

2020-2021 CHILD AND ADULT CARE FOOD PROGRAM – FAMILY DAY CARE

LETTER TO PARENT/GUARDIAN/PROVIDER

Dear Parent/Guardian/Providers,

Your child is enrolled at the home of _____, a Provider who is participating in the U.S. Department of Agriculture's Family Day Care Food Program (FDCFP) 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. The reimbursement for meals served to children in family day care homes is based on a two-tiered structure. In order to qualify for the higher, Tier I rate or the lower Tier II rate, for meals served to children enrolled in the day care program, the Provider must meet the following criteria:

Tier I Household: (Higher Rate) – The Provider home must either: **1)** be located in an area of economic need as determined by school enrollment or census data or **2)** establish individual economic need through the FDCFP process of application for free and reduced price meals. If the home is **not** located in an area determined eligible for Tier 1 rates, and the Provider chooses not to complete this form, the home is only eligible for the lower Tier II rates. If the Provider would like to claim meals served to provider's own or foster child and/or believes the home qualifies for Tier 1 rates, although the Provider home is not located in an area determined economically eligible, the Provider is required to complete this form.

Providers Only: You must report all household income, not just your day care business income. We are required by law to verify the information stated on your application. You may attach a copy of your most recent tax return, or you may submit documentation for last month. This includes payment statements from salaried work and statements pertaining to other forms of income. For your own income from your child care business, you must submit documentation of your gross income for last month, along with receipts of your business expenses, so that we can verify your net business income.

If you have already been classified as a Tier I home because your home is located in an area determined to be economically eligible, you do not have to complete this form **unless you would like to also claim meals served to your own child.**

Tier II Household: (Lower Rate) – The Provider will be reimbursed at the lower Tier II rate for meals served to your child if:

- 1) You do not live in an area established as one of economic need.
- 2) You choose not to complete this form.
- 3) Do not qualify for free or reduced-price meals.

Please complete, sign and return the enclosed form as soon as possible. This information is necessary to determine the rates of reimbursement the Provider will receive for the meals served to your child. This form will be placed in our files and treated as confidential information. The "Eligibility Income Scale" for reduced-price meals is included in this letter for your information. If your income is less than or equal to these reduced-price standards, the participant is eligible for free or reduced-price meals from the Child and Adult Food Program which means increased reimbursement for the Provider and increased nutritional benefits for your child. The income that you report must be the total gross income received by all members of your household. If during the year, there are decreases in your family size or increase in your income, which exceed \$50 per month or \$600 per year, you must report these changes to the center so that appropriate eligibility adjustments can be made. Also, if you become unemployed, the participant may be eligible for the free or reduced-price meal category during the period of unemployment.

INSTRUCTIONS FOR COMPLETING THE FORM

Option 1A: If you receive SNAP, TANF for the child, indicate your SNAP, TANF, case number and sign and date the form.

Option 1B: If you are applying for a foster child who is the legal responsibility of the welfare agency or court, you may check the box, fill in the blanks, submit supporting documentation, and sign and date the form. **A FOSTER CHILD'S PERSONAL USE INCOME** is defined as follows:

1. Funds received from a welfare agency, which can be identified for personal use of the child. Where funds provided by the welfare agency are specified by agency, i.e., funds for shelter and care; special needs funds; and funds for personal needs such as clothing, school fees, allowances, etc., only those funds that can be identified as personal use funds shall be considered as income.
2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time (e.g., paper routes, baby-sitting).

Option 2: If you or your child participates in, or is subsidized under, a Federal or State supported child care or other benefit program with an income eligibility limit that does not exceed the eligibility standard for free or reduced-price meals, your child is "categorically eligible". This means your Provider is automatically eligible to receive the Tier I higher rates for the meals served to your child. Indicate the name of the program and your case number, and sign and date the form. Federal categorically eligible programs qualifying a child enrolled in a Tier II day care home are:

- National School Lunch Program and School Breakfast Program
- Special Supplemental Nutrition Program for Women Infants and Children (WIC).
- Federally Funded Head Start Participants
- Subsidized Day Care (i.e. Work First New Jersey)

Option 3: If you do not receive Food Stamps, TANF or do not participate in an eligible Federal or State program benefits for the participant, you must provide:

- Names of all household members
- **MONTHLY** household income for each household member
- Total number in household.
- Total Gross Income of all Household Members.
- Signature and social security number of the Adult Household Member signing the application or indicate that the adult does not possess a social security number.
- Print name of Adult Household Member signing the application.
- Date and Telephone Numbers of the Adult Household Member signing the application.

ELIGIBILITY INCOME SCALE
Effective from July 1, 2020 to June 30, 2021
(As announced by the United States Department of Agriculture)
SCALE IS BASED ON GROSS INCOME BEFORE DEDUCTIONS

| HOUSEHOLD SIZE | REDUCED | | |
|--------------------------------------|---------------------|-------------------|------------------|
| | ANNUAL | MONTHLY | WEEKLY |
| 1 | \$16,589 - \$23,606 | \$1,384 - \$1,968 | \$ 320 - \$ 454 |
| 2 | \$22,413 - \$31,894 | \$1,869 - \$2,658 | \$ 432 - \$ 614 |
| 3 | \$28,237 - \$40,182 | \$2,354 - \$3,349 | \$ 544 - \$ 773 |
| 4 | \$34,061 - \$48,470 | \$2,840 - \$4,040 | \$ 656 - \$ 933 |
| 5 | \$39,885 - \$56,758 | \$3,325 - \$4,730 | \$ 768 - \$1,092 |
| 6 | \$45,709 - \$65,046 | \$3,810 - \$5,421 | \$ 880 - \$1,251 |
| 7 | \$51,533 - \$73,334 | \$4,296 - \$6,112 | \$ 992 - \$1,411 |
| 8 | \$57,357 - \$81,622 | \$4,781 - \$6,802 | \$1,104- \$1,570 |
| Each Additional Family Member | +8,288 | +691 | +160 |

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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: http://www.ascr.usda.gov/complaint_filing_cust.html, and at and 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.

Signature of Day Care Sponsor Representative

Ciw/FDC Parent Letter 2021