

HOUSEHOLD ELIGIBILITY APPLICATION PARENT LETTER FOR CHILD CARE CENTERS

Dear Parent or Guardian:

This child care centers participates in the Child and Adult Care Food Program (CACFP) and receives federal funds to help cover the costs of providing nutritious and well-balanced meals to children. The amount of federal money we receive is based on the information you provide on the attached application. Therefore, your prompt completion and return of this application will be beneficial to your child as well as other children at this facility. Follow the Parent Instructions provided with this letter; the Household Eligibility Application must contain all the needed information before it can be approved.

The USDA has not released the income guidelines, however, if you believe your household income may qualify or a member (child or adult) of your family receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits, your child(ren) may qualify for meal benefits. A foster child may be eligible for meal benefits regardless of your household income. We ask your cooperation in filling out the attached application.

The information you provide on the application will be used to determine your child's eligibility for meal benefits. The information will be kept confidential and only available to staff directly connected with administering the CACFP. Section 6 on the application requires you to sign that section if you do not want your information given to the *All Kids Health Insurance Program*.

HOUSEHOLD INCOME ELIGIBILITY GUIDELINES

Effective From July 1, 2010, Through June 30, 2011
Level for Reduced-Price Meals

<u>Household Size</u>	<u>Annual</u>	<u>Monthly</u>	<u>Twice Per Month</u>	<u>Every Two Weeks</u>	<u>Weekly</u>
1					
2			<i>USDA HAS</i>		
3			<i>NOT</i>		
4			<i>RELEASED</i>		
5			<i>INCOME</i>		
6			<i>GUIDELINES.</i>		
7			<i>ISBE RECEIVED</i>		
8			<i>WAIVER TO LEAVE THIS</i>		
			<i>AREA BLANK</i>		
Each Additional Family Member Add					

If you have any questions, please contact our center.

Sincerely,

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 complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

PARENT INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD ELIGIBILITY APPLICATION

Once properly approved for meal benefits, a child's Household Eligibility Application will remain effective for 12 months.

Complete the Household Eligibility Application for one of the following areas.

- If you receive Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF), follow **Instructions A** below.
- If you care for a foster child, follow **Instructions B** below.
- If you receive income, follow **Instructions C** below.

Instructions A—Households Receiving SNAP or TANF Benefits

If any member (child or adult) of your household receives benefits from SNAP or TANF, provide the following information.

- Number 1—List the names of ALL household members, the age(s) of the child(ren) attending the child care institution, and check the boxes for all household member who do not have an income.
- Number 2—Record a valid SNAP or TANF case number for any member (child or adult) of this family. **Do not list your Illinois LINK card number; it cannot be used.** You may find your SNAP or TANF case number on your medical card or letter of eligibility for benefits.
- Number 5—Provide a signature of an adult household member and date the application. You do NOT need to provide your social security number.
- Number 6—Refer to information below on the *All Kids Health Insurance Program*.
- Your application is complete.

Instructions B—Application for a Foster Child

If you care for a foster child(ren) in your home, complete a separate application for each foster child. A foster child who remains the legal responsibility of the welfare agency or court is considered a household of one. Provide the following information.

- Number 1—List the name and age of your foster child.
- Number 3—Place an X in the foster child box and record only the foster child's personal-use income or write 0 if the child has no personal-use income. **Do not list income you receive for the care of the child.**
- Number 5—Provide a signature of an adult household member and date the application. You do NOT need to provide your social security number.
- Number 6—Refer to information below on the *All Kids Health Insurance Program*.
- Your application is complete.

Instructions C—Households Reporting Income

It is not necessary to complete income information if you provided SNAP or TANF information in Number 2. However, if no one in your household receives SNAP or TANF benefits, please report all household income. The Household Eligibility Application must include the following information.

- Number 1—List the names of ALL household members, the age(s) of the child(ren) attending the child care institution, and check the boxes for all household member who do not have an income.
- Number 4—Provide the names of all household members with sources of income; the current gross income (before deductions) for each member and how often it is received. (Example: \$200/twice a month)
- Number 5—Provide the social security number of the adult household member signing the application. If you refuse to provide the social security number, the application cannot be approved. If the adult does not have a social security number, mark the box, *I do not have a social security number*.
- Number 6—Refer to information below on the *All Kids Health Insurance Program*.
- Your application is complete.

All Kids Health Insurance Program (Section 6 on application)

By signing Section 6, you are stating you do NOT want to share this application information and social security number (when provided) with the Illinois Department of Healthcare and Family Services. Your decision will not affect your child(ren)'s eligibility to participate in the CACFP. If you agree to disclose the application information, it may be used to identify your child(ren) for the health insurance program. If you would like more information on the *All Kids* healthcare program, call 866/255-5437.