

CACFP DAY CARE HOME FORMS

Prepared by
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Miscellaneous Forms

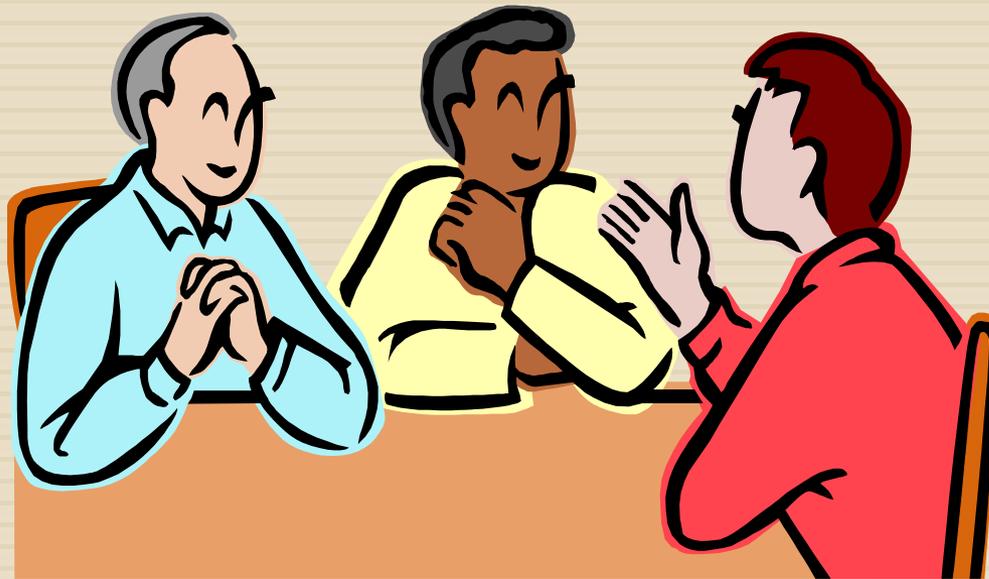


- Enrollment Form
- Site Sheet
- Training Log
- Household Income Eligibility Application

What makes a good form?

- Name of the form
- Date that the form was created or updated
- Name of Organization
- Agreement Number
- Spaces allow enough room for requested information
- All forms must have instructions

Group Exercise



Enrollment Form Must Contain:

- Organization's name, address, and agreement number
- Provider's name and address
- Fiscal year
- Full name of enrolled children
- Indication of provider's own child
- Indication of foster child residing in provider's home
- Birth date and age of child residing in provider's home

Enrollment Form Must Contain:

(continued)

- Days of the week child is in care
- Time each child arrives and leaves
- Meal types each child will be served
- Information explaining the CACFP
- Signature, date, and telephone number of parent/guardian
- Racial ethnic categories
- Civil rights clause and complaint procedures



Provider Training Log

Supporting Documentation

- ISBE requires two hours of annual training per provider
- Need to maintain a training log
- Must have samples of training, etc. [Examples: sample tests, internet sites, newsletters]
- Certificate of training at provider's home

CACFP 226.15 (d) and (e) (11)

- Sponsors must maintain records and training documents:
 - Dates of the training
 - Type of training
 - Location
 - Amount of time
 - Agendas
 - Start date of provider

CACFP Regulations Require Providers to Know Program Requirements

- How to follow meal claims and recordkeeping requirements
- Demonstrates knowledge of meal requirements/limitations as outlined in the Provider agreement
- Must notify sponsor of changes to their meals, license, etc.
- Comply with Civil Rights requirements

Provider Site Sheet

Revised on 6/10

Form number is ISBE 68-49



FISCAL YEAR		AGREEMENT NUMBER		ILLINOIS STATE BOARD OF EDUCATION Nutrition Programs Division 100 North First Street, W-270 Springfield, Illinois 62777-0001 Child and Adult Care Food Program SITE INFORMATION - DAY CARE HOME															
ISBE USE ONLY	SITE NUMBER																		
NAME OF SPONSORING ORGANIZATION																			
<input type="checkbox"/> DAY CARE HOME PROVIDER TRANSFER AT END OF FISCAL YEAR ONLY				NAME OF SPONSOR PROVIDER HAS TRANSFERRED FROM															
I. SITE INFORMATION	1. NAME (First, Middle, Last) AND ADDRESS (Street, City, State, Zip Code)				2. MAILING ADDRESS (Street, City, State, Zip Code) (If mailing address is the same as in 1., leave blank)														
	3. COUNTY		4. TELEPHONE NUMBER (Include Area Code)		5. FAX NUMBER														
	6. E-MAIL ADDRESS																		
II. APPLICATION	7. PERIOD OF OPERATION		8. DCFS/MILITARY INFORMATION		9. TYPE OF HOME		10. LICENSE CAPACITY		11. ISBE/IDHS DATA ID.										
	BEGINNING DATE ____/____/____ CLOSING DATE ____/____/____		LICENSE EXPIRATION DATE ____/____/____ LICENSE NUMBER _____ <input type="checkbox"/> Check box for license exempt by military.		<input type="checkbox"/> DAY CARE HOME <input type="checkbox"/> EXTENDED DAY CARE HOME <input type="checkbox"/> GROUP DAY CARE HOME		DAY _____ EXTENDED _____ NIGHT _____		_____ IDHS CHILD CARE SUBSIDY NUMBER _____										
DETAILS	12. OPERATING DAYS PER WEEK							13. DAYS OF SERVICE: Provide the exact number of days food service is offered each month.											
	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.
14. CURRENT ENROLLMENT				15. FOOD SERVICE DATA							16. HOURS OF OPERATION (Cannot exceed DCFS license hours of operation.)								
Own children (residing in home)				SERVING TIME (Two hours required between meals.)															

III. PROGRAM DE			SHIFT	Breakfast	A.M. Snack	Lunch	P.M. Snack	Dinner	Evening Snack	DAY	OPEN
	_____	(residing in home under the age of 13)									
	_____	Foster children (residing in home under the age of 13)	First Serving	Begin:							_____
	_____	Outside Children		End:							_____
_____	TOTAL ENROLLMENT	Second Serving	Begin							NIGHT	OPEN
			End:								_____
											CLOSE

17. TIER INFORMATION - Select only one

 Tier I School
 Tier I Census
 Tier I Household Income
 Tier II All Lower
 Tier II Mixed
 Tier II All Higher

SCHOOL DISTRICT DATA

To determine if your day care home will receive Tier I or Tier II reimbursement by school data, the following must be completed.

A. NAME AND ADDRESS OF THE PUBLIC SCHOOL DISTRICT YOUR CHILD ATTENDS (Street, City, State, Zip Code)* (MUST COMPLETE)

B. NAME AND ADDRESS OF THE PUBLIC ELEMENTARY SCHOOL WITHIN THAT DISTRICT YOUR CHILD ATTENDS (Street, City, State, Zip Code)* (MUST COMPLETE)

TELEPHONE (Include Area Code) _____

TELEPHONE (Include Area Code) _____

VERIFICATION OF SCHOOL ATTENDANCE AREA

APPROVED: Yes No

_____ Date of Contact

_____ Name of Contact Person

* If your child attends a nonpublic school or if you do not have children, state the name and address of the public school district and elementary school that your child would have been assigned.

CERTIFICATION BY PROVIDER

I certify the above is true and correct and I understand this information is provided in connection with the receipt of federal funds and deliberate misrepresentation may result in state or federal prosecution. I will follow all rules and regulations governing participation in the Child and Adult Care Food Program for which application is made. The Sponsor/Provider also acknowledges the contents of the attached agreement [ISBE 68-49A] and accepts all conditions and obligations as contained therein.

_____ Date

_____ Signature of Provider

_____ Date

_____ Signature of Sponsoring Organization Representative

Introduction Visit Form

- Make sure that you ask if the provider has been in the program before
- You provide a check list of all start up training materials
- Signature for representative and provider
- Check off to ensure Sponsor-Provider Agreement is covered

Sponsoring Organizations Recruiting Requirements

- When a new provider is contacted, staff must ask the provider if they have been contacted by another sponsor before discussing program information.
- If the provider says yes and they have an appointment on a certain date with another sponsor, the monitor says thank you and hangs up.

Sponsoring Organizations Recruiting Requirements (continued)

- At the introductory review, staff must explain all program requirements to the provider.
- Must make clear the Sponsor-Provider Agreement is a contract and after signing this contract the provider becomes part of their organization.

Sponsoring Organizations Recruiting Requirements (continued)

- If the provider is undecided, the monitor cannot insist the provider sign the sponsor/provider contract.
- Providers can sign with a sponsor prior to their licensure. Must have contact once a month.

Sponsoring Organizations Recruiting Requirements (continued)

- Sponsor must review the weekly license reports to see when the providers receive their license.
- When licensure is identified, the provider's site information can then be submitted to ISBE.

Weekly Start Dates

- As result of a request from several sponsoring organizations.
- Starting October 1, provider may start on any Tuesday of the month that is not a holiday.
- Provider will no longer start on the 1st and 15th of the month unless it is a Tuesday.

Household Income Eligibility Application (HIEA)

Household Income Eligibility Application For
Parents/Guardians Of Enrolled Children In A
Day Care Home (ISBE 67-56) 6/17/10

Household Income Eligibility Application For Day
Care Home Provider (ISBE 67-56A) 6/17/10

Latest News

- The updated Poverty Guidelines issued August 3, 2010, by the Department of Health and Human Services do not represent a change in the IEGs for the Child Nutrition Programs.
- Therefore, in making eligibility determinations for free and reduced price meals for School Year 2010-11, schools and institutions should continue to utilize the 2009-2010 IEGs.

HOUSEHOLD INCOME ELIGIBILITY
APPLICATION FOR PARENTS/GUARDIANS OF ENROLLED CHILDREN IN A DAY CARE HOME

1 LIST EVERYONE IN HOUSEHOLD, CHILDREN AND ADULTS

List all household members, children's ages and mark box if no income.

NAME (First and Last)	DATE OF BIRTH	AGES OF CHILDREN	CHECK IF NO INCOME
	/ /		<input type="checkbox"/>
	/ /		<input type="checkbox"/>
	/ /		<input type="checkbox"/>
	/ /		<input type="checkbox"/>
	/ /		<input type="checkbox"/>
	/ /		<input type="checkbox"/>
	/ /		<input type="checkbox"/>

2 CATEGORICAL ELIGIBILITY FOR FEDERAL OR STATE PROGRAMS

PROVIDE A SNAP, WIC, OR TANF CASE NUMBER FOR ANY MEMBER (ADULT OR CHILD) OF THIS SAME HOUSEHOLD.
 Do not use LINK card number.

3 OTHER CATEGORICAL ELIGIBILITY—If you or your child receives benefits from one of the following state or federal programs. Identify by checking the appropriate box and providing required documentation. After completing, skip to Section 6.

- Low Income Home Energy Assistance Program (attach a letter of eligibility to program)
- Free or reduced-priced meals in National School Lunch and/or Breakfast Program (attach a letter of approval by school)

4 FOSTER CHILD Check here if applying for a foster child.

Complete a separate application for each foster child. A foster child is the legal responsibility of the welfare agency or court and resides in your home. List only the child's monthly personal use income. Write "0" if child has no personal use income.
 After completing, skip to Section 6. \$ _____

5 HOUSEHOLD MEMBERS AND THEIR INCOME—(Skip to Section 6 if you provided a SNAP or TANF case number.)

- List the names of everyone living in the household, related or non-related.
- By the name of the household member, list gross income (amount before tax deductions) then state how often they are paid. Make sure you list all income earned, and other cash income received or withdrawn from any other source, including savings, investments, trust accounts, and other resources.
- Self-employed individuals, such as day care home providers, may report their net income from their IRS Form 1040, Schedule C, for how often, state annually.

NAMES (List Only Individual's With Income)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	Gross Income/Self Employed Net Income		Welfare, Child Support, Alimony		Pensions, Retirement, SSI, Social Security		All Other Income and Benefits for Worker's Compensation, Strikes, and Unemployment	
	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?
	\$	/	\$	/	\$	/	\$	/
	\$	/	\$	/	\$	/	\$	/



	How Much?		How Often?		How Much?		How Often?		Unemployment	
	\$	/	\$	/	\$	/	\$	/	\$	/
	\$	/	\$	/	\$	/	\$	/	\$	/
	\$	/	\$	/	\$	/	\$	/	\$	/
	\$	/	\$	/	\$	/	\$	/	\$	/
	\$	/	\$	/	\$	/	\$	/	\$	/

6 SOCIAL SECURITY NUMBER AND SIGNATURE—An adult household member must sign the application. If Section 5 is completed above, the adult signing the form must also list his or her social security number or mark the *I do not have a social security number* box.

I certify all information is true and correct and that all income is reported. I understand this information is being given for the receipt of federal funds. 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.

_____ Social Security Number
 I do not have a social security number.

_____ Date _____ Printed Name of Adult Household Member _____ Signature of Adult Household Member

_____ Home Telephone Number _____ Work Telephone Number _____ Home Address (Number, Street, City, Zip Code)

7 ALL KIDS HEALTH INSURANCE PROGRAM—All Kids offers affordable health insurance for children, and your child(ren) may qualify. We will share your application information with All Kids unless you do not want us to. If you **DO NOT** want us to share this information, sign here.

 Signature of Parent of Legal Guardian

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 annually income use conversion calculations.

Weekly Income x 52
 Every 2 Weeks x 26
 Twice a Month x 24
 Monthly Income 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

Effective Date of Application _____

Signature of Representative → _____

TEMPORARY APPLICATION

Review Application in 45 Days →

Approved for Tier I Meal Rate

Denied

Until _____
 (Date)

FY11 changes to HIEA

- Extended Categorical Eligibility will now allow Tier I rates for children who are members of the household receiving assistance under the Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance to Needy Families (TANF) Program.
- The policy states a valid SNAP or TANF case number now allows **ALL children** in the same family to be automatically eligible for higher reimbursement rates.
- The SNAP or TANF case number can belong to any member of the family, a child or an adult.
- The USDA definition for *family* means a group of related or nonrelated individuals, who are not residents of an institution or boarding house, but who are living as one economic unit.

FY11 changes to HIEA

- The application has been changed to require all household members to be listed in Section 1 and to list the SNAP or TANF number in Section 2, if applicable.
- Section 4, now only requires listing the household members names if they have income.
- Ensure that if a client marks no income that a Social Security Number is still provided and the application is still signed.

FY11 changes to HIEA

- The application has been changed to require all household members to be listed in Section 1 and to list the SNAP or TANF number in Section 2, if applicable.
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