



Tiering, Eligibility and Enrollment Forms Training 2023

Illinois State Board of Education

Nutrition Department

CACFP - Day Care Homes

Equity • Quality • Collaboration • Community



Tiering Agenda

- What Is The Difference In Tier I and Tier II
- What Are The Tier I And Tier II Rates
- Order of Tiering

Equity • Quality • Collaboration • Community



What Is The Difference In Tier I and Tier II

- The two-tier reimbursement system was implemented by [Public Law 104-193](#). The reimbursement structure allows higher reimbursement to providers located in low-income areas, and also to providers and children from low-income households.
- Providers receiving Tier I status are paid the highest rate of reimbursement for children enrolled in their day care with qualifying meals.
- Providers unable to receive Tier I qualify as Tier II status and receive the lowest reimbursement for children enrolled in their day care with qualifying meals.
- Once a provider is classified as Tier I, Sponsors should stop any further Tiering efforts, as Tier I classification lasts for 5 years.

Equity • Quality • Collaboration • Community



What Are the Tier Types

- Tier I is equal to the higher per meal reimbursement rate.
- Tier II is equal to the lowest per meal reimbursement rate.
- Tier II High applies when all children are eligible for free - reduced price meals; all eligible meals are reimbursed at the higher Tier I rate.
- Tier II Low applies when no children are eligible for free - reduced price meals; all eligible meals are reimbursed at the Tier II rate.
- Tier II Mixed applies when some, but not all children, are eligible for free - reduced price meals; all eligible meals are reimbursed at a combination of the higher Tier I rate and the Tier II rate.

Equity • Quality • Collaboration • Community



What Are The Tier I And Tier II Rates?

- Rates are issued during July each year by the USDA, effective July 1st through June 30th for each type of food service.
- Fiscal Year 2024 rates per meal service, per child are listed below:

	<u>Breakfast</u>	<u>Lunch/Supper</u>	<u>Snack</u>
Tier I	\$1.65	\$ 3.12	\$0.93
Tier II	\$0.59	\$ 1.88	\$0.25

- <https://www.isbe.net/Pages/Family-Day-Care-Homes.aspx>

Equity • Quality • Collaboration • Community



Order of Tiering

- School Data - Area Eligibility
- Census Data - Area Eligibility
- Income- Household Eligibility Application

Equity • Quality • Collaboration • Community



Tiering by School

Equity • Quality • Collaboration • Community



Area Eligibility By School

7 CFR 226.2(b) "Eligible Area Definition"

(b) For the purpose of determining the tiering status of day care homes, the attendance area of a school in which at least 50 percent of the enrolled children are certified eligible for free or reduced-price meals, or the area based on the most recent census data in which at least 50 percent of the children residing in the area are members of households that meet the income standards for free or reduced-price meals.

Equity • Quality • Collaboration • Community



Qualifying Provider's for Tier I by School Status

- Sponsor should use most recent year Free and Reduced – Priced School Meal Eligibility Data on ISBE Website to compare to provider's address
 - <https://www.isbe.net/Pages/Nutrition-Data-Analytics-Maps.aspx>
- Only school districts with boundaries can be used
- Any school in the district over 50% free and reduced eligibility can be used for approval for Tier I reimbursement rates
- Must contact the school district to determine if the providers address is within the school boundaries
- Adequate documentation of school contact must include the name of the school contact, the telephone number, the date of the contact and the name of the school and school district
- Tiering is good for 5 years



Guidance for Tier I by School Data to Claim Children Residing in the Household

- Provider must complete a Household Eligibility Application (HEA), in order to claim reimbursement for their own children, foster children living with the provider and other children residing with the provider.
 - The household eligibility application must be taken at face value and supporting income documentation is not required.

Equity • Quality • Collaboration • Community



Required Confirmation Of Assigned School

- Fax or letter to sponsor from school official.
- Documented phone call with school official.
 - Phone numbers of schools are provided on the data released by NSLP annually.



School Tiering Documentation Must Include:

- Name and address of provider
- Name and address of school district
- Name and address of assigned school in the provider's attendance area used for the tiering classification
- Date when school was contacted
- Effective date the provider is tiered
- Name and title of person who provided the school information
- Initials of sponsoring organization's staff that contacted school (if contacted by telephone)
- Resulting tier status for that provider

Equity • Quality • Collaboration • Community



Where Is The Free And Reduced School Data To Determine The Tier Of The Provider Located?

- NSLP updates the data and posts annually to NSLP website based on the October claim data received from school districts.
 - Required release by February 15 each year.
- Day care home staff will send out an announcement when the new data is available.
- Child Nutrition Data Analytics and Mapping Tools:
<https://www.isbe.net/Pages/Nutrition-Data-Analytics-Maps.aspx>
 - NSLP data includes other school types, **ONLY** public schools can be used to determine tiering.

Equity • Quality • Collaboration • Community



Re-tiering With School Data

- Tiering is valid for 5 years.
- Must re-tier at 5 years.
- May re-tier provider annually, if provider is Tier II as assigned school data changes to allow more than 50% free and reduced.
 - Community Eligibility Option (CEO) participation by school districts
- A Tier I provider tiered by Household Eligibility Application could be re-tiered if school data changes to allow Tier I status by school.
 - Allows a longer period of time before required re-tiering.

Equity • Quality • Collaboration • Community



Tiering by Census

Equity • Quality • Collaboration • Community



Area Eligibility By Census

CACFP regulation 226.2, *area eligibility* is defined as:

2. *A day care home that is located in a geographic area, as defined by Food and Consumer Services (FCS) based on **census data** in which at least 50 percent of the children residing in the area are members of household which meet the income standards for free or reduced-price meals.*

Equity • Quality • Collaboration • Community



Qualifications For Tiering By Census

- Provider must live in a GEOID that is designated by the annual Census data to be $\geq 50\%$ free and reduced for children up to the age of 18 years.
 - 0-12 Years of age (CACFP)
 - Up to 18 Years of age (**NEW-SFSP**)
 - Indicated as yes in column (d) of the Illinois census data.
- GEOID must be obtained using the **2020** Census Block groups and using the last published free and reduced Census data for the provider's address.

Equity • Quality • Collaboration • Community



What Are The Steps To Census Tiering?

- Step 1-Determine GEOID.
 - Map
- Step 2-Find GEOID on USDA provided census data.
 - To be published annually.
<https://www.fns.usda.gov/area-eligibility> (preferred)
or
<http://www.fairdata2000.com/CACFP/>
- Utilize Weighted Average calculation, if needed.

Equity • Quality • Collaboration • Community



What Makes Up The GEOID code?

- State Code (Illinois=17)
- County Block (3 digits)
- Census Tract (6 digits)
- Block Group (1 digit)
- GEOID is all 12 digits
- State Code, County Code, Census Tract, Block Group



Identifying GEOID

Address: 100 N. First Street, Springfield IL

- State Code (always 17 in Illinois) 17
- County Block (3 digits) 167
- Census Tract (6 digits) 001300

Must create from presented number always assume 2 decimal points (but don't include the decimal point)

- Block (1 digit) 2
- Final Result **17 167 001300 2** or **171670013002**



Utilizing FNS Area Eligibility Mapper

USDA Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE

CONTACT US | REPORT FRAUD | ASKUSDA | USDA.GOV

HOME | PROGRAMS | DATA & RESEARCH | FUNDING | NEWSROOM | RESOURCES | OUR AGENCY

Area Eligibility

HOME

Resource Type
Technical Assistance & Guidance

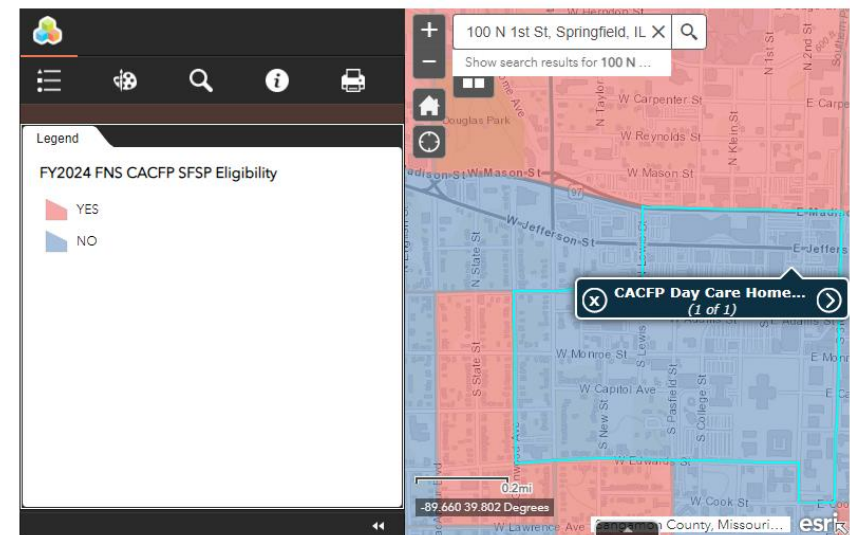
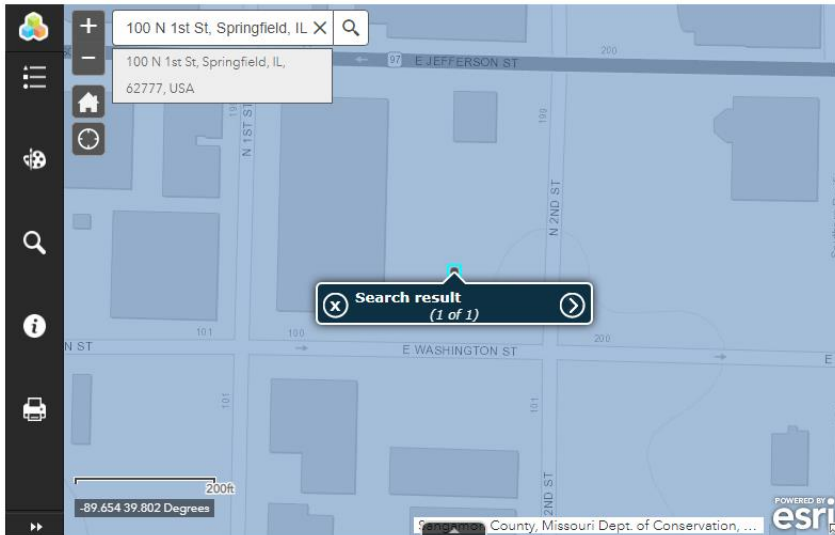
Welcome to the CACFP and SFSP Area Eligibility Mapper. Please zoom in to the map to see the data. This map displays census data and can be used for tiering of participating CACFP day care homes and eligibility of SFSP summer sites. A guide to using this map can be found by clicking on the ⓘ and more information about area eligibility and the data can be found below the map.

[View Larger Map](#) [About Area Eligibility](#) [Developer Tools](#)

Equity • Quality • Collaboration • Community



Utilizing FNS Area Eligibility Mapper

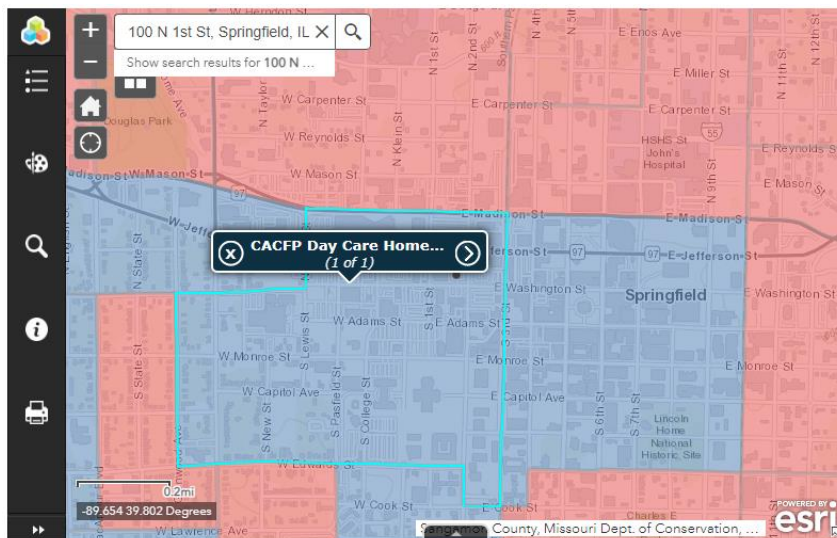


Equity • Quality • Collaboration • Community



Utilizing FNS Area Eligibility Mapper

Identify Census Block



View Census Block Data

(1 of 1)	
CACFP Day Care Home (Tier I) and SFSP Summer Meal Site Eligibility for FY24: 171670013002	
GEOID	171670013002
State	Illinois
FY 2024 Area Eligible?	NO
CBG: Total children (0-18) (Denominator)	145
CBG: Number of children (0-18) eligible for F/RP meals (Numerator)	45
CBG: Percentage of children (0-18) eligible for F/RP meals	31.00
CBG: Total children (0-12) (Denominator)	120
CBG: Number of children (0-12) eligible for F/RP meals (Numerator)	15
CBG: Percentage of children (0-12) eligible for F/RP meals	12.50
Census Tract: Percentage of children (0-18) eligible for F/RP meals	40.40
Census Tract: Percentage of children (0-12) eligible for F/RP meals	38.90



Utilizing FRAC Mapper

Select the latest year's mapper link for Illinois

[CACFP](#)[ESL](#)[Geobase](#)[Socio-Econ](#)[Projects](#)[Racial Profiling](#)[Summer Food](#)[Voter](#)[Registration](#)[PL 94 Data](#)[SF 1 Data](#)[Contact/Uploads](#)[Downloads](#)[More Resources](#)

FY 2023 FRAC SFS/CACFP Mapper

Nationwide FY 23 “Maybe” Block Groups (based on 2020 Census Geography) --

1/7/23 The above link is an address searchable map (modern interface) showing nationwide “Maybe” eligible block groups (about 10,900 block groups are in the “maybe category”).

1/30/23 The links below are address searchable maps showing “yes” and “maybe”. The maps show single or multiple states. Due to file size limitations, a few states with large populations are divided by county.

When zoomed in, click on menu item “Labels” to see a data overlay by block group. Data can also be accessed by clicking on a block group. Click “Background” to switch to Google Earth-like USGS base map.

[Alaska - Hawaii -- FY 23 -- Yes, Maybe Block Groups](#)

[Alabama to Arizona -- FY 23 -- Yes, Maybe Block Groups](#)

[Arkansas to DC -- FY 23 -- Yes, Maybe Block Groups](#)

[California FY 23 Yes, Maybe Block Groups](#)

[Florida FY 23 Yes, Maybe Block Groups](#)

[Georgia to Idaho -- FY-23 -- Yes, Maybe Block Groups](#)

[Illinois --FY23 -- Yes, Maybe Block Groups](#)

Equity • Quality • Collaboration • Community

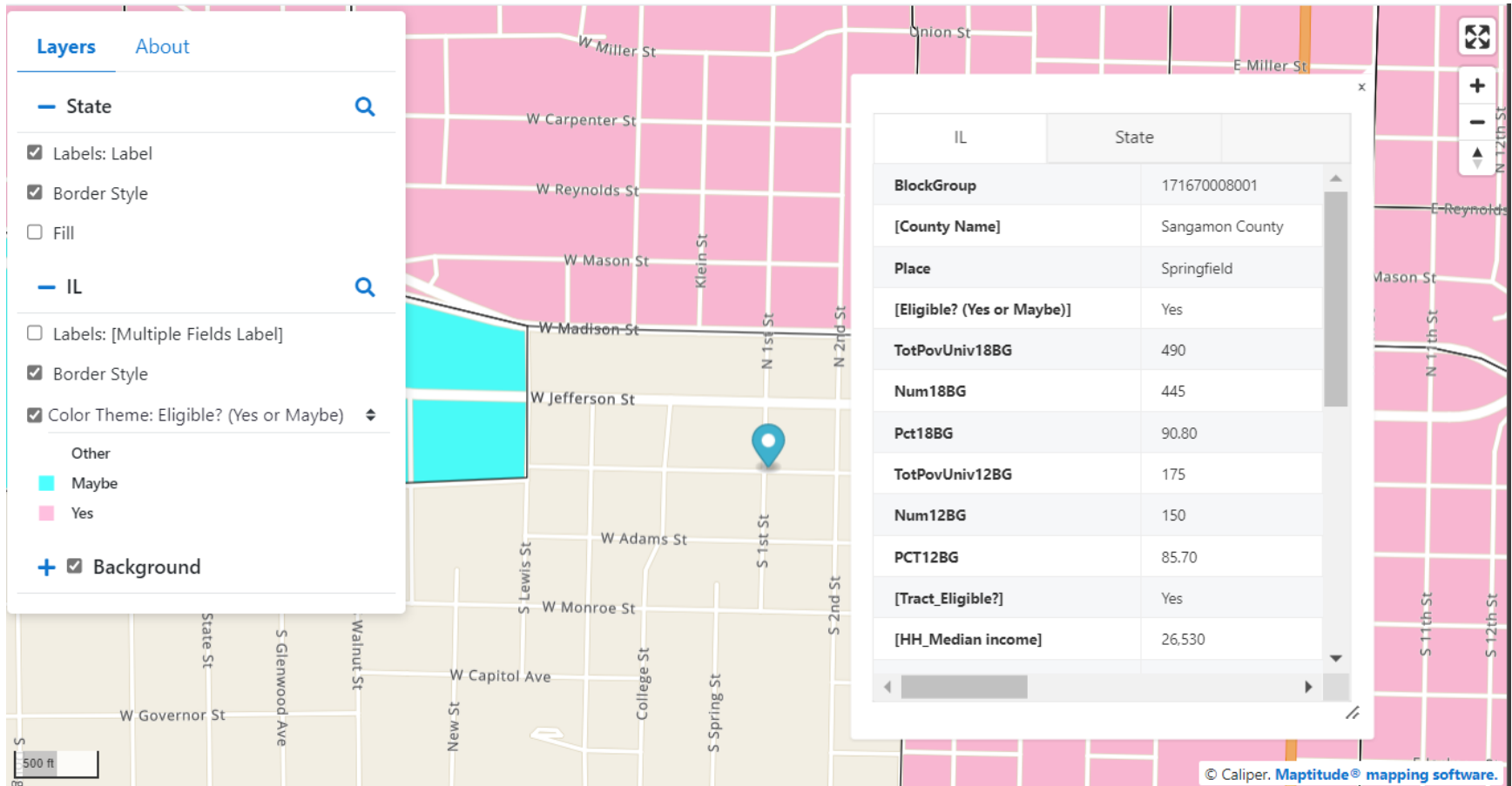


The screenshot displays the Maptitude Online web application interface. At the top, there's a browser address bar showing the URL: <https://online.caliper.com/mas-874-drp-290-ujr/maps/ldbyz...>. The application header includes the Maptitude Online logo and a search bar. The main map area shows a street grid in Springfield, Illinois. A specific area is highlighted in blue with diagonal lines, representing a census tract. The map includes street names like W Jefferson St, W Madison St, and W Washington St. The interface shows a search bar, layers panel, and map controls. The layers panel on the left includes options for State, IL, and Background. The map controls on the right include a search bar, a layers panel, and a map view selector.

25



Utilizing FRAC Mapper



Equity • Quality • Collaboration • Community



Weighted Average

- Use Weighted Average calculation if:
 - The percentage of children eligible for free or reduced-price meals in up to three adjacent CBGs when averaged is 50 percent or more, provided that at least 40 percent of children in each of the combined CBGs are eligible for free and reduced-price meals.



Weighted Average

- The State Agency must review and approve census eligibility when a weighted average calculation is needed.

	A	B	C	D
1	Determining Census Eligibility Using CBG		Sponsor Name	
2	Type of Census Data Used: Fairdata 0-12 year olds		Provider Address	
3				
4				
5	CBG GEOID	Number of Children in Poverty (Numerator) 0-12	Total Number of Children (Denominator) 0-12 year old	Percentage
6	170010102001	25	55	45.45%
7	170679543001	60	105	57.14%
8	170010103001	150	270	55.56%
9	TOTAL	235	430	54.65%
10				



Documentation Of Census Tier

- Note: It is the responsibility of the Sponsor to assure the provider is tiered correctly.
- To document the tiering result using the census, a printout of the address of the provider and GEOID that can be easily traced to the Illinois data for the year tiered, or in the case of Fair Data the block of information showing the address of the provider, GEOID, and free and reduced percentage, are considered adequate documentation.

Equity • Quality • Collaboration • Community



Provider Qualifications for Claiming Residing Children For Census Tiering

- Provider must still complete a Household Eligibility Application (HEA), in order to claim reimbursement for their own children or foster children living with the provider.
 - The income on the HEA does not have to be verified by the Sponsor when a provider qualifies due to census data.



Re-tiering By Census Data

- Tier is valid for 5 years.
- Must re-tier at 5 years.
- Must inform Tier II provider that they may request re-tiering with the release of data annually.
- Sponsor may re-tier provider annually, if provider is Tier II and census data changes to allow qualification as Tier I.
- A Tier I provider tiered by Household Eligibility Application may be re-tiered if census data changes to allow Tier I status by census.
 - allowing longer period of time before required re-tiering.



Tiering By Income

Household Eligibility Application (HEA)

Equity • Quality • Collaboration • Community



Household Eligibility Application (HEA)

CACFP Regulation 226.2

3. A day care home that is operated by a provider whose household **meets the income standards for free or reduced-price meals**, as determined by the sponsoring organization based on a completed free and reduced-price application, and whose income is verified by the sponsoring organization of the home in accordance with 226.23(h)(6).

- [Instructions for Child and Adult Care Food Program Sponsoring Organizations \(isbe.net\)](http://isbe.net)



Provider Letter

<https://www.isbe.net/Documents/67-56A-Prov-Letter-2023.pdf>

HOUSEHOLD ELIGIBILITY APPLICATION FOR PROVIDERS REAPPLYING FOR TIER I STATUS BY INCOME OR FOR CLAIMING MEALS FOR CHILDREN RESIDING WITH THE PROVIDER

Dear Day Care Home Provider:

Our records indicate you were determined Tier I status or claimed Tier I reimbursement based on one of the following qualifications:

- Your day care home qualified for **Tier I based on income information submitted on last year's Household Eligibility Application (HEA)**. In order to continue the Tier I status by income you must complete the attached HEA. To be eligible for Tier I status your household income must meet or fall below the Income Eligibility Guidelines or a member of your household must be eligible to receive Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits.
- Your day care home qualified for **Tier I status due to school or census data and you claimed meals for qualifying children** residing in your household while other children were in attendance. In order to continue to claim qualifying children residing in your household, you must complete the enclosed HEA and return it to our office.
- You claimed **Tier I reimbursement for meals served to a qualifying foster child(ren)**, residing in your household while other children were in attendance. In order to continue to receive Tier I reimbursement for a foster child(ren) residing in your household, you must complete the enclosed HEA and return it to our office.

Please note that by signing Number 4 on the enclosed HEA for the Illinois *All Kids* Health Insurance, 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, 2022, to June 30, 2023

Reduced-Price Meals 185% Federal Poverty Guideline

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
For each additional family member, add	8,732	728	364	336	168

If you have any questions or need help, please contact your sponsoring organization.

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) 632-9892. 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.

ISBE 67-56A Provider (6/22 Effective July 1, 2022)

Equity • Quality • Collaboration • Community



Tiering By Income

- If a provider cannot receive Tier I status by school or census data, then provider may complete a Household Eligibility Application (HEA).



How Is The HEA Measured For Tier I Rates

- The USDA issues income guidelines annually for July 1 to June 30.
 - HEA income and number of members are matched to the income tables for eligibility.
- A Household Eligibility Application (HEA) is valid for a 12-month period.
- The USDA data is usually available in mid-April.
- ISBE provides HEA packets annually in May for use after July 1.



How is Eligibility Determined per HEA

- Household Income
- Foster Child(ren)
- SNAP and TANF

Equity • Quality • Collaboration • Community



Definition Of Income

“Income”, as the term is used in this notice does not include any income or benefits under any Federal programs that are excluded from consideration as income by any statutory prohibition. Furthermore, the value of meals or milk to children shall not be considered as income to their households for other benefit programs in accordance with the prohibitions in section 12(e) of the Richard B. Russell National School Lunch Act and Section 11(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1760(e) and 1780(b)).



Definition Of Income - Continued

Federal Register Vol. 76 No. 58, March 25, 2011

“income” means income before deductions such as income tax, Social Security taxes, insurance premiums, charitable contributions and bonds. It includes the following:

1. Monetary compensation for services, including wages, salary, commissions or fees.
2. Net income from nonfarm self-employment.
3. Net income from farm self-employment.
4. Social Security.
5. Dividends or interest on savings or bonds or income from estates and trusts.
6. Net rental income.
7. Public assistance or welfare payments.



Definition Of Income- Continued

8. Unemployment compensation.
9. Government civilian employee or military retirement or pensions or veterans' payments.
10. Private pensions or annuities.
11. Alimony or child support payments.
12. Regular contributions from persons not living in the household.
13. Net royalties.
14. Other cash income.
 - Cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources that would be available to pay the price of a child's meal.



Basis For Self-Employment Income

- For providers applying to be Tier I by HEA, they need supporting income documentation such a copy of the 1st page of the most recent 1040 tax form. Off the form they will need to refer to line 11 which is the adjusted gross income line, and this will be the total amount of the household's gross income for the year and that's what the sponsors should use to see if the provider qualifies for Tier I.
- The front page of the 1040 will show if there is any income from W-2 wages (line 1) and it will also show any other income off of Schedule 1 (line 8), for all the other different possible incomes from such as a Schedule C, Rental income, or Farm income, etc. So line 11 is all the household's reported adjusted gross income and that's what the sponsor should use. No other documentation is needed.



Basis For Self-Employment Income

- Food Program reimbursement is not included in this calculation, but meal costs must be reduced by reimbursement prior to including the cost in the net income calculation
- Zero Base Income cannot be less than zero
- New providers with no income for prior months may use zero income for their daycare business net income calculation



Determining Eligibility: Daycare Home HEA

- **Parent/Guardian Responsibilities:**
 - Section 1: Names of ALL household member
 - Section 5: Names of ALL household members with income
 - Section 6: Last 4 of SSN **or** check “I do not have a SSN” AND signature of the adult household member

CHILD AND ADULT CARE FOOD PROGRAM – HOUSEHOLD ELIGIBILITY APPLICATION FOR DAY CARE HOME PROVIDER

1 LIST EVERYONE IN PROVIDER'S HOUSEHOLD (Children and Adults)

NAME (First, Middle and Last)	Check If No Income	Date of Birth	Ages of Providers Children	2 FOSTER CHILD Check box for all foster children that are a legal responsibility of DCFS or the court.
	<input type="checkbox"/>	/ /		<input type="checkbox"/>
	<input type="checkbox"/>	/ /		<input type="checkbox"/>
	<input type="checkbox"/>	/ /		<input type="checkbox"/>
	<input type="checkbox"/>	/ /		<input type="checkbox"/>
	<input type="checkbox"/>	/ /		<input type="checkbox"/>
	<input type="checkbox"/>	/ /		<input type="checkbox"/>
	<input type="checkbox"/>	/ /		<input type="checkbox"/>

3 SNAP or TANF CASE NUMBER
Skip if foster child.
Provide one SNAP or TANF case number for any child or adult in your household. Do NOT use LINK card number. If completed, skip to Number 6. Do not list foster child.

Name of Child or Adult: _____

SNAP or TANF Number (9 digits) _____

WIC Number _____

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 Must check only one box.
☐ I am a provider applying to claim my own children and qualify for Tier I status.
☐ I am a Tier I provider based on school or census data applying to claim my own children.
☐ I am a provider with no children applying for Tier I status.

7 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 amount of federal funds received will be 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 _____

Equity • Quality • Collaboration • Community



Completed HEA Submitted By Provider

- Names of all individuals in the household
- All income received in the prior month by each member of the household and the source of the income.
- All documents for income have been sent to sponsors.



Determining Eligibility: Household Income

- **Sponsors Responsibilities:**
- Complete Section A
 - Total Income & how often
 - Number in household
 - Designation of category and indicate how determined
- Complete Section B
 - Signature of Determining Official
 - Date when application was approved

Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or 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.		<input type="checkbox"/> Approved to Claim Foster Child's meals at Tier I Rate		<input type="checkbox"/> Approved Tier I Status/Claim Providers Own Children (if applicable)	<input type="checkbox"/> Denied
<input type="checkbox"/> SNAP/TANF Household	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 _____				
CONVERSION TABLE To convert all income to annual income use the following conversion calculations: Weekly Income x 52 = Every 2 Weeks Weekly Income x 26 = Twice a Month Monthly Income x 12 = Monthly		Signature of Representative: _____ Date: _____ Effective Date of Application: _____ <small>*Effective Date may be made retroactive back to the first day the provider participates in the CACFP as long as it occurs in the same month in which the provider's eligibility is certified.</small>			

ISBE 67-56A Provider (6/22) Effective July 1, 2022



Determining Eligibility – SNAP/TANF Benefits

- Parent/Guardian responsibilities:
 - **Section 1:** Names of ALL household members
 - **Section 3:** 9 digit SNAP or TANF number of a household member of the household
 - HEAs cannot be accepted with Medicaid numbers. Persons receiving Medicaid benefits only that are NOT directly certified for meal benefits- must complete an income application.
 - **Section 6:** Signature

1. All Household Members			2. FOSTER CHILD		3. SNAP OR TANF CASE NUMBER	
NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last		Ages of Children at Center	FOSTER CHILD Foster children are a legal responsibility of DCFS or court. If all are foster children, skip to Section 6.		SNAP OR TANF CASE NUMBER Skip to Part 6 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below.	
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

4. Homeless, Migrant, or Runaway

☐ Homeless ☐ Migrant ☐ Runaway ☐ Head Start

Signature of Homeless Liaison, Migrant Coordinator, or Head Start Director _____ Date _____

5. Total Household Gross Income (before deductions) You must tell us how much and how often.

GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 twice a month; \$100 every other week; \$100/week)

NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	Earnings From Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
I. _____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
II. _____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
III. _____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
IV. _____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
V. _____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____

6. Signature and Social Security Number (Adult must sign)

All adult household member must sign the application. If Section 5 is completed or if zero income is listed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.

I certify all information on this application is true and all income is reported. I understand the center 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 _____

Equity • Quality • Collaboration • Community



Verification Of HEA By Sponsor

- Written Evidence
- Collateral Contacts
- Agency Records



Agency Records

- Sponsoring organization may request an eligibility statement from other agencies to establish the categorical eligibility of providers.
 - Other Federal Assistance programs
 - Other Federally Assisted State programs
 - Direct Certification is not currently allowable in the CACFP



Required Documentation For HEA

- The Sponsoring Organization must keep a record of the source of information used to verify the provider's household to include or categorical eligibility.
 - All documents submitted by the household.
 - Photocopies of the documents.
 - If above are unavailable or illegible, a written record to include:
 - the type of document.
 - income shown on document.
 - time period of the income.
 - date of document.
 - If verified by other agencies or collateral, verification must be documented and retained.
- Documentation to be kept on file until 3 years after end of the year of the tier period or longer if ongoing audit or investigation.

Equity • Quality • Collaboration • Community



Tier I by HEA - Renewal Requirements

- Once HEA is validated by the Sponsor, the Tier 1 result is good for 1 year
- HEA must be evaluated **annually** for each HEA Tier I provider
- This Eliminates:
 - Temporary approvals
 - Changes in household income during the year



Tier I by HEA - Renewal Requirements

- Re-tiering of Providers with changing income due to temporary income or assistance changes during the years even when known **does not** require re-tiering.
- Re-tiering is required annually by the end of the month following the anniversary date of the prior tiering of the provider.
- Provider may be re-tiered by School data or Census, if provider qualifies when new data is released.
 - If provider is re-tiered as a Tier I by school data or census, extends re-tiering anniversary to 5 years.
- If a provider's household income changes, the provider may request a re-tiering by HEA.



Special Note About Re-tiering Before Anniversary Date

- Re-tiering earlier than anniversary of the HEA **MUST** benefit the providers tiering status. Therefore, annual re-tiering for HEA must occur within a reasonable time prior to the anniversary date.



Tier II Options

Equity • Quality • Collaboration • Community



Tier II Classifications

- **Tier II High-** Providers who are unable to receive Tier I rates for their household, but all the children in the provider's care qualify for Tier I reimbursement.
- **Tier II Mixed-** Providers who are unable to receive Tier I rates for their household but some (not all) children in the provider's care qualify for Tier I reimbursement.
- **Tier II Low-** Providers who are unable to receive Tier I rates for their household and no children in the provider's care qualify for Tier I reimbursement.
 - **Or** provider does not choose to take household eligibility application for children in their care.



Tier II With Higher Reimbursement

- Although a provider does not qualify for the higher rate of reimbursement (Tier I), the children that come to the providers daycare may. This will still give the provider the benefit of higher reimbursement for the children they are caring for who qualify for Tier I status.
- This provider must **choose** to take HEA statements for children in their care.
- A Tier II provider is never able to claim his/her own children for reimbursement.
- A foster child living with the provider is always categorically eligible for Tier I status if the provider submits a HEA.



Qualifications for the Enrolled Children of Tier II Providers

- To qualify for the higher tier for the children in care, (not provider's own) the provider must have documentation (HEA) to validate the child's status.
 - Documentation of SNAP or TANF or Food Distribution Program on Indian Reservation (FDPIR), Migrant workers .
 - HEA completed by parent/guardian of the child's household.
 - **New** CACFP 17-2011, HEA information **may** be returned to the sponsor by the provider.
 - A child that is documented as a foster child is categorically eligible.
 - If foster child resides with the provider, meals can only be claimed **if** there are outside children present and a HEA has been submitted by the provider.
- The completed HEA does not have to be verified for children enrolled in a Tier II provider day care.



Requirements For Collection Of HEA By Tier II Providers

- The Tier II provider must disclose:
 - The household is not required to complete the household eligibility application in order for their children to participate in the CACFP.
 - Households have the option if they choose to complete the household eligibility application and submit by either:
 - Returning the form directly to the sponsor at the address indicated on the form.
 - Returning the form to the provider with written consent allowing the provider to collect the form and transmit it to the sponsor on the household's behalf.



Sponsor Requirements

- Develop written procedures to explain how the sponsoring organization (SO) accomplishes all tasks for each tiering method for the sponsor's current file.
- Must maintain a computerized or manual tracking system that tracks the expiration date for each provider at the required re-tier time for the individual provider's tiering method.
- Must maintain verification (documentation) in the provider's file to support the provider's tiering method.
- Must notify the provider in writing of their tiering status immediately.



Sponsor Responsibility To The Tier II Provider

- The sponsor should attempt retiering of Tier II providers when new data (school or census) becomes available to give the provider the benefit of the higher reimbursement.
- At the release of new census data annually, the sponsor must inform Tier II providers they may request re-tiering.



Retention of Tiering Documentation

- Tiering information for the provider must be kept for three years after the year the tiering determination is no longer valid.
 - longer if pending an ongoing audit or investigation.



Providers Who Have Foster Children

Equity • Quality • Collaboration • Community



Determining Eligibility: Foster Child

- **Parent/Guardian responsibilities:**
 - Section 1: Names of ALL household members
 - Section 2: Check box if Foster Child
 - **Section 5 (depends):** If non-foster children attend the facility, must complete household income
 - Section 6: Signature
 - **If non-foster children** attend the facility, must have either Last 4 of SSN **or** check “I do not have a SSN”

CHILD AND ADULT CARE FOOD PROGRAM – HOUSEHOLD ELIGIBILITY APPLICATION FOR DAY CARE HOME PROVIDER

1 LIST EVERYONE IN PROVIDER'S HOUSEHOLD (Children and Adults)				2 FOSTER CHILD	3 SNAP or TANF CASE NUMBER
NAME (First, Middle and Last)	Check If No Income	Date of Birth	Ages of Provid- ers Children	Check box for all foster children that are a legal responsibility of DCFS or the court.	Skip if foster child. Provide one SNAP or TANF case number for any child or adult in your household. Do NOT use LINK card number. If completed, skip to Number 6. Do not list foster child.
	<input type="checkbox"/>	/ /		<input type="checkbox"/>	Name of Child or Adult:
	<input type="checkbox"/>	/ /		<input type="checkbox"/>	SNAP or TANF Number (9 digits)
	<input type="checkbox"/>	/ /		<input type="checkbox"/>	-----
	<input type="checkbox"/>	/ /		<input type="checkbox"/>	WIC Number
	<input type="checkbox"/>	/ /		<input type="checkbox"/>	
	<input type="checkbox"/>	/ /		<input type="checkbox"/>	
	<input type="checkbox"/>	/ /		<input type="checkbox"/>	
	<input type="checkbox"/>	/ /		<input type="checkbox"/>	
	<input type="checkbox"/>	/ /		<input type="checkbox"/>	

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.



Determining Eligibility: Foster Child

Sponsor Responsibilities:

- Complete Section A
 - **Foster Only:** Check box for free and foster child
 - **Non-Foster children:** determine eligibility based on income & HH size & document eligibility (F, R, D)
- Complete Section B
 - Signature of Determining Official
 - Date when application was approved

The form is titled "CHILD CARE REPRESENTATIVE USE ONLY" and "Eligibility Determination - Complete Sections A and B Below". It is divided into two main sections: SECTION A and SECTION B. SECTION A contains fields for "TOTAL INCOME \$", "Per:" (with options for Week, Every 2 Weeks, Twice a Month, Month, Year), and "NUMBER IN HOUSEHOLD:". It also has checkboxes for "Free based on:" (foster child, sibling or foster, homeless) and "Reduced based on:" (household's income, migrant, runaway, household's income, Head Start). There is a "Denied - Reason:" section with checkboxes for "income too high", "incomplete application", and "Non-qualifying SNAP/TANF". SECTION B contains fields for "Signature of Determining Official:" and "Date:". Green arrows point to the "Free based on:" checkbox, the "Reduced based on:" checkbox, the "Denied - Reason:" section, and the "Signature of Determining Official:" field.



Claiming Providers Own Children

Equity • Quality • Collaboration • Community



Claiming Provider's Own Children

- Providers may receive reimbursement for their own children of the age 12 and under, **if**:
 - The provider qualifies for Tier I status and completes an HEA.
 - Outside children are present and participating in meal service.
 - Meals follow all CACFP meal requirements.
- Provider may receive reimbursement for a foster child residing with the provider, regardless of the provider's tier, **if**:
 - Outside children are present and participating in meal service.
 - Only foster child may receive Tier I rates for Tier II provider.
 - Meals follow all CACFP meal requirements (previous slide).



PDF Resources and Documents



SP08_CACFP04_SFSP03-2017os_Area Eligibility.pdf



Tiering QA.pdf



Sponsor Instructions for Household Eligibility Application 2023.pdf



Tiering_1997-1-24.pdf



census_geoid_inst_IL.pdf



Tiering_CACFP08-2007os.pdf



THANK YOU!

Illinois State Board of Education
Nutrition Program
100 North First Street
Springfield Illinois 62777-0001