier II rate.

CATEGORIZING INCOME ELIGIBILITY FORMS AS FREE, REDUCED-PRICE OR PAID:

Free or reduced-price forms are qualified by having parents/guardians complete PARTS 1, 2, 3 and 4 or PARTS 1, 2, and 4 (depending on the data collection method) of the Ohio CACFP income eligibility application for free and reduced-price meals. The asterisks (*) on the form indicate required information.

PART 1: Application Type

Select one of the four options.

PART 2: Participant Information

Name/Age/Birth Date - List children who are enrolled for care with the provider. Age and birth date is optional.

Foster Child – Check box if listed enrolled child is a foster child. A foster child is defined as one whose care and placement is the responsibility of the state or that the foster child has been placed with a caretaker household by a court. A foster child is the legal responsibility of a welfare agency or court. For purposes of categorical eligibility for free meals, informal arrangements that may exist outside of state or court-based systems are not applicable regarding foster children.

Foster children are categorically eligible for free meals through two options.

- Option 1 – Income Eligibility Application: Part 2 (name and foster child designation) and Part 4 (signature of adult member of foster home or state welfare agency and date) must be completed.

Foster children are no longer required to be listed on a separate Income Eligibility Application. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same income eligibility application with their non-foster children. The sponsor would categorize the foster child as free and then make an eligibility determination for the remainder of the children based on the household's income (including personal income earned by the foster child) or other categorical eligibility information (food assistance (SNAP) or Ohio Works First (OWF) case numbers) reported on the application. Foster payments received by the foster family from the placing agency are not considered income and do not need to be reported. The presence of a foster child does not convey eligibility for free meals to all children in the household.

- Option 2 – Certification for free meals without income eligibility application: Sponsor obtains documentation (such as a certificate or letter) from an appropriate state or local agency indicating the status of the child as a foster child whose care and placement is the responsibility of the state or that the foster child has been placed with a caretaker assigned by a court. Certification documentation is to be kept on file in lieu of income eligibility application.

Households Receiving Food Assistance (Supplemental Nutrition Assistance Program - SNAP), Ohio Works First (OWF) or Women, Infants and Children (WIC)

Food Assistance (SNAP) - A household receiving food assistance (formerly food stamps) only need to provide the current case number and the date and signature of an adult member of the household in Part 4. A child qualifying in this category must be a member of the food assistance household. Then the child is approved in the free category.

Ohio Works First (OWF) & Women, Infants and Children (WIC) - The OWF or WIC case number of the enrolled child and the signature of an adult household member and date in Part 4 are required. Then the child is approved in the free category.

NOTE: The case number or identification number on county payment rosters or vouchers may not be food assistance, OWF or WIC case numbers. Case numbers are seven digits. It is recommended that sponsors contact their county Job & Family Services specialist to determine the validity of food assistance or case numbers.

PART 3: Total Household Gross Income/How Often It Was Received

Household Size - List the names of all household members including all children who attend the day care home, whether they receive income or not. If additional space is needed, attach an additional sheet of paper. Household is defined as 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. As one economic unit, they would share housing and/or significant income and expenses. Generally, individuals residing in the same house are one economic unit. However, if more than one economic unit resides together in the same house, they are usually characterized by prorating expenses and having economic independence from one another.

Household Size Special Situations:

- Adopted child: An adopted child is one for whom a household has accepted legal responsibility and is a member of the household.
- Child attending an institution: A child who attends but does not reside in an institution is a member of the household in which he/she resides.
- Child away at school: A child who is temporarily away at school (e.g., boarding school or college) should be counted as a member of the household.
- Child living with one parent, relative or friends: In cases where no specific welfare agency or court is legally responsible for the child or where the child is living with one parent, other relatives or friends of the family, the child is a member of the household with whom he/she resides.
- Children of parent who are foster parents: When foster parents apply for benefits for their own children, they may choose to include foster children as household members as well as any personal income earned by the foster child. Additionally, the payments provided for the care of the foster child should be excluded as income to the household.
- Family members living apart: Family members living apart on a temporary basis are considered household members. Family members living away from the household for an extended period are not considered members of the household for purposes of determining eligibility. Any money made available by family members living outside of the household, or on their behalf for the household, is included as income to the household.
- Institutionalized family members: An institutionalized spouse or other member of the household away for extended periods should not be considered a member of the household.
- Joint custody: In cases where joint custody has been awarded, and the child physically changes residence, the child is part of the household where he/she resides. Therefore, the child's eligibility could change depending on the rotating time periods of each household.

No/Zero Income – For each household member listed in Part 3 (including children), check the box if that person has no/zero income. If more space is needed to list all household members, attach an additional application or sheet of paper.

Household Income and How Often It Was Received – If a valid food assistance (SNAP), OWF or WIC case number is not entered in Part 2, households must report their current gross income on Part 3 of the application for free or reduced-price meal eligibility. For each household member, list each type of income received during the month prior to the application and denote how often the money was received (weekly, every two weeks, twice per month, monthly, and annually). Income is defined as any money received on a recurring basis, including gross earned income (unless specifically excluded by legislation). Gross earned income means all money earned before deductions such as income taxes, employee's social security taxes, insurance premiums and bonds. If a household member routinely earns overtime, then it should be included. If the overtime is only earned sometimes, it should not be included. If income during this month is higher or lower than usual, and does not accurately represent the household's actual circumstances, the household may project its annual rate of income based on the following conversions.

When households have multiple sources of income paid on different schedules all income must be converted to annual income. Use the following income conversions: weekly income X 52, bi-weekly (every other week) income X 26, bi-monthly (twice a month) income X 24, and monthly income X 12.

Income and how often it was received (example: \$1,500 / week) must be reported in these designated columns:

- | | |
|----------|--|
| Column 1 | <u>Work earnings</u> : Wages, salaries, tips and commissions. Self-employed individuals should report income after expenses (net income). |
| Column 2 | <u>Welfare payments/child support/alimony</u> : Public assistance payments, welfare payments, alimony and child support payments. Food assistance benefits should not be reported. |
| Column 3 | <u>Pensions/retirement/social security/Supplemental Security Income (SSI)/Veterans' (VA)</u> : Pensions, retirement income, Social Security, SSI, VA payments and disability payments. |

Column 4 All other income: Workers' Compensation, strike benefits, unemployment compensation, regular contributions from people who do not live in your household, cash from savings, interest/dividends, income from estates/trusts/investments, net royalties/annuities, business, farm or rental property and any other money that may be available to the family. Do not include food assistance payments or Federal education benefits.

Income Exclusions:

- Foster children: Payments received by household for a foster child.
- Student financial assistance: Provided for the costs of attendance at an educational institution, such as grants and scholarships awarded to meet educational expenses.
- Loans: These funds are only temporarily available and must be repaid (example: bank loans).
- In-kind compensation value: Such as military on-base housing or any other noncash benefit.
- Occasional earnings: Received infrequently and are not recurring. Examples include occasional babysitting, mowing lawns and tax refunds.
- Federal programs which are excluded by legislation: Including the value of assistance to children and their families under the National School Lunch Act, the Child Nutrition Act of 1966, and the Food Stamp Act of 1977.

Household Income Special Situations:

- Alimony and child support: Any money received by a household in the form of alimony or child support is considered income. Do not deduct money paid out for alimony or child support from a household's reported gross income.
- Child's income: List the earnings of a child who is a full-time or regular part-time employee on the application as income. However, occasional earnings such as income from occasional babysitting or mowing lawns should not be listed on the application as income.
- Garnished wages and bankruptcy: Income is the gross income received by a household before deduction. In the case of garnished wages and income ordered to be used in a specified manner, the total gross income must be considered regardless of whatever portions are garnished or used to pay creditors.
- Lump sum payments: Lump sum payments or large cash settlements are not counted as income since they are not received on a regular basis. These funds may be provided as compensation for a loss that must be replaced, such as an insurance settlement. When lump sum payments are put into a savings account and the household regularly draws from the account for living expenses, the amount withdrawn is counted as income.
- Military benefits: If housing is part of the Military Housing Privatization Initiative and Family Subsistence Supplemental Allowance is received, do not include these as income when determining household eligibility for free and reduced-price meals. This income exclusion is not an allowable exclusion for households living off-base in the general commercial/private real estate market. "Privatized housing" refers to the Military Housing Privatization Initiative which puts the operation of military owned housing under private contractor and a housing allowance would appear on the leave and earnings statement of service members living in privatized housing. In addition, concerning deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household can be counted as income to the household. Combat pay, including Deployment Extension Incentive Pay (DEIP) also is excluded and will not be counted as income to the household. All other allowances must be included in gross income.

PART 4: Signature and Last Four Digits of Social Security Number - An adult member of the household **must** sign their name and date the form. If the adult does not have a social security number, check the box marked, "I do not have a Social Security Number." The last four digits of the social security number are not required if a food assistance, OWF or WIC case number has been listed in Part 2, or in the case of a student under the age of 21 who lives alone (emancipated student) or when an individual under 21 signs the application as the parent, guardian, or oldest member of a child's household. The last four digits of the social security number are required only when the monthly household income is used to determine the eligibility category.

PART 5: Racial and Ethnic Identity - The civil rights question on Part 5 of the income eligibility application for free and reduced-price meals is optional and does not need to be answered for the application to be considered complete. However, civil rights regulations require CACFP sponsors to maintain information about the racial/ethnic background of all enrolled children. If parents do not complete this section, centers must visually identify the racial/ethnic identity of the child. All sponsors must record this information annually. All income and racial/ethnic information is confidential and protected by law. Sponsors are to limit the use of this information to people directly connected with administering the CACFP.

The racial categories are defined as:

1. **American Indian or Alaska 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.
2. **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.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
4. **Native Hawaiian or other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
6. **Other.** Determined by respondent.

Parents or guardians are to check the box that best describes ethnic identity of the child(ren). Ethnic identity categories include the following:

- **Hispanic or Latino**
- **Not Hispanic or Latino**

HOUSEHOLD LETTER TO PARENTS/GUARDIANS:

Sponsors must distribute a household letter (page 10) to parents/guardians with the income eligibility application for free and reduced-price meals. The household letter should be on the reverse side of the application.

If you choose to develop your own household letter, it must include the following information:

1. A description of CACFP benefits to the parents/guardians of enrolled children. This is not required of child care centers claiming all enrolled children in the paid income category.
2. Nondiscrimination statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: **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

- This institution is an equal opportunity provider.
3. Instructions to complete and submit application for free and reduced-price meals.
 4. An explanation that an application must contain complete information to be considered eligible for free or reduced-price meals.
 5. A statement that children of parents or guardians who become unemployed are eligible for meal reimbursement during periods of unemployment provided the loss of income during this time causes the family to be within eligibility standards for meals.

Note: CACFP Regulation 226.23(e): The eligibility application and household letter given out to families of enrolled participants shall contain only the income levels for reduced-price meal eligibility.

BOTTOM SECTION OF INCOME ELIGIBILITY APPLICATION TO BE COMPLETED BY SPONSORS:

The sponsor/center representative is to complete the bottom section of the form: Approved or Denied for Tier I, total household size; total household income (if applicable); signature, date categorized, effective date and expiration date of form.

Per recent USDA Instructions, sponsors have greater flexibility concerning the effective date. This flexibility applies only to eligibility determinations made through the submission of completed income applications. The date to be used to make this determination may be either of the following options:

- Option A: Date on which the sponsor or center representative signs the form to certify eligibility/category of the child; OR
- Option B: Date the parent or guardian signed the income eligibility form.

For Fiscal Year 2025 (beginning October 1, 2024), CACFP sponsors will indicate their procedure for determining the effective date when approving income eligibility applications in the Claims Reimbursement and Reporting System (CRRS) application center management plan.

Effective Date:

Option A. First day of the month in which the form was dated by the sponsor representative.

Example: The parent dated the form on July 9, 2024 and the sponsor representative dated/categorized the form on July 10, 2024. The form is effective July 1, 2024 and expires on July 31, 2025.

Example: The parent dated the form on July 31, 2024 and the sponsor representative dated/categorized the form on August 4, 2024. The form is effective August 1, 2024 and expires August 31, 2025.

Option B. The date the parent or guardian signed the form.

Example: The parent dated the form on July 9, 2024 and the sponsor representative dated/categorized the form on July 10, 2024. The form is effective July 1, 2024 and expires on July 31, 2025.

Example: The parent dated the form on July 31, 2024 and the sponsor representative dated/categorized the form on August 4, 2024. The form is effective July 1, 2024 and expires on July 31, 2025.

Expiration Date: Income eligibility forms should be considered current and valid until the last day of the month in which the form was dated as categorized by the sponsor representative or date parent signed the application form one year previously. In other words, a form is valid for one year until the last day of the month in which the form was originally dated and categorized by the sponsor/center representative or dated by the parent guardian if that option was submitted to the state agency as entered in the CRRS Family Day Care Home Management Plan.

Regardless of the procedure used to determine eligibility effective date, the sponsor/center representative must complete the bottom section of the income form to be valid including signature, date and category. Failure to complete the bottom section of the income form will make the form incomplete and the child could only be claimed as paid until the month the bottom section of the income form was completed by the *sponsor/center representative*.

UPDATING FORMS:

In accordance with CACFP regulation 226.23(f), institutions must collect and report to state agencies free, reduced-price and paid meal eligibility information. Such information must be updated annually and may not be more than 12 months old. Thus, a new income eligibility application must be completed once every 12 calendar months for the Tier II provider to receive Tier I rates for eligible children or a provider to qualify for the higher Tier I rates. Keep expired forms on file; however, the forms are invalid after 12 months.

MAINTAINING RECORDS:

Food program records (including income eligibility applications) must be kept on file for at least three years plus the current fiscal year, or longer if there is an unresolved evaluation/audit. The state agency has developed a master list form that center-based programs (excluding Head Start, Early Head Start, After School At-Risk Programs, and Homeless/Domestic Violence/Emergency Shelters) should use to record which category each adult claimed and to simplify the monthly claim for reimbursement. A copy is available in the CRRS Download Forms.

INCOME ELIGIBILITY GUIDELINES:

Free and reduced-price income eligibility guidelines are updated each year by the Federal government on July 1. The guidelines effective July 1, 2024, through June 30, 2025, are on page 8. You must use this two-part chart and not the reduced-price guidelines on the household letter when categorizing and approving the income eligibility application for Tier I rates. Do not distribute this chart to participants/families.

The income eligibility guidelines (on page 8) list the household size, the income for different pay periods/schedules (annual, monthly, twice per month, every two weeks and weekly), and show the upper income levels for the free and reduced-price categories. After reviewing an income application/form and determining the number of people in the household and the total household income, compare the household income to the correct pay period/schedule.

- To determine whether a child qualifies for **free** meals, the total household income must be equal to or less than the free income guidelines.
- To determine the **reduced-price** category, the household income must be equal to or less than the reduced-price income guideline, but greater than the free guidelines.
- An income application falls into the **paid** category when the household income is above the reduced-price household income.

REMINDERS FOR INCOME DETERMINATION

If the household has only one income source, or if all sources are received in the same frequency (annually, monthly, twice per month, every two weeks or weekly), compare the income or sum of the incomes to the income eligibility guidelines for that household size and pay frequency to determine eligibility and category.

Example: Jim Taylor	\$ 1,527 / every two weeks
Mary Taylor	\$ 843 / every two weeks
	\$ 2,370 / every two weeks

On the income eligibility guidelines chart, compare the household size to the income listed in the “Every Two Weeks” column to determine category.

If the household reports income sources at more than one frequency (annually, monthly, twice per month, every two weeks or weekly), all the incomes must be converted to annual (yearly) totals by using the following annual income conversion: weekly income X 52, bi-weekly (every other week) income X 26, semi-monthly (twice per month) income X 24, and monthly income X 12. Do not round income amounts resulting from each conversion. After converting each income to annual income, add the incomes together. Then compare the number of household members to the total annual income on the income eligibility guidelines chart to make the eligibility determination/categorization.

USDA INCOME ELIGIBILITY GUIDELINES
Fiscal Year 2025
Effective July 1, 2024 through June 30, 2025

**Households with total incomes less than or equal to the values below
are eligible for free or reduced-price meals.**

HOUSEHOLD SIZE	FREE					REDUCED				
	Number of Members	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice Per Month	Every Two Weeks
1	\$19,578	1,632	816	753	377	\$27,861	2,322	1,161	1,072	536
2	\$26,572	2,215	1,108	1,022	511	\$37,814	3,152	1,576	1,455	728
3	\$33,566	2,798	1,399	1,291	646	\$47,767	3,981	1,991	1,838	919
4	\$40,560	3,380	1,690	1,560	780	\$57,720	4,810	2,405	2,220	1,110
5	\$47,554	3,963	1,982	1,829	915	\$67,673	5,640	2,820	2,603	1,302
6	\$54,548	4,546	2,273	2,098	1,049	\$77,626	6,469	3,235	2,986	1,493
7	\$61,542	5,129	2,565	2,367	1,184	\$87,579	7,299	3,650	3,369	1,685
8	\$68,536	5,712	2,856	2,636	1,318	\$97,532	8,128	4,064	3,752	1,876
Each Additional Member Add	\$6,994	583	292	269	135	\$9,953	830	415	383	192

ANNUAL INCOME CONVERSION: Weekly Income multiply by 52
Every Two Weeks Income (biweekly) multiply by 26
Twice Per Month Income (bi-monthly) multiply by 24
Monthly income multiply by 12

This chart is to be used by institutions, schools, centers and sponsoring organizations to approve and categorize complete income eligibility applications for free and reduced-price meals.

This chart is not to be distributed to families/participants.

This institution is an equal opportunity provider.

OHIO CHILD AND ADULT FOOD CARE FOOD PROGRAM: FAMILY DAY CARE HOMES COMPONENT
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICED MEALS
Fiscal Year 2024-2025

Income eligibility information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure and their decision will not affect their children's eligibility for free and reduced-price meals. **Forms must be updated annually and are valid for only 12 months.**

PART 1 – CHECK Application Type:

- 1. Provider requesting Tier I status by application (may only qualify through Food Assistance (SNAP), Ohio Works First (OWF) or income. **PROOF OF INCOME IS REQUIRED** to qualify as a Tier I provider by this application.
- 2. Provider is requesting meals for own/residential children **enrolled** for childcare (May only qualify through Food Assistance, OWF or income).
- 3. Provider or Parent requesting meals for foster child.
- 4. Parent requesting child meals with family child care provider (may qualify through Food Assistance, OWF, WIC, Healthy Start or income).

Write the name of your child care provider here: _____

PART 2 – CHILD INFORMATION: Print information for all children whose meals will be claimed on the CACFP.

BENEFIT INFORMATION: Enter the benefit program from PART 1 that automatically qualifies a child for Tier I meals. Enter the NAME and Case Number.

PRINT INFORMATION FOR ALL CHILDREN ENROLLED IN CARE			CHECK IF A FOSTER CHILD (The legal responsibility of a welfare agency or court) Attach documentation to show foster child status.	LIST EACH CHILD'S FOOD ASSISTANCE, OWF or WIC CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 7 DIGITS.
* NAME OF ENROLLED CHILD(REN)	* AGE	* BIRTH DATE		Circle type of benefit: FOOD ASSISTANCE, OWF or WIC
1.			<input type="checkbox"/>	CASE NUMBER:
2.			<input type="checkbox"/>	CASE NUMBER:
3.			<input type="checkbox"/>	CASE NUMBER:
4.			<input type="checkbox"/>	CASE NUMBER:

PART 3 – TOTAL HOUSEHOLD SIZE AND TOTAL HOUSEHOLD GROSS INCOME: List names of all household members. List all gross income including how much and how often. If Part 2 is completed, skip to Part 4.

a. LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1	b. CHECK IF NO/ZERO INCOME	c. GROSS INCOME during the last month (amount earned before taxes & other deductions) and HOW OFTEN IT WAS RECEIVED: Weekly, Every 2 Weeks, Twice a Month, Monthly, Yearly			
		1. Earnings from work before deductions/how often	2. Welfare payments, child support, alimony/how often	3. Pensions, retirement, Social Security, SSI, VA/how often	4. All Other Income/how often
1.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

PART 4 – SIGNATURE AND SOCIAL SECURITY NUMBER: Adult household member must sign form. If Part 3 is completed, the adult signing the form must also list last 4 digits of their Social Security Number or check the "I do not have a Social Security Number" box.

I certify that all information on this form is true and correct and that all income is reported. I understand that the center will receive federal funds based on the information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

* _____ SIGNATURE OF ADULT HOUSEHOLD MEMBER	* _____ DATE	If Part 3 is completed, insert last 4 digits of Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> I do not have a Social Security Number
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Print Name:	Daytime Phone Number:	Work Phone Number:
Street / Apt:	City / State / Zip:	County:

PART 5: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race or ethnicity of enrolled child(ren).

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other

Please mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

Privacy Act Statement: The Richard B. Russell National School Lunch Act 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 Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (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 a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program. **State Distribution: July 2024**

	Provider Tier I	Residential Child	Child Tier I	Total Household Income	Signature of Official	Date
Approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____	_____
Denied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Household Size _____	_____	_____

Note: If using parent signature date to determine effective/expiration date of all forms, then option must be selected on CRRS management plan.
Effective Date (From the first month of date Categorized by sponsor/center)
Expiration Date (Valid until last day of month of which form was dated and categorized by sponsor/center one year earlier)

FREE AND LOW-COST HEALTH CARE

Families with children eligible for school meals may be eligible for free and low-cost health coverage. For more information, please contact Healthy Start & Healthy Families call 1-800-324-8680 or <https://medicaid.ohio.gov/FOR-OHIOANS/Programs/Children-Families-and-Women>

Note: If you have an Ohio Medicaid Card, you already receive this coverage.

HOW TO COMPLETE THE OHIO CACFP FAMILY DAY CARE INCOME ELIGIBILITY APPLICATION

1. PART 1 – Mark the box that applies in PART 1. If marking box 4, enter the home care provider’s name in the space.

2. PART 2 – Enter the names of all children who will be claimed for meal reimbursement. If you are receiving benefits from programs such as Food Assistance, Ohio Works First (OWF) or Women, Infants and Children (WIC) enter the 7-digit case number. PARENTS checking # 4 in Part 1 and qualifying through other categorically eligible benefit programs enter the name for the benefit program and the case or identification number. The family child care sponsoring organization may request additional documentation to verify participation.

3. PART 3 - Complete this part only if benefit name and case number in PART 2 are blank. Enter the names of all household members. A household is defined as a group of related or unrelated individuals who are living as one economic unit that share housing and/or significant income and expenses of its members. Income is any money received on a recurring basis, including gross earned income. Enter the gross income (amount before taxes are taken out) for the past month for each person with income. Monthly Income Conversion: Weekly x 52, Every two weeks x 26, twice per month x 24. Proof of income is required for providers qualifying for Tier I by application (attach the documents that support the income entries).

4. PART 5 – A household member (provider, when using income to determine Tier eligibility, parent or guardian) must sign and date the form. If PART 3 is completed, the last four digits of your social security number must be entered. If the adult does not have a social security number, check the box that indicates they do not have one. If a valid Food Assistance, Ohio Works First (OWF) or Women, Infants and Children (WIC) case number is listed in Part 2, a social security number is not required. Enter the address and phone number information.
REMEMBER TO SIGN AND DATE THE FORM.

5. PART 6 – Complete the racial/ethnic, check the appropriate box. Parents/guardians are not required to complete this section.

REDUCED-PRICE INCOME ELIGIBILITY GUIDELINES

Guidelines to be effective from July 1, 2024 through June 30, 2025. Households with incomes less than or equal to the reduced-price values below are eligible for free or reduced-price meal benefits.

HOUSEHOLD SIZE	ANNUAL	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	\$27,861	2,322	1,161	1,072	536
2	\$37,814	3,152	1,576	1,455	728
3	\$47,767	3,981	1,991	1,838	919
4	\$57,720	4,810	2,405	2,220	1,110
5	\$67,673	5,640	2,820	2,603	1,302
6	\$77,626	6,469	3,235	2,986	1,493
7	\$87,579	7,299	3,650	3,369	1,685
8	\$97,532	8,128	4,064	3,752	1,876
For each additional family member, add	+9,953	+830	+415	+383	+192

Ohio Child and Adult Care Food Program Family Day Care Homes Household Letter

[INSERT SPONSORING ORGANIZATIONS LETTERHEAD]

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled at a family day care home. [DAY CARE HOME NAME] offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached income eligibility application.

1. Am I required to complete an income eligibility application for my child(ren) to receive CACFP Benefits? No, but if you choose to do so, your provider may receive a higher reimbursement for the meals served to your child. If you do complete the form, you have the option of returning it directly to your provider or to the provider's sponsor, [SPONSOR NAME]. If you would like to provide your form directly to the sponsor, return the completed form to: [SPONSOR NAME, ADDRESS, and PHONE NUMBER].

___ Initial here if you consent to allowing [PROVIDER NAME] to collect your form and provide it to the Sponsor. [PROVIDER NAME] will not review your form.

2. Do I need to fill out income eligibility application for each of my children in day care? You may complete and submit one CACFP income eligibility application for all children enrolled in child care in your household **only** if the children in child care are enrolled in the same home. We cannot approve an incomplete form. Please read the instructions carefully and complete all required information.

3. Who qualifies for the higher reimbursement without providing income information? Your provider will receive a higher reimbursement for meals served to foster children and children in households receiving food assistance program (formerly food stamps), Ohio Works First (OWF), or Food Distribution Program on Indian Reservations (FDPIR) benefits. Children in households participating in WIC also qualify for the higher reimbursement.

4. Who qualifies for the higher reimbursement based on income? Your provider may receive a higher reimbursement for the meals served to your children if your household income is within the reduced-price limits on the federal income chart, shown on this application. Children in households participating in WIC are eligible for the higher reimbursement.

5. 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 to qualify for meal benefits offered at the day care home.

6. 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. You also may include any foster children living with you.

7. 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, the family day care home will receive a higher level of reimbursement. Once properly approved for the higher reimbursement rate, whether through income or by providing a current Food Assistance, OWF, FDPIR, or WIC case number, you will remain eligible for those benefits for 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income unemployment causes your household income to be within the eligibility standards.

8. What if my income is not always the same? List the amount that you normally receive. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, note that you receive \$1,000 per month. If you normally receive overtime, include it, but not if it is earned occasionally.

9. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court automatically qualify for the higher reimbursement. Any foster child in the household qualifies regardless of income. Households may include foster children on the income eligibility application, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact [SPONSOR NAME, ADDRESS, and PHONE NUMBER].

10. We are in the military; do we include our housing and supplemental allowances 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) also is 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 child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability. If you have other questions or need help, call [PHONE NUMBER].

Nondiscrimination statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 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 Sincerely

[SIGNATURE]

Ohio Child and Adult Care Food Program Family Day Care Homes Provider Letter

[INSERT SPONSORING ORGANIZATION LETTERHEAD]

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.

- 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. Please complete and sign the form; report all household income (not only family day care home business income); and provide appropriate records of your income. **Return the completed form and other documentation to: [SPONSOR NAME, ADDRESS, and PHONE NUMBER].**
- 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 submitted income information. 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.
- 7. What if I disagree with the decision about the information I complete on this form?** You should talk to your sponsoring organization.
- 8. 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.
- 9. 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 stamps), 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.
- 10. 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.
- 11. 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 [NAME, ADDRESS, and PHONE NUMBER]. 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-price meals.
- 12. 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) also is 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.

If you have other questions or need help, call [PHONE NUMBER].

Nondiscrimination statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 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 Sincerely,

[SIGNATURE]