



**Office for Safety, Health and Nutrition**

Cecelia Torok  
Associate Director

**TO: CACFP: Family Child Care Sponsoring Organizations**

**FROM: Mary Kershaw**  
Assistant Director, Office for Safety, Health and Nutrition

**DATE: June 11, 2007**

**RE: 2007 – 2008 Income Eligibility Guidelines, Household Letter and Application**

Attached are copies of the 2007-2008 Income Eligibility Guidelines, Household Letter and Income Eligibility Application for use in the Family Child Care component of the Child and Adult Care Food Program (CACFP). The guidelines and application are effective as of July 1, 2007.

The attached information has been revised to include the following changes:

- Income Eligibility Guidelines were changed to reflect an increase in household income based upon annual cost-of-living adjustment;
- 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 stamps or Ohio Works First (OWF). Once properly approved for free or reduced-price benefits, a household will remain eligible for those benefits for a period not to exceed 12 months.

These documents can be copied as needed and will also be available on our website, [www.ode.state.oh.us](http://www.ode.state.oh.us).

Please remember that the confidentiality of participant eligibility must be protected and that information can only be released for those purposes permitted by federal rules or granted by parent or guardian signatures.

Thank you for your continued support of the Child Nutrition Programs. If you have questions or need additional assistance, call our ODE customer service at (614) 466-2945 or toll free at 877-644-6338.



**USDA**  
**INCOME ELIGIBILITY GUIDELINES**  
**Effective July 1, 2007 through June 30, 2008**

**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	13,273	1,107	554	511	256	18,889	1,575	788	727	364
2	17,797	1,484	742	685	343	25,327	2,111	1,056	975	488
3	22,321	1,861	931	859	430	31,765	2,648	1,324	1,222	611
4	26,845	2,238	1,119	1,033	517	38,203	3,184	1,592	1,470	735
5	31,369	2,615	1,308	1,207	604	44,641	3,721	1,861	1,717	859
6	35,893	2,992	1,496	1,381	691	51,079	4,257	2,129	1,965	983
7	40,417	3,369	1,685	1,555	778	57,517	4,794	2,397	2,213	1,107
8	44,941	3,746	1,873	1,729	865	63,955	5,330	2,665	2,460	1,230
For each additional family member, add	4,524	377	189	1,174	87	6,438	537	269	248	124

**MONTHLY INCOME CONVERSION:** Weekly Income X 4.33  
Every 2 Weeks Income X 2.15  
Twice a Month Income X 2

**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.**

# 2007-2008 Ohio CACFP Family Child Care Household Letter

TO:            Provider:

FROM:

SUBJECT:    Income Eligibility Applications

Our nutrition organization provides meal reimbursement to child care providers who serve nutritious free meals to children as a part of the federally funded Ohio Child and Adult Care Food Program (CACFP). Providers may be reimbursed at the Tier I or Tier II rate. Meal rates change each July and will be mailed in the near future.

**As a Family Child Care Home Provider**, Child and Adult Care Food Program regulations allow three ways to qualify for the higher Tier I rates: using elementary school meal free and reduced data, census tract data, or household size and income. Providers may qualify using income guidelines or by listing a valid Ohio Works First (OWF) or Food Stamps (FS) case numbers on the Income Eligibility Application. To qualify for the Tier I rate through household size and income, providers must complete the Income Eligibility Application and submit their proof of income or program benefits to our organization. If changes in your participation in the Ohio Works First (OWF) or Food Stamps (FS) programs occur, you must notify the sponsoring organization. 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).

You must also complete this form if you wish to claim CACFP meals served to children living in your home. If you qualify, meals will be reimbursed for these children when they are under thirteen years of age, enrolled for care and eat with other non-residential child care children.

In certain cases foster children are eligible for free or reduced-price meals regardless of the income of such household with whom they reside and that households wishing to apply for such benefits for foster children should contact the sponsoring organization.

<b>REDUCED INCOME ELIGIBILITY GUIDELINES</b>					
<b>Guidelines to be effective from July 1, 2007 through June 30, 2008</b>					
<b>Households with incomes less than or equal to the reduced price values below are eligible for free meal benefits.</b>					
<b><u>HOUSEHOLD SIZE</u></b>	<b><u>YEAR</u></b>	<b><u>MONTH</u></b>	<b><u>TWICE PER MONTH</u></b>	<b><u>EVERY TWO WEEKS</u></b>	<b><u>WEEK</u></b>
1	18,889	1,575	788	727	364
2	25,327	2,111	1,056	975	488
3	31,765	2,648	1,324	1,222	611
4	38,203	3,184	1,592	1,470	735
5	44,641	3,721	1,861	1,717	859
6	51,079	4,257	2,129	1,965	983
7	57,517	4,794	2,397	2,213	1,107
8	63,955	5,330	2,665	2,460	1,230
Each additional household member add:	6,438	537	269	248	124

# 2007-2008 Ohio CACFP Family Child Care Household Letter

TO: Parent or Guardian

FROM:

**SUBJECT: Income Eligibility Applications**

Your child is enrolled for care in the home of a provider participating in the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP) through an agreement with our agency. Through this agreement, your provider is able to claim reimbursement for the meals served to your child while in care.

Changes in the regulations that govern this program have established two tiers of reimbursement for meals served to children in family child care homes. Your provider will be reimbursed at the lower Tier II rate for your child, unless your household income qualifies your child as eligible for the highest Tier I rates. You can help your provider receive the higher rate of reimbursement by establishing your household's eligibility for Tier I rates by completing the attached application form.

**Return this form to our office; do not return it to the provider.** You are not required to complete the form, but if your family qualifies for the Tier I rate, the additional reimbursement will help keep child care costs more affordable. Meals are free. Families should not be charged a fee for food or asked to bring extra food. Participants having family members who become unemployed are eligible for free or reduced-price meals during the period of unemployment, provided that the loss of income causes the family income during the period of unemployment to be within the eligibility standards for those 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).

The Income Eligibility Application is confidential and protected by law. There will be no identification of Tier I and Tier II children in child care homes nor will we share income eligibility information about your household with the provider. Our organization will limit the use of this information to people directly connected with administering Child Nutrition Programs.

If you or your child participates in any of the following programs, your provider may be reimbursed at the higher rate upon completion of this form:

- Food Stamp Program
- Ohio Works First
- Women, Infants and children (WIC)

If you participate in any of these programs, you must indicate the name of the program and your case number.

<b>REDUCED INCOME ELIGIBILITY GUIDELINES</b>					
<b>Guidelines to be effective from July 1, 2007 through June 30, 2008</b>					
<b>Households with incomes less than or equal to the reduced price values below are eligible for free meal benefits.</b>					
<b><u>HOUSEHOLD SIZE</u></b>	<b><u>YEAR</u></b>	<b><u>MONTH</u></b>	<b><u>TWICE PER MONTH</u></b>	<b><u>EVERY TWO WEEKS</u></b>	<b><u>WEEK</u></b>
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Each additional household member add:	6,438	537	269	248	124

# 2007-2008 Ohio CACFP Family Child Care Income Eligibility Application

Income eligibility 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 and their decision will not affect their children's eligibility for free and reduced-price meals. **Forms are updated annually and are valid for only 12 months including the month signed.**

**PART 1 – CHECK Application Type:**

- 1. Provider requesting Tier I status by application (May only qualify through Food Stamps, Ohio Works First (OWF) or Income. **PROOF OF INCOME IS REQUIRED** to qualify as a Tier I provider by this application)
- 2. Provider is requesting meals for own/residential children **enrolled** for childcare. (May only qualify through Food Stamps, OWF or Income)
- 3. Provider or Parent requesting meals for foster child. In certain cases, foster children are eligible for free and reduced-price meals regardless of household income.
- 4. **Parent requesting child meals with family child care provider:** (May qualify through Food Stamps, OWF, WIC, Transitional Benefits, Income Eligible Employment and Training Benefits, Healthy Start or other federal or state categorically eligible benefit programs identified by the State. Contact your Family Child Care sponsoring organization regarding categorically eligible benefit programs.

**Write the name of your child care provider here:**

**PART 2 – CHILD INFORMATION:** Print information below for all children whose meals will be claimed on the CACFP.  
**BENEFIT INFORMATION:** Enter the benefit program from PART 1 that automatically qualifies a child for Tier I meals. Enter the NAME and CASE or ID Number.

CHILD NAME	AGE	BIRTH DATE	If you give benefit information, <b>DO NOT</b> complete PART 3	
			LIST EACH CHILD'S FOOD STAMP OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 10 OR 12 DIGITS. DO NOT USE SWIPE CARD NUMBER.	Name of Other Eligible Benefit Program and Case or Identification Number
1.			CASE NUMBER:	
2.			CASE NUMBER:	
3.			CASE NUMBER:	

**PART 3 – HOUSEHOLD MEMBERS AND MONTHLY INCOME:** (Complete **ONLY** if benefit name and case number above are blank)  
 Enter the names of all household members. 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. DO NOT list foster children. Enter monthly income (BEFORE TAXES) for past month for each person who has earnings. Monthly Income Conversion: Weekly x 4.33, Every 2 weeks x 2.15, Twice a Month x 2.

**PROOF of income is required when Box 1 of PART 1 is checked.**

NAMES OF ALL HOUSEHOLD MEMBERS DO NOT list children from PART 2 again	Monthly earnings from all work before deductions	Monthly welfare payments, child support, alimony	Monthly pension, retirement, social security	All other Monthly income
1.				
2.				
3.				
4.				
5.				

**PART 4 – FOSTER CHILD:** ONE FORM for each foster child. Fill in PARTS 1, 2, and 4. DO NOT list anyone else on the form. Fill in child's personal use income or enter "0" for no personal use income \$ \_\_\_\_\_. Personal use income is money given to the child for him or her to spend. A foster child is considered a household of one.

**PART 5 – SIGNATURE & SOCIAL SECURITY NUMBER:** I certify all above information is correct, and all income is reported. I understand the purpose of this form is to receive federal funds, and program officials may verify the information. I understand deliberate false information may cause me to be prosecuted under applicable state and federal laws.

Signature of adult household member	Social Security Number (for PART3) or the word "none"	Date
Home Address	City	Zip Code
	County	Phone Number

**PART 6 - RACIAL/ETHNIC IDENTITY:** Optional Question: Please check appropriate box to identify the race or ethnicity of your child (ren).

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White

**NON-DISCRIMINATION:** 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, gender, age or disability. To file a complaint of discrimination, write USDA Director, Office of Civil Rights, Room 326-W, Whitten Bldg., 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD).

**SPONSOR MUST COMPLETE THIS SECTION**

	Provider	Residential	Child	Total Household Income	
	Tier I	Child	Tier I	\$ _____	
Approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				Total Household Size	_____
Denied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				Signature of Official	Date

Privacy Act Statement: Section 9 of the National School Lunch Act (NSLA) requires that, unless your child's food stamp or OWF case number is provided, you must include the social security (SS) number of the adult household member signing the application or indicate that the household member does not have a SS number. Provision of a SS number is not mandatory, but if a SS number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. This notice must be brought to the attention of the household member whose SS number is disclosed. The SS number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application or shared with other persons directly connected with the administration or enforcement of the program under the NSLA or Child Nutrition Act of 1966 to determine program eligibility. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or OWF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal action if incorrect information is reported. State Distribution: Week of 6/11/07

### FREE & LOW – COST HEALTH CARE

Families with children eligible for school meals may be eligible for free and low-cost health coverage through Healthy Start & Healthy Families. If you are interested in information from Healthy Start & Healthy Families, call 1-800-324-8680 or contact the web site at: [www.state.oh.us/odjfs/ohp/bcps/hshf/index.stm](http://www.state.oh.us/odjfs/ohp/bcps/hshf/index.stm) Note: If you have an Ohio Medicaid Card, you are already getting this coverage.

### HOW TO COMPLETE THE OHIO CACFP FAMILY CHILD CARE INCOME ELIGIBILITY APPLICATION

- PART 1 – Mark the box that applies in PART 1. If marking Box 4, enter the home care provider's name in the space.
- PART 2 – Enter the names of all children who will be claimed for meal reimbursement. If you are receiving benefits from programs such as Food Stamps or Ohio Works First (OWF), enter the case number. PARENTS checking # 4 in Part 1 and qualifying through other categorically eligible benefit programs, enter the name for the benefit program and the case or identification number. Participation in a valid benefit program will automatically qualify a child for Tier I meals. The Family Child Care Sponsoring Organization may request additional documentation to verify participation in other federal or state benefit programs that meet categorical eligibility as identified by the State.
- PART 3 - Complete this part only if benefit name and case number in PART 2 are blank. Enter the names of all household members. 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. Income is any money received on a recurring basis, including gross earned income. Enter the gross income (amount before taxes are taken out) for the past month for each person with income. Monthly Income Conversion: Weekly x 4.33, Every 2 weeks x 2.15, Twice a Month x 2. Proof of income is required for Providers qualifying for Tier I by application (attach the documents that support the income entries).
- PART 4 – Complete for each foster child living in the household and enrolled in the CACFP. Enter the personal use income for the foster child. If no personal use income, enter zero.
- PART 5 – A household member must sign and date the form. If PART 3 is completed, a social security number must be entered. If the adult does not have a social security number, the word "none" must be entered in the space. If a valid Food Stamp or OWF case number or other eligible state identified benefit program and case or identification number is listed in Part 2, a social security number is not required. Enter the address and phone number information.
- PART 6 – Complete the racial/ethnic identity section if you wish by checking the appropriate box. Parents/guardians are not required to complete this section.

### REDUCED INCOME ELIGIBILITY GUIDELINES

Guidelines to be effective from July 1, 2007 through June 30, 2008

Households with incomes less than or equal to the reduced price values below are eligible for free meal benefits.

<u>HOUSEHOLD SIZE</u>	<u>YEAR</u>	<u>MONTH</u>	<u>TWICE PER MONTH</u>	<u>EVERY TWO WEEKS</u>	<u>WEEK</u>
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