

OHIO CHILD AND ADULT CARE FOOD PROGRAM CHILD CARE CENTER COMPONENT Income Eligibility Application

The child care center component Income Eligibility Application (IEA) for free or reduced-price meal benefits to be utilized for fiscal year 2020-2021 is attached. The packet includes sponsor instructions, income eligibility guidelines, income eligibility application for free and reduced-price meals and the household letter to enrolled participant's parent/guardians. The Guidelines and Income Eligibility Application are effective as of July 1, 2020.

The U.S. Department of Agriculture (USDA) expanded the income eligibility determination procedures to afford sponsors greater flexibility concerning the effective date when approving income applications. The date used to make this determination may be either of the following options:

- A. The date on which the sponsor or center representative signs the form to certify eligibility/category of the child; or,
- B. The date the parent or guardian signed the income form

Beginning October 1, sponsors will indicate the determination procedure to be used on the application child care center component management plan for the CACFP fiscal year 2020-2021.

For the income form to be valid, the sponsor/center representative must sign, date and categorize the form at the bottom of page regardless of the procedure used to determine the eligibility effective date. Failure to do so will render the form incomplete and the child only may be claimed as paid until the month the form was completed by the sponsor/center representative.

Reminder: Households are no longer required to report changes to income or household size or when the household is no longer certified eligible for food assistance and/or Ohio Works First (OWF). Once approved for free or reduced-price benefits, a household will remain eligible for those benefits for a period of no more than 12 months. Valid case numbers are 7 digits.

After July 1, 2020, sponsors should include the IEA and household letter (front and back) in your enrollment packet for new enrollees. Applications on file that are not expired must be updated by comparing and, if necessary, recategorizing with the enclosed fiscal year 2020-2021 income guidelines. A sponsor may choose to distribute the new IEAs to all enrolled children regardless of expiration status. Collecting new IEAs for every enrolled participant in July may simplify recordkeeping. Remember that all IEAs must be completed every 12 calendar months (Example: A form signed July 1, 2020 (by the sponsor) will expire July 31, 2021).

Income eligibility application forms and household letters are available in the Download Forms section of the Claims Reimbursement and Reporting System (CRRS). Please remember that participant eligibility is confidential and must be protected. Participant eligibility information can only be released for purposes permitted by federal laws. If you have questions or require additional assistance, please call the Ohio Department of Education, Office of Integrated Student Supports at 614-466-2945 or toll free at 800-808-6325.

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

**Fiscal Year (FY) 2020 - 2021
Effective July 1, 2020 through June 30, 2021**

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 participating agencies to provide children with well-balanced, nutritious meals and snacks. The U.S. Department of Agriculture (USDA) has established three meal rate categories; free, reduced, and paid. This provides greater assistance to sponsoring centers serving higher enrollments of needy children. The number of children categorized as free, reduced, or paid enrollments determines food reimbursement levels.

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

It is not required 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 Start/Early Head Start

When receiving CACFP assistance, participating institutions must choose to collect family size and income data for all members of the household, collect food assistance (SNAP, formerly food stamps), or Ohio Works First (OWF) numbers from families of enrolled children OR not to collect this information at all. If the institution chooses not to collect the information, the institution will automatically receive the reimbursement rate established for the paid enrollment category for all enrolled children. If the choice is made to collect the information, the institution must give the Ohio CACFP income eligibility application for free and reduced-price meals and household letter to the participant or family of each enrolled child. Parents/guardians can complete the optional application. For an enrolled child to be claimed for free or reduced-price benefits, the institution must have a completed application containing all required information on file. Any family whose income is above the reduced-price guidelines is not required to return a completed application.

CACFP sponsors cannot require parents/guardians to complete the income eligibility 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/guardians choose not to complete the application, the child is claimed in the paid enrollment category.

CATAGORIZING 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 (depending on data collection method) of the Ohio CACFP income eligibility application for free and reduced-price meals. The asterisks (*) on the form indicate required information.

CENTER NAME: The sponsor needs to insert the center name prior to making copies for distribution.

PART 1: Child Information

Name/Age/Birth Date - List children who are enrolled at the center. Age and birth date is optional.

Foster Child – 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 through 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 are no longer required 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 with 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 (SNAP) or Ohio Works First (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. 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 obtains 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 assigned by a court. Certification documentation is to be kept on file in lieu of income eligibility application.

PART 2: Households Receiving Food Assistance (SNAP) or Ohio Works First (OWF)

Food Assistance (SNAP) - A household receiving food assistance (SNAP, formerly food stamps) only need to provide the current case number and the date and signature of an adult member of the household in Part 4. A child qualifying in this category must be a member of the food assistance household. Then the child is approved in the free category.

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

NOTE: The case number or identification number on county payment rosters or vouchers may not be food assistance or Ohio Works First case numbers. Valid case numbers are 7 digits. It is recommended that sponsors contact their county Job and Family Services office to determine the validity of food assistance or 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 regardless if they receive income or not. If additional space is needed, 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. 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 a member of the household.
- Child attending an institution: A child who attends but does not reside in an institution is 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 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 in Part 3 (including children), check the box if that person has no/zero income. If the income form indicates that the household has no or zero income, then the household has year-long eligibility as Free. There is no longer any temporary 45-day approval for zero household income.

Household Income and How Often It Was Received – If a valid food assistance (SNAP) or Ohio Works First (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 month prior to the application and denote how often the money was received (weekly, every two weeks, twice per month, monthly, and annually). 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 a household member routinely earns overtime then it should be included. If the overtime is only earned sometimes, it should not be included. 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 all incomes must be converted to annual income. Use the following income conversions: weekly income X 52, biweekly (every other week) income X 26, semi-monthly (twice per month) income X 24, and monthly income X 12.

Income and how often it was received (example: \$1,500 / week) must be reported in these designated columns:

- | | |
|----------|---|
| Column 1 | <u>Work earnings</u> : Wages, salaries, tips, and commissions. Self-employed individuals should report income after expenses (net income). |
| Column 2 | <u>Welfare payments/child support/alimony</u> : Public assistance payments, welfare payments, alimony and child support payments. Food assistance benefits should not be reported. |
| Column 3 | <u>Pensions/retirement/social security/Supplemental Security Income (SSI)/Veterans' (VA)</u> : Pensions, retirement income, Social Security, SSI, VA payments and disability payments. |
| Column 4 | <u>All other income</u> : Workers' 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 a household for a foster child.
- Student financial assistance: Provided for the costs of attendance at an educational institution, such as grants and scholarships or awarded to meet educational expenses.
- Loans: These funds are only temporarily available and must be repaid. (example: bank loans)
- In-kind compensation value: 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. Do not deduct money paid out for alimony or child support from a household's reported gross income.
- Child's income: List the earnings of a child who is a full-time or regular part-time employee 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 deposited 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. In addition, concerning 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) also is 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 Four Digits of Social Security Number - An adult member of the household **must** sign their name and date the form. If the adult does not have a social security number, check the box marked, "I do not have a Social Security Number." The last four digits of the social security number are not required if a food assistance, OWF or WIC case number has been listed in Part 2, or in the case of a student under the age of 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 four digits of the social security number are required only when the monthly household income is used to determine the eligibility category.

PART 5: Racial and Ethnic Identity - The civil rights question on Part 5 of the income eligibility application for free and reduced-price meals is optional and does not need to be answered for the application to be considered complete. However, civil rights regulations require CACFP sponsors to maintain information about the racial/ethnic background of all enrolled children. If parents do not complete this section, centers must visually identify the racial/ethnic identity of the child. All sponsors must record this information annually. 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 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.

Parents or guardians are to check the box that best describes ethnic identity of the child(ren). Ethnic identity categories include the following:

- **Hispanic or Latino**
- **Not Hispanic or Latino**

HOUSEHOLD LETTER TO PARENTS/GUARDIANS:

Sponsors must distribute a household letter (page 10) to parents/guardians with the income eligibility application for free and reduced-price meals. The household letter should be on the reverse side of the application.

If you choose to develop your own household letter, it must include the following information:

1. A description of CACFP benefits to the parents/guardians of enrolled children. This is not required of child care centers claiming all enrolled children in the paid income category.
2. Nondiscrimination statement: 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: [How to File a Complaint](#), 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) 632-9992. 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.
3. Instructions to complete and submit 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. 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.

BOTTOM SECTION OF INCOME ELIGIBILITY APPLICATION TO BE COMPLETED BY SPONSORS:

The sponsor/center representative is to complete the bottom section of the form: total household size; total household income (if applicable); categorize form as free, reduced or paid; signature, date categorized, effective date and expiration date of form.

Per recent USDA Instructions, sponsors have greater flexibility concerning the effective date. This flexibility applies only to eligibility determinations made through the submission of completed income applications. The date to be used to make this determination may be either of the following options:

- Option A: Date on which the sponsor or center representative signs the form to certify eligibility/category of the child; OR
- Option B: Date the parent or guardian signed the income eligibility form.

For Fiscal Year 2021 (beginning October 1, 2020), CACFP sponsors will indicate their procedure for determining the effective date when approving income eligibility applications on the Claims Reimbursement and Reporting System (CRRS) application center management plan.

Effective Date:

- Option A. First day of the month in which the form was dated by the sponsor representative.
Example: The parent dated the form on July 9, 2020 and the sponsor representative dated/categorized the form on July 10, 2020. The form is effective July 1, 2020 and expires on July 31, 2021.
Example: The parent dated the form on July 31, 2020 and the sponsor representative dated/categorized the form on August 4, 2020. The form is effective August 1, 2020 and expires August 31, 2021.
- Option B. The date the parent or guardian signed the form.
Example: The parent dated the form on July 9, 2020 and the sponsor representative dated/categorized the form on July 10, 2020. The form is effective July 1, 2020 and expires on July 31, 2021.
Example: The parent dated the form on July 31, 2020 and the sponsor representative dated/categorized the form on August 4, 2020. The form is effective July 1, 2020 and expires on July 31, 2021.

Expiration Date: Income eligibility forms should be considered current and valid until the last day of the month in which the form was dated as categorized by the sponsor representative or date parent signed the application form one year previously. In other words, a form is valid for one year until the last day of the month in which the form was originally dated and categorized by the sponsor/center representative or dated by the parent guardian if that option was submitted to the state agency via the sponsor response form or entered on the CRRS Center Management Plan.

Regardless of the procedure used to determine eligibility effective date, the sponsor/center representative must complete the bottom section of the income form to be valid including signature, date and category. Failure to complete the bottom section of the income form will make the form incomplete and the child could only be claimed as paid until the month the bottom section of the income form was completed by the *sponsor/center representative*.

UPDATING FORMS:

In accordance with 7 CFR 226.23(f), CACFP institutions must collect and report to state agencies free, reduced and paid meal eligibility information. Such information must be updated annually and may not be more than 12 months old. Thus, parents or guardians must complete a new income eligibility application for free and reduced-price meals once every 12 calendar months for the childcare program to claim a child in the free or reduced category. Keep expired forms on file; however, the forms are invalid after 12 months.

MAINTAINING RECORDS:

Food program records (including income eligibility applications) must be kept on file for at least three years plus the current fiscal year, or longer if there is an unresolved evaluation/audit. The state agency has developed a master list form that center-based programs (excluding Head Start, Early Head Start, After School At-Risk Programs and Homeless/Domestic Violence/Emergency Shelters) should use to record which category each child is claimed and to simplify the monthly claim for reimbursement. A copy is available for download on the ODE website, education.ohio.gov.

INCOME ELIGIBILITY GUIDELINES:

Free and reduced income eligibility guidelines are updated each year by the Federal government on July 1. Prior to completing the July claim for reimbursement, the sponsor must apply the new guidelines to current applications and recategorize applications where necessary. **The guidelines effective July 1, 2020 through June 30, 2021 are noted on page 8. You must use this two-part chart and not the reduced-price guidelines on the household letter when categorizing and approving the income eligibility application. Do not distribute this chart to parents/families.**

The income eligibility guidelines (on page 8) list the household size, the income for different pay periods/schedules (annual, monthly, twice per month, every two weeks and weekly), and show the upper income levels for the free and reduced-price categories. After reviewing an income application/form and determining the number of people in the household and the total household income, compare the household income to the correct pay period/schedule.

- To determine whether a child qualifies for **free** meals, the total household income must be equal to or less than the free income guidelines.
- To determine the **reduced-price** category, the household income must be equal to or less than the reduced-price income guideline, but greater than the free guidelines.
- An income application falls into the **paid** category when the household income is above the reduced-price household income.

REMINDERS FOR INCOME DETERMINATION

If the household has only one income source, or if all sources are received in the same frequency (annually, monthly, twice per month, every two weeks or weekly), compare the income or sum of the incomes to the income eligibility guidelines for that household size and pay frequency to determine eligibility and category.

Example: Jim Taylor \$ 1,527 / every two weeks
 Mary Taylor \$ 843 / every two weeks
 \$ 2,370 / every two weeks

On the income eligibility guidelines chart, compare the household size to the income listed in the “every two weeks” column to determine category.

If the household reports income sources at more than one frequency (annually, monthly, twice per month, every two weeks or weekly), all the incomes must be converted to annual (yearly) totals by using the following annual income conversion: weekly income X 52, bi-weekly (every other week) income X 26, bi-monthly (twice per month) income X 24 and monthly income X 12. Do not round income amounts resulting from each conversion. After converting each income to annual income, add the incomes together. Then compare the number of household members to the total annual income on the income eligibility guidelines chart to make the eligibility determination/categorization.

Example: Bob Smith \$ 800 / every two weeks (800 x 26 = \$20,800)
 Jane Smith \$ 218 / weekly (200 x 52 = \$11,336)
 \$ 153 / twice per month (150 x 24 = \$ 3,672)
 \$ 100 / monthly (100 x 12 = \$ 1,200)
 Total household income totals \$ 37,008 annually

USDA INCOME ELIGIBILITY GUIDELINES

Fiscal Year 2021

Effective July 1, 2020 through June 30, 2021

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

HOUSEHOLD SIZE	FREE					REDUCED				
	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	\$16,588	\$1,383	\$692	\$638	\$319	\$23,606	\$1,968	\$984	\$908	\$454
2	22,412	1,868	934	862	431	31,894	2,658	1,329	1,227	614
3	28,236	2,353	1,177	1,086	543	40,182	3,349	1,675	1,546	773
4	34,060	2,839	1,420	1,310	655	48,470	4,040	2,020	1,865	933
5	39,884	3,324	1,662	1,534	767	56,758	4,730	2,365	2,183	1,092
6	45,708	3,809	1,905	1,758	879	65,046	5,421	2,711	2,502	1,251
7	51,532	4,295	2,148	1,982	991	73,334	6,112	3,056	2,821	1,411
8	57,356	4,780	2,390	2,206	1,103	81,622	6,802	3,401	3,140	1,570
For each additional family member, add	+5,824	+486	+243	+224	+112	+8,288	+691	+346	+319	+160

ANNUAL INCOME CONVERSION:

Weekly Income multiply by 52

Every Two Weeks Income (biweekly) multiply by 26

Twice Per Month Income (semi-monthly) multiply by 24

Monthly Income multiply 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/participant.

CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICE MEALS Fiscal Year 2020-2021

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 (SNAP) 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 valid for only 12 months.

CENTER NAME			CHECK IF A FOSTER CHILD (The legal responsibility of a welfare agency or court)	PART 2 – LIST EACH CHILD’S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 7 DIGITS.	
PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER				Check type of benefit:	<input type="checkbox"/> FOOD ASSISTANCE (SNAP) or
* NAME OF ENROLLED CHILD(REN)	AGE	BIRTH DATE		CASE NO.	_____
1.			<input type="checkbox"/>	CASE NO.	_____
2.			<input type="checkbox"/>	CASE NO.	_____
3.			<input type="checkbox"/>	CASE NO.	_____
4.			<input type="checkbox"/>	CASE NO.	_____

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 Per Month, Monthly, Annually			
		1. Earnings from work before deductions	2. Welfare payments, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA	4. All Other Income
EXAMPLE: JANE SMITH	<input type="checkbox"/>	\$ amount / how often	\$ amount / how often	\$ amount / how often	\$ amount / how often
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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (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 and 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: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> 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: 7/1/2020

THIS SECTION TO BE COMPLETED BY CENTER. Note: All information above this section is to be filled in by the parent or guardian.

Complete information below only if qualifying child(ren) by household income from Part 3. Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion: Weekly x 52, Every 2 Weeks (biweekly) x 26, Twice per Month (semi-monthly) x 24, Monthly x 12		Application Certified/Categorized as: <input type="checkbox"/> FREE , based on <input type="checkbox"/> Food Assistance/OWF Case No. <input type="checkbox"/> Household size and income <input type="checkbox"/> Foster Child
Total Household Size: _____	Total Household Income: \$ _____ Per: <input type="checkbox"/> week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice per month <input type="checkbox"/> month <input type="checkbox"/> year	<input type="checkbox"/> REDUCED , based on Household size and income
		<input type="checkbox"/> PAID , based on <input type="checkbox"/> Income too high <input type="checkbox"/> Incomplete <input type="checkbox"/> Invalid case number or information

Signature of Sponsor / Center Representative _____ Date Sponsor Certified/Categorized Form _____ Effective Date _____ Expiration Date _____
Note: Effective date is determined by parent or sponsor signature date as selected on CRRS application. (From the first of month of date signed) (Valid until last day of month in which form was signed one year earlier)
If date of parent signature is not within month of certification or immediately preceding month, effective date must be date of sponsor certification.

HOUSEHOLD LETTER - Dear Parent or Guardian

Please help us comply with the requirements of the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP) 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 (SNAP) or Ohio Works First (OWF). Once 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 (*denotes required info)

- 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 ASSISTANCE OR OHIO WORKS FIRST: COMPLETE THIS PART AND PART 4 – If a child is a member of a food assistance (SNAP) or OWF household, they are automatically eligible to receive free CACFP meal benefits.

Circle the type of benefit received: Food Assistance (SNAP) or Ohio Works First (OWF).

- List a current food assistance or OWF case number for each child. This will be a 7-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 (SNAP) or OWF case number for each child in Part 2.

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

- Write the names of all household members including yourself and the child(ren) that attends the child care center, noting any income received. 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 two weeks, twice per month, monthly, annually). 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. Self-employed applicants should report income after expenses (net income) in column 1 under earnings from work. Business, farm or rental property report income should be entered 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 (* denotes required info)

- * 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 four digits of the social security number of the adult who signs. If the adult does not have a social security number, check the box marked, "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 four 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: 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: [How to File a Complaint](#), 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) 632-9992. 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.

REDUCED INCOME ELIGIBILITY GUIDELINES					
Guidelines to be effective from July 1, 2020 through June 30, 2021					
Households with incomes less than or equal to the reduced-price values below are eligible for free or reduced-price meal benefits.					
HOUSEHOLD SIZE	ANNUAL	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
For each additional family member, add	+8,288	+691	+346	+319	+160

