

**OHIO CHILD AND ADULT CARE FOOD PROGRAM  
CHILD CARE CENTER COMPONENT  
SPONSOR INSTRUCTIONS FOR INCOME ELIGIBILITY APPLICATION**

**FY 2011 - 2012 Fiscal Year  
Effective July 1, 2011 through June 30, 2012**

**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. CACFP reimbursement assists agencies participating in the program to provide children with well-balanced, nutritious meals and snacks. Three meal rate categories of free (highest), reduced, and paid (lowest), have been established to direct greater assistance to sponsoring centers serving higher enrollments of needy children. Food reimbursement levels are affected by the number of children categorized as free, reduced, or paid enrollments.

**DISTRIBUTION OF INCOME ELIGIBILITY APPLICATION  
FOR FREE AND REDUCED-PRICE MEALS:**

It is not a requirement to distribute the Household Letter and Income Eligibility Application for free and reduced-price meals for the following programs:

1. Homeless, Domestic Violence or Emergency Shelters;
2. After School At Risk Programs; and
3. Federally funded Head Starts

**When receiving CACFP assistance, participating institutions must choose to either collect family size and income data for all members of the household or Food Assistance or Ohio Works First (OWF) case numbers from families of enrolled children OR not to collect this information. If the choice is made not to collect the information, the institution will automatically receive the reimbursement rate established for the paid (lowest) enrollment category for all enrolled children. If the choice is made to collect the information, the institution must give the Ohio Child and Adult Care Food Program Income Eligibility Application for Free and Reduced-Price Meals and Household Letter to the family of each enrolled child. Parents/guardians have the option to complete the application or not. In order for any child to be claimed for free or reduced-price benefits, the institution must have a completed application containing all required information on file with the agency. Any family whose income is above the reduced-price guidelines, an application does not need to be returned.**

**In other words, CACFP sponsors cannot require parents/guardians to complete the Income Eligibility Application. Parents have the option to complete the application. However, the CACFP sponsor must provide the form to all families if the center will be claiming any child in the free or reduced enrollment categories. If parents choose not to complete and return the application, the child is claimed in the paid enrollment category.**

## **CATEGORIZING INCOME ELIGIBILITY FORMS AS FREE, REDUCED OR PAID:**

Free or reduced forms are qualified by having parents or guardians complete PARTS 1, 2, and 4 or PARTS 1, 3, and 4 of the Ohio Child and Adult Care Food Program Income Eligibility Application for Free and Reduced Price Meals. The asterisks (\*) on the form indicate information that must be completed.

### **PART 1: Child Information**

**Name/Age/Birth Date** - List only the child(ren) who is enrolled for child care at the center and their age and birth date.

**Foster Children** – 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 by two options.

- Option 1 – Income Eligibility Application: Part 1 (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 no longer have 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 that includes 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 or 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. Please note that 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 to obtain 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 household by a court. Certification documentation is to be kept on file in lieu of application.

### **PART 2: Households Receiving Food Assistance or OWF**

**Food Assistance** - A household receiving Food Assistance (formerly Food Stamps) need only provide the current 10 to 12-digit case number and the signature of an adult member of the household and date in Part 4. A child qualifying in this manner must be a member of the Food Assistance household. The child is then approved in the free category.

**Ohio Works First (OWF)** - The OWF 10 to 12-digit case number of the enrolled child and the signature of an adult household member and date in Part 4 are required. The child is then approved in the free category.

*NOTE: The case number or identification number on county payment rosters or vouchers may not be Food Assistance or OWF case numbers. It is recommended that sponsors contact their county Job & Family Services specialist to determine the validity of Food Assistance or OWF case numbers.*

### **PART 3: Total Household Size, Total Household Gross Income/How Often It Was Received**

**Household Size** - List the names of all household members including all children who attend the center, whether they receive income or not. If additional space is needed to list all household members, 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 of its members. 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 considered to be a member of the household.
- **Child attending an institution:** a child who attends but does not reside in an institution is considered 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 considered to be 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 of time 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 (including children), check box if that person has no/zero income. If additional space is needed to list all household members, attach an additional sheet of paper.

**Household Income and How Often It Was Received** – If a valid food assistance or OWF case number is not entered in Part 2 then 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 last month prior to application and list how often the money was received (weekly, every other week, twice a month, monthly, yearly). 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 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, the following income conversions must be used: Weekly income X 52, Bi-weekly (every other week) income X 26, Semi-monthly (twice a month) income X 24, Monthly income X 12. If household member normally gets overtime, include it, but not if you only get it sometimes.

Income and how often it was received must be reported in these designated columns:

- Column 1 Earnings from work: Wages, salaries, tips, and commissions. For only the self-employed, report income after expenses (net income).
- Column 2 Welfare payments/child support/alimony: Public assistance payments, welfare payments, alimony, and child support payments. Food Assistance benefits should not be reported.
- Column 3 Pensions/retirement/social security/SSI/VA: Pensions, retirement income, Social Security, Supplemental Security Income (SSI), Veteran's (VA) payments and disability payments.
- Column 4 All Other income: Worker's 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: Such as bank loans, since these funds are only temporarily available and must be repaid.
- The value of in-kind compensation: Such as military on-base housing or any other noncash benefit.
- Occasional earnings: Received on an irregular basis and 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 by the receiving household. However, any money paid out for alimony or child support may not be deducted from a household's reported gross income.
- Child's income: The earnings of a child who is a full-time or regular part-time employee must be listed 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. 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 can be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also 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 4 Digits of Social Security Number** - An adult member of the household must sign his/her name and date the form. If the adult does not have a social security number, the box "I do not have a Social Security Number" should be checked. The last 4 digits of the social security number are not required if a Food Assistance number or OWF number has been listed in Part 2, or in the case of a student under 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 4 digits of the social security number are required only when the monthly household income is used to determine eligibility category. The sponsor must compare income for the household size to the 2011-2012 Income Eligibility Guidelines for free and reduced price meals on page 7 to determine the meal eligibility category.

**PART 5: Racial/Ethnic Identity** - The Civil Rights question on PART 5 of the Income Eligibility Application for Free and Reduced Price Meals is optional and need not be answered in order for the application to be considered complete. However, Civil Rights regulations do require CACFP sponsors of center based and after school programs to maintain information about the racial/ethnic background of all enrolled children. If parents do not complete this section, then center/sponsor must visually identify the racial/ethnic identity of the child. All sponsors must record this information annually, preferably using the "racial/ethnic data" column on the Master List form that can be found on the CACFP web site. 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/ethnic 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.
7. **Ethnic Identities.** Check the box that best describes the child(ren).

#### **UPDATING FORMS:**

A new Income Eligibility Application for Free and Reduced-Price Meals **must** be completed by parents or guardians once every twelve (12) calendar months in order for the child care program to claim a child in the free or reduced category. Keep expired forms on file, however the form and its information are invalid after twelve months. For example, an application that was signed and submitted on May 12, 2011 and used by the sponsor to categorize a child in the free category would be valid from May 2011 through May 31, 2012. A new application would need to be completed before the end of June 2012.

If the parent/guardian has not listed any Food Assistance or OWF case number and has checked no/zero for income, the sponsor may temporarily approve the application for the first month as free. The sponsor must contact the parent/guardian within 45 days to determine if the household income has changed. If the income remains at zero, the sponsor can document the contact on the application form and may again temporarily approve the application as free. Instead of documenting contact on the form every 45 days, it is highly recommended that the sponsor have the parent complete a new application form each month. If the income changes (is no longer zero or the household obtains a Food Assistance or OWF case number), the sponsor must have the parent/guardian complete a new application form and categorize it appropriately.

The state agency has developed a Master List Form that center-based programs should to record which category each child is claimed and to simplify completing the monthly claim for reimbursement. A copy may be downloaded from our web site at: <http://www.education.ohio.gov>

### **MAINTAINING RECORDS:**

The Income Eligibility Application must be kept by the sponsor for at least three (3) years plus the current fiscal year, or longer if income forms are part of an unresolved audit.

### **INCOME ELIGIBILITY GUIDELINES:**

Free and reduced income eligibility guidelines are updated by the Federal government on July 1 of each year. Prior to completing the July claim for reimbursement, the sponsor must apply the new guidelines to current applications and re-categorize any application where necessary. **The guidelines effective July 1, 2011 through June 30, 2012 are on page 7. You must use this 2-part chart and not the reduced price guidelines on the Household Letter when categorizing and approving the Income Eligibility Application for Free and Reduced Price Meals. Do not distribute this chart to parents/families.**

### **HOUSEHOLD LETTER TO PARENTS/GUARDIANS:**

Sponsors must distribute a Household Letter to parents/guardians along with the Income Eligibility Application for Free and Reduced Price Meals. The Household Letter is on the reverse side of the application. If you choose to develop your own letter, it must include the following types of information:

1. Sponsors of centers distributing the Income Eligibility Application for Free and Reduced Price Meals must distribute a Household Letter describing CACFP benefits to the parents/guardians of enrolled children. Child care centers claiming all enrolled children in the paid income category do not have to meet this requirement.
2. The nondiscrimination statement: "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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."
3. Instructions on making 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. Space to signify a foster child.
6. 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.**

**USDA  
INCOME ELIGIBILITY GUIDELINES  
FY 2012  
Effective July 1, 2011 through June 30, 2012**

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

HOUSEHOLD SIZE	FREE - 130%					REDUCED – 185%				
	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	14,157	1,180	590	545	273	20,147	1,679	840	775	388
2	19,123	1,594	797	736	368	27,214	2,268	1,134	1,047	524
3	24,089	2,008	1,004	927	464	34,281	2,857	1,429	1,319	660
4	29,055	2,422	1,211	1,118	559	41,348	3,446	1,723	1,591	796
5	34,021	2,836	1,418	1,309	655	48,415	4,035	2,018	1,863	932
6	38,987	3,249	1,625	1,500	750	55,482	4,624	2,312	2,134	1,067
7	43,953	3,663	1,832	1,691	846	62,549	5,213	2,607	2,406	1,203
8	48,919	4,077	2,039	1,882	941	69,616	5,802	2,901	2,678	1,339
For each additional family member, add	4,966	414	207	191	96	7,067	589	295	272	136

**INCOME CONVERSION: Weekly Income by 52  
Bi-weekly Income (received every two weeks) by 26  
Semi-monthly Income (received twice a month) by 24  
Monthly Income 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.**

**CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT  
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED PRICE MEALS FY 2011 – 2012**

**FY2011 – FY2012 (7/1/11 – 6/30/12) INSTRUCTIONS:** To apply for free and reduced price meals, read the Household Letter and instructions on backside of this form. Complete application and return to the center. In accordance with the NSLA, 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. *Part 1* is to be completed by all households. *Part 2* is to be used only for a child living in a household receiving Food Assistance or Ohio Works First (OWF) benefits. *Part 3* is only for children NOT receiving Food Assistance or OWF benefits. *Part 4* an adult household member must sign and date form; the last 4 digits of social security number must be listed if Part 3 is completed. *Part 5* is optional. \* Asterisks indicate info that must be completed. Form must be completed annually and is valid for only 12 mo.

PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER			CHECK IF A FOSTER CHILD (the legal responsibility of a welfare agency or court).	PART 2 – LIST EACH CHILD'S FOOD ASSISTANCE OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 10 OR 12 DIGITS. DO NOT USE SWIPE CARD NUMBER.
* NAME OF ENROLLED CHILD(REN)	* AGE	* BIRTH DATE		
1.			<input type="checkbox"/>	Circle type of benefit: FOOD ASSISTANCE or OWF 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, TOTAL HOUSEHOLD GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: List names of all household members. List all gross income: list 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	2. Welfare payments, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA	4. All Other Income
1.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**PART 4 – SIGNATURE & LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: Adult household member must sign/date form. If Part 3 is completed, the adult signing the form must also list last 4 digits of his/her 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 get 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"/> (check if applicable) <input type="checkbox"/> I do not have a Social Security Number
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: Week of 6/27/2011**

**THIS SECTION TO BE COMPLETED BY CENTER: List name of site/center child(ren) attends:**

<b>No/Zero Income: 45 Day Temporary Free</b>  Free approval until : _____ / _____ / _____ Sponsor must contact parent/guardian within 45 days of parent signature date to validate zero income and/or obtain new form. Date of parent contact: _____ / _____ / _____ 2 <sup>nd</sup> Free approval until : _____ / _____ / _____	Totals from Part 3, if completed:  Total Household Size _____ Total Monthly Income \$ _____  Income Conversion : Weekly x 52, Bi-Weekly/Every 2 Weeks x 26, Semi-Monthly/Twice a Month x24, Monthly x 12	<input type="checkbox"/> <b>FREE</b> <input type="checkbox"/> Food Assistance/OWF <input type="checkbox"/> Household Size & Income <input type="checkbox"/> Foster Child  <input type="checkbox"/> <b>REDUCED</b>  <input type="checkbox"/> <b>PAID</b> Reason: <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete <input type="checkbox"/> Invalid
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Signature of Center Official	Today's Date	Effective Date (No earlier than first of current month)	Expiration Date
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# HOUSEHOLD LETTER - Dear Parent or Guardian:

Please help us comply with the requirements of the United States Department of Agriculture's Child and Adult Care Food Program (CACFP) administered through the Ohio Department of Education by completing the attached Income Eligibility Application for free and reduced price meals. All information will be treated with strict confidentiality. The CACFP provides reimbursement to the child care center for healthy meals and snacks served to children enrolled in child care. The completion of the Income Eligibility Application is OPTIONAL. Complete the application on the reverse side using the instructions below for your type of household. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center. Households with incomes less than or equal to the reduced price values listed on the chart at the bottom of this page are eligible for free meal benefits. An application must contain complete information to be considered for free or reduced price meals. Households are no longer required to report changes regarding the increase or decrease of income or household size or when the household is no longer certified eligible for Food Assistance or Ohio Works First (OWF). Once properly approved for free or reduced price benefits, a household will remain eligible for these benefits for a period not to exceed 12 months. During periods of unemployment, your child(ren) is eligible for meal reimbursement provided the loss of income during this time causes the family to be within eligibility standards for meals. In operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability §226.23(e)(2)(iv). If you have questions regarding the completion of this application, contact the child care center.

## PART 1 – CHILD INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART

- Print the name of the child(ren) enrolled at the child care center. All children (including foster children) can be listed on the same application.
- List the enrolled child's age and birth date.
- Check box indicating if the child is a foster child. Foster children that are under the legal responsibility of the foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.

## PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCES OR OWF: COMPLETE THIS PART AND PART 4 – If a child is a member of a Food Assistance or OWF household, the child is automatically eligible to receive free CACFP meal benefits subject to application completion.

- Circle the type of benefit received (food assistance or OWF).
- List a current Food Assistance or OWF case number for each child. This will be a 10 or 12-digit number. Do not list a swipe card number.

**SKIP PART 3 – Do not list names of household members or income if you listed a valid Food Assistance or OWF case number for each child in Part 2.**

## PART 3 – TOTAL HOUSEHOLD SIZE, GROSS INCOME & HOW OFTEN RECEIVED: ALL OTHER HOUSEHOLDS COMPLETE THIS PART & PART 4.

- Write the names of all household members including yourself and the child(ren) that attends the child care center, whether they receive income or not. 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. This might include grandparents, other relatives, or friends who live with you. Attach another piece of paper if you need more space to list all household members.
- Check the box for any person listed as a household member (including children) that has no income.
- For each household member, list each type of income received during the last month and list how often the money was received.
  - Earnings from work before deductions:* Write the amount of total gross income each household member received the last month, before taxes/deductions or anything else is taken out (not the take-home pay) and how often it was received (weekly, every other week, twice a month, monthly). Income is any money received on a recurring basis, including gross earned income. Households are not required to include payments received for a foster child as income. If any amount during the previous month was more or less than usual, write that person's usual monthly income. If you normally get overtime, include it, but not if you only get it sometimes. If you are in the military and 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) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.
  - List the amount each person got the last month from welfare, child support or alimony and list how often the money was received.
  - List the amount each person got the last month from pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits or disability benefits and list how often the money was received.
  - List all other income sources. Examples include: Worker's Compensation, strike benefits, unemployment compensation, regular contributions from people who do not live in your household, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, net royalties/annuities or any other income. For only the self-employed, report income after expenses (net income) in column 1 under earnings from work. For your business, farm or rental property report income in column 4. Do not include food assistance payments.

## PART 4 – SIGNATURE AND LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART

- All applications must have the signature of an adult household member.
- The adult signing the application must also date the form.
- Only an application that lists income in Part 3 must have the last 4 digits of the social security number of the adult who signs. If the adult does not have a social security number, check the box "I do not have a Social Security Number." If you listed a Food Assistance or OWF number for each child or if you are applying for a foster child, the last 4 digits of the social security number are not required.

## PART 5 – RACIAL/ETHNIC IDENTITY – OPTIONAL

You are not required to answer this part in order for the application to be considered complete. This information is collected to make sure that everyone is treated fairly and will be kept confidential. No child will be discriminated against because of race, color, national origin, gender, age or disability.

**NON-DISCRIMINATION STATEMENT:** This explains what to do if you believe you have been treated unfairly. "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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

REDUCED INCOME ELIGIBILITY GUIDELINES – 185%					
Guidelines to be effective from July 1, 2011 through June 30, 2012					
Households with incomes less than or equal to the reduced price values below are eligible for free or reduced-price meal benefits.					
HOUSEHOLD SIZE	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	20,147	1,679	840	775	388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
For each additional family member, add	7,067	589	295	272	136