

**HOUSEHOLD ELIGIBILITY APPLICATION
PARENT LETTER FOR CHILD CARE CENTERS**

Dear Parent or Guardian:

This child care center participates in the USDA Child and Adult Care Food Program (CACFP) and receives Federal funds to provide healthy meals and snacks to all of the enrolled children. The amount of reimbursement the center receives is based on the information you provide on the attached Household Eligibility Application. Part of the USDA requirement is to ask you to complete the application. If your income is equal to or less than the income listed in the chart below for your household size, the center will receive a higher level of reimbursement. Read the attached instructions carefully and fill out all required information. We cannot approve an application that is not complete. Please return the completed application back to our center as soon as possible.

If a member of your family (child or adult) receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits; or you care for a foster child that is the legal responsibility of DCFS or the court, these children are eligible for meal benefits regardless of your household income.

If your income(s) is over the income guidelines listed below, you are not required to complete this application; however, it would be helpful if you would write your child's name on the application and return it to our center. Please notify us, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the income eligibility standards.

The information you provide on the application will be used to determine your child's eligibility for meal benefits. The information will be kept confidential and only available to staff directly connected with administering the CACFP.

By signing Number 4 on the application 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

July 1, 2011 Through June 30, 2012

Level for Reduced-Price Meals

Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
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

If you have any questions or need help, please contact our center.

Sincerely,

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of 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.

PARENT INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD ELIGIBILITY APPLICATION

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

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

- If anyone (child or adult) in your household receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits, follow **Instructions A** below.
- If you have a foster child who remains the legal responsibility of the Department of Children and Family Services (DCFS) or the court, follow **Instructions B** below.
- If you receive income, follow **Instructions C** below.

Instructions A—Households Receiving SNAP or TANF Benefits

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

- **Number 1**—List the names of ALL people in your household (such as grandparents, other relatives, or friends who live with you) and the age(s) of the child(ren) attending the child care center.
- **Number 3**—Record a valid SNAP or TANF case number for any member (child or adult) of this household. Do not list your Illinois LINK card number. You may find your SNAP or TANF case number on your medical card or letter of eligibility for benefits.
- **Number 4 (OPTIONAL)**—*Illinois All Kids Health Insurance Program.*
- **Number 6**—Provide a signature of an adult household member and date the application.
- Your application is complete.

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

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

Instructions C—Households Reporting Income

It is not necessary to complete income information if you provided SNAP or TANF information in Number 3. However, if no one in your household receives SNAP or TANF benefits, please report all household income. The Household Eligibility Application must include the following information:

- **Number 1**— List the names of ALL household members and the age(s) of the child(ren) attending the child care center.
- **Number 4 (OPTIONAL)**— *Illinois All Kids Health Insurance Program.*
- **Number 5**—List total gross income (before deductions), not your take-home pay; and the frequency, how often the money is received, for each household member for last month. If the income last month was not the usual amount you normally receive, you may provide a projected amount that better represents your gross income.
 - For ONLY the self-employed, list income after expenses. This is for your business, farm, or rental property.
 - If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- **Number 6**—Provide a signature of an adult household member and date the application. Also, provide the last four digits of the social security number for the adult signing the application. If you refuse to provide the last four digits of the social security number, the application cannot be approved. If the adult does not have a social security number, mark the box, *I do not have a social security number.*
- Your application is complete.

CHILD AND ADULT CARE FOOD PROGRAM – HOUSEHOLD ELIGIBILITY APPLICATION FOR CHILD CARE CENTERS

<p>1 LIST EVERYONE IN HOUSEHOLD (Children and Adults)</p> <p style="text-align: center;">NAME (First, Middle and Last)</p>	<p>Ages of Children at Center</p>	<p>2 FOSTER CHILD Check box for all foster children that are a legal responsibility of DCFS or the court. If all children are foster children, skip to Number 6</p>	<p>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. Name of Child or Adult:</p> <hr/> <p>Case Number:</p> <p>_____ - _____ - _____</p>
		<input type="checkbox"/>	<p>4 OPTIONAL—SHARING INFORMATION WITH ALL KIDS INSURANCE PROGRAM May we share your information on this application with the <i>All Kids Insurance Program</i>, the complete health insurance program for every child in Illinois? If yes, do not sign below.</p> <p>No, I do not want my information from this application shared with the <i>All Kids Insurance Program</i>.</p> <p>Sign here: _____</p>
		<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 (Example: \$100/month). 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?
	\$ /		\$ /		\$ /		\$ /	
	\$ /		\$ /		\$ /		\$ /	
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6 Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Number 5 above is completed the adult signing the form must also list the last four digits of his or her social security number or mark the box - - _____ 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 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 Address of Adult Household Member

PRIVACY ACT STATEMENT: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the Child and Adult Care Food Program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

NON-DISCRIMINATION STATEMENT: In accordance with Federal 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.

CHILD CARE REPRESENTATIVE USE ONLY—ELIGIBILITY DETERMINATION - COMPLETE ALL FIVE SECTIONS (A through E) BELOW

Follow the Instructions for Institutions to Process Household Eligibility Applications available at www.isbe.net/nutrition.

<p>SECTION A Date received: _____ (Date parent returned completed application to center.)</p> <p>SECTION B Mark the boxes below to show how you are going to determine eligibility.</p> <p><input type="checkbox"/> SNAP/TANF Household—The SNAP or TANF number meets the criteria for an acceptable case number.</p> <p><input type="checkbox"/> Foster Child</p> <p><input type="checkbox"/> Income Household—Complete the information below</p> <p>Total Household Size _____ Total Household Income \$ _____ / _____ Example: \$100/week, or \$100/every 2 weeks</p> <p>SECTION C Based on the information provided this application will be: <input type="checkbox"/> Approved Free <input type="checkbox"/> Foster Child(ren) Approved Free <input type="checkbox"/> Approved Reduced <input type="checkbox"/> Denied—The meals will be claimed in the paid category.</p> <p>Temporary Approval (Do not use for foster child) This application reported zero income or a temporary reduction in income. <input type="checkbox"/> Approved Free <input type="checkbox"/> Approved Reduced Temporary approval is good for 45 days and expires on _____ (date). Re-evaluate income after that date.</p> <p>SECTION D Signature of Representative _____ Date _____</p> <p>SECTION E Effective Date _____</p>	<p style="text-align: center;">CONVERSION TABLE</p> <p>To convert all income to annual income use the following conversion calculations:</p> <p>Weekly Income x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12</p>
<p>The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received. See Section A.</p>	