

**NEW JERSEY CHILD AND ADULT CARE FOOD PROGRAM
FAMILY DAY CARE TIER II PROVIDER NOTIFICATION AND
ELECTION OF REIMBURSEMENT OPTION FORM**

Dear Provider:

As you are aware, a two tier reimbursement structure was implemented for day care homes participating in the Child and Adult Care Food Program. We have determined that you qualify as a Tier II home. As a Tier II home, you have three options for receiving reimbursement: You must elect one of these options (check the option of your choice below), sign and date this form, and return the form to our office immediately. If you fail to make your election of reimbursement, then you will automatically be reimbursed for all meals claimed at tier II low reimbursement rates, until you complete the election form. Please do not delay in electing your option and returning the form to our office.

OPTION 1

You may elect to receive the lower tier II reimbursement rates for meals served to all children enrolled in your day care home.

OPTION 2

You may elect to have our agency, as the sponsoring organization, collect income eligibility information for the children enrolled in your day care home and make determinations regarding each enrolled child's eligibility for free or reduced price meals. This information would be collected via the use of an income eligibility application distributed to the parents/guardians of the children enrolled for care. Under this option, you will receive the higher tier I reimbursement rates for meals served to enrolled children eligible for free or reduced price meals, and the lower tier II reimbursement rates for meals served to enrolled children not eligible for free or reduced price meals. If you elect this option, you should be aware that our agency is prohibited by law from informing you regarding the individual eligibility status of any child enrolled for care. We can inform you of the number of children enrolled for care that are eligible for free or reduced price meals.

OPTION 3

You may elect to have our agency, as the sponsoring organization, collect eligibility information regarding only certain children enrolled for care who may be categorically eligible for Tier I reimbursement rates based upon their participation in a Federal or State funded program whose eligibility criteria are no greater than the eligibility criteria for reduced price meals. This information could be collected via the use of an income eligibility application distributed to the parents/guardians of the children enrolled for care, or via another source of information. A list of categorically eligible programs is available from our agency upon request. Under this option, you will receive the higher tier I reimbursement rates for meals served to enrolled children determined to be categorically eligible, and tier II reimbursement rates for meals served to enrolled children determined not to be categorically eligible. If you elect this option, you should be aware that our agency is prohibited by law from informing you regarding the individual eligibility status of any child enrolled for care. We can inform you of the number of children enrolled for care that are categorically eligible.

Provider Election of Reimbursement Option

OPTION 1:

OPTION 2:

OPTION 3:

NAME OF PROVIDER: _____ **SIGNATURE OF PROVIDER** _____ **DATE:** _____

SIGNATURE OF SPONSORING ORGANIZATION REPRESENTATIVE: _____ **DATE:** _____