HOUSEHOLD ELIGIBILITY APPLICATION
PARENT/GUARDIANS LETTER

Dear Parent or Guardian:

Your day care home provider participates in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP) and receives Federal funds to offer healthy meals and snacks to all of the enrolled children. The amount of reimbursement the day care home provider receives is based on the information you provide on the attached Household Eligibility Application. To receive meal reimbursement payments, your day care home provider must follow menu planning guidelines, keep accurate meal records each day and agree to monitoring visits by our staff while children are in their care.

Your day care home provider will receive a higher rate of reimbursement if your household income meets or is below the Income Eligibility Guidelines listed in this letter or if a member of your family (child or adult) receives Supplemental Nutrition Assistance Program (SNAP); Temporary Assistance for Needy Families (TANF); Women, Infants, and Children (WIC); or other state or federal program benefits for your children. Also, if you care for a foster child that is the legal responsibility of the Department of Children and Family Services (DCFS) or the court, these children are eligible for meal benefits regardless of your household income.

If your income(s) is over the income guidelines on the following page, you are not required to complete this application; however, it would be helpful if you would write your child's name on the application and return it to our day care home provider or mail to the address provided on the enclosed envelope. Please notify us, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the income eligibility standards.

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.

Please note that by signing Number 4 of the enclosed HEA for the Illinois *All Kids* Health Insurance that you are stating you do not want your information shared with the Illinois Department of Healthcare and Family Services. 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 *All Kids*, call toll-free 866/255-5437 or 877/204-1012 (TTY).

Income Eligibility Guidelines
Effective from July 1, 2020, to June 30, 2021

Reduced-Price Meals
185% Federal Poverty Guideline

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
For each additional family member, add	8,288	691	346	319	160

If you have any questions or need help, please contact our day care home provider or sponsoring organization listed below.

Sincerely,

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

PARENT INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD ELIGIBILITY APPLICATION

Once properly approved for meal benefits, a child's Household Eligibility Application (HEA) will remain in effect for 12 months.

Complete the Household Eligibility Application (HEA) for one of the following areas:

- If anyone (child or adult) in your household receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) follows **Instruction A** below.
- If you or a child receives benefits from the Women, Infants, and Children Program (WIC); Low Income Home Energy Assistance Program; or free or reduced-priced meals from the National School Lunch and Breakfast Programs, please follow **Instruction B** below.
- If you have a foster child who remains the legal responsibility of the Department of Children and Family Services (DCFS) or the court, follow **Instruction C** below.
- If you receive income, follow **Instruction D** below.

Instructions A—Households Receiving SNAP or TANF

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 people in your household (such as grandparents, other relatives, or friends who live with you) and the age(s) of the child(ren) attending the day care home.
- **Number 3**—Record a valid SNAP or TANF case number for any member (child or adult) of this household. Do not list your Illinois LINK card number. You may find your SNAP or TANF case number on your medical card or letter of eligibility for benefits.
- **Number 4 (OPTIONAL) —***Illinois All Kids Health Insurance Program*.
- **Number 6**—Provide a signature of an adult household member and date the application.
- Your application is complete.

Instructions B—Individuals receiving WIC or Low Income Home Energy Assistance Program

If any member (child or adult) of your household receives benefits from WIC or Low Income Home Energy Assistance Program, provide the following information:

- **Number 1**—List the names of ALL people in your household (such as grandparents, other relatives, or friends who live with you) and the age(s) of the child(ren) attending the day care home.
- **Number 3**—Identify the individual that is receiving WIC and record a valid WIC case number for that member (child or adult) of this household. If an individual or household is receiving assistance from Low Income Home Energy Assistance Program; or free or reduced-priced meals from the National School Lunch and Breakfast Programs identify the individual that is receiving benefits and mark the Other Extended Categorical.
- **Number 4 (OPTIONAL)—***Illinois All Kids Health Insurance Program*.
- **Number 6**—Provide a signature of an adult household member and date the application.
- Your application is complete.

Instructions C—Application for a Foster Child(ren). A **foster child** remains the legal responsibility of DCFS or the court.

1) If you have a legal document from DCFS or the court for your foster child, please provide a copy; you do not need to complete this application. If you don't have a legal document, follow Step 2 or 3 below.
2) If <u>all children in your household (who attend this day care home) are foster children</u> provide the following information:
   - **Number 1**—List the name(s) and age(s) of your foster child(ren) attending this day care home.
   - **Number 2**—Check the box(es) indicating the child is a foster child(ren).
   - **Number 4 (OPTIONAL)**— *Illinois All Kids Health Insurance Program*.
   - **Number 6**—Provide a signature of an adult household member and date the application.
   - Your application is complete.
3) If you have a <u>foster child(ren) along with other children attending this day care home</u>, please provide the following information:
   - **Number 1**— List the names of ALL household members including the foster child(ren) and the age(s) of the child(ren) attending the day care home.
   - **Number 2**—Check the box(es) identifying the foster child(ren).
   - **Number 4 (OPTIONAL)**— *Illinois All Kids Health Insurance Program*.
   - **Next Go to Instruction D—Households Reporting Income** below and complete Numbers 5 and 6.

Instructions D—Households Reporting Income

It is <u>not</u> necessary to complete income information if you provided SNAP or TANF information in Number 3. 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 and the age(s) of the child(ren) attending the day care home.
- **Number 4 (OPTIONAL)**—*Illinois All Kids Health Insurance Program*.
- **Number 5**—List total gross income (before deductions), not your take-home pay; and the frequency, how often the money is received, for each household member for last month. If the income last month was not the usual amount you normally receive, you may provide a projected amount that better represents your gross income.
  - For ONLY the self-employed, list monthly income after expenses. This is for your business, farm, or rental property.
  - If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- **Number 6**—Provide the last four digits of the social security number for the adult household member signing the application. If you refuse to provide the last four digits of 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*.
- Your application is complete.

CHILD AND ADULT CARE FOOD PROGRAM – HOUSEHOLD ELIGIBILITY APPLICATION FOR PARENT/GUARDIANS OF ENROLLED CHILDREN IN A DAY CARE HOME

1 LIST EVERYONE IN HOUSEHOLD (Children and Adults)

NAME (First, Middle and Last)	Check If No Income	Date of Birth	Ages of Children Enrolled in Day Care Home	**2 FOSTER CHILD** Check box for all foster children that are a legal responsibility of DCFS or the court.
	☐	/ /		☐
	☐	/ /		☐
	☐	/ /		☐
	☐	/ /		☐
	☐	/ /		☐
	☐	/ /		☐
	☐	/ /		☐
	☐	/ /		☐

3 CATEGORICAL ELIGIBILITY FOR FEDERAL OR STATE PROGRAMS

Name of Child: _____

SNAP or TANF Number:

_ _ _ _ _ _ _ _ _ _ _

WIC Number

OTHER CATEGORICAL ELIGIBILITY –

☐ Low Income Home Energy Assistance Program

☐ Other Extended Categorical

4 OPTIONAL—SHARING INFORMATION WITH *ALL KIDS INSURANCE PROGRAM*

May we share your information on this application with *All Kids Insurance Program*, the complete health insurance program for every child in Illinois? If yes, do not sign below.

No, I do not want my information from this application shared with *All Kids Insurance Program*. *Sign here:* _____

5 HOUSEHOLD MEMBERS WITH INCOME—List only the names of individuals living in the household, their gross income, and how often it is received. If a person has a second job, list that income in the last column. After completing, **go to Number 6.**

NAMES (List only individuals with income)	**Earnings from Work** (Gross before Deductions)		**Income from Welfare, Child Support, Alimony**		**Income from Retirement, Pensions, SSI, Social Security**		**Income Received From Savings, Investments, Trust Accounts, and Other Resources**	
	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?
	$ /		$ /		$ /		$ /	
	$ /		$ /		$ /		$ /	
	$ /		$ /		$ /		$ /	
	$ /		$ /		$ /		$ /	
	$ /		$ /		$ /		$ /	

6 Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Number 5 above is completed the adult signing the form must also list the last four digits of his or her social security number or mark the box *I do not have a social security number*.

X X X - X X - _____
Social Security Number

☐ I **do not** have a social security number.

I certify all information on this application is true and all income is reported. I understand the day care provider will get federal funds based on the information I give. I understand the institution, Illinois State Board of Education, or Office of Inspector General, may verify this information on the application. Deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Date	*Printed Name of Adult Household Member*	*Signature of Adult Household Member*	*Address of Adult Household Member*

***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 your child 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 or other FDPIR identifier for your child 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 your child is eligible for free or reduced-price meals, and for administration and enforcement of the Child and Adult Care Food Program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.*

***NON-DISCRIMINATION STATEMENT**: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

SPONSOR REPRESENTATIVE USE ONLY—ELIGIBILITY DETERMINATION—Follow the instructions provided in the Household Income instructions.

Mark one of the boxes below to show how you are going to determine eligibility.

☐ **Categorically Eligible for Federal or State Program**

CONVERSION TABLE
To convert all income to annual income use the following conversion calculations:
Weekly Income x 52
Every 2 Weeks x 26
Twice a Month x 24
Monthly x 12

☐ **Income Household**

Use the conversion table to convert income to total annual income. Total the number of household members from Section 5.

Total Household Annual Income $ _____

Total Household Size _____

☐ Approved for Tier I Meal Rate ☐ Denied ☐

Signature of Representative: _____

Date: _____

**Effective Date of Application:* _____

**Effective Date may be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month in which the child's eligibility is certified.*