

PROVIDER LETTER FOR ESTABLISHING TIER I STATUS

Required to be given to family day care providers who do not qualify as a Tier I provider through area eligibility. (FFY 2015)

Dear Provider:

To establish eligibility as a Tier I provider under the Child and Adult Care Food Program, it is required that you complete and return to our office the attached household size-income statement. This information is kept confidential in our files. If your income is higher than the amount indicated below for your household size, do not complete this household size-income statement. Once properly approved for Tier 1 rates, a household will remain eligible for Tier 1 meal rates for a period not to exceed 12 months. **You must also submit verification of the information provided on the household size-income statement.¹**

Household Size Income Scale
(Effective July 1, 2014 to June 30, 2015)

Household Size	Annual Income Level (at or below)
1	\$21,590
2	\$29,101
3	\$36,612
4	\$44,123
5	\$51,634
6	\$59,145
7	\$66,656
8	\$74,167
For each Additional Household Member, Add	+\$7,511

If your household earns a total income that is less than or equal to the eligibility standards listed within the table above, you would be eligible for Tier 1 meal rates. If you have household members who become unemployed, you may be eligible for Tier 1 meal rates during the period of unemployment, provided that the loss of income causes the household income during the period of unemployment to be within the eligibility standards.

When eligibility is established by household size and income, a complete household size-income statement must include: (a) names of all household members including spouse, children, parents or other persons who live with you in the same household; (b) the last four digits of the social security number of the child care provider signing the household size-income statement or an indication that a social security number is not available; (c) household income received by each household member identified by source of income and how often each source is received; and (d) the signature of the child care provider and signature date. When eligibility is established by receipt of Supplemental Nutrition Assistance Program (SNAP) (FoodShare Wisconsin), FDPIR (Food Distribution Program on Indian Reservations) benefits, or W-2 Cash Benefits, a complete household size-income statement must include: (a) the provider name; (b) the appropriate FoodShare Wisconsin, FDPIR, or W-2 Cash Benefits case number; and (c) the signature of the child care provider and signature date. Eligible W-2 Cash Benefits programs are Trial Job, Community Service Job (CSJ), Caretaker of an Infant (CMC), W-2 Transition (W-2 T) and At Risk Pregnancy (ARP). **DO NOT give numbers for Medicaid, SSI, or W-2 Child Care Assistance.**

Foster children: Households with a foster child may choose to include the foster child as a household member on the same household size-income statement that includes their non-foster children. For the purposes of determining income for foster children, only the following funds shall be listed: funds received from a welfare agency that can be identified for personal use of the child and/or money received in hand from any source.

USE OF INFORMATION STATEMENT: Unless a SNAP, FDPIR, or W-2 Cash Benefits case number is provided for your child, you are applying for a foster child, or unless a Head Start statement of income eligibility verification is provided for your child, the Richard B. Russell National School Lunch Act requires that the adult household member signing the household size-income statement must report his or her last four digits of the social security number on the household size-income statement. If the adult household member signing the household size-income statement does not possess a social security number, he/she must indicate so on the household size-income statement. Provision of the last four digits of the social security number is not mandatory, but if it is not provided or an indication is not made that the adult household member signing the household size-income statement does not have one, the household size-income statement cannot be approved. The last four digits of the social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the household size-income statement for proper administration and enforcement of the Child Nutrition Programs. Your eligibility information provided on the household size-income statement may be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

Children's free and reduced price meal eligibility information may be shared with other State agencies and with other Child Nutrition programs without prior notification. If you qualify as Tier 1 eligible your children may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (BadgerCare). Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and BadgerCare that you are Tier 1 eligible, unless you tell us not to.** Medicaid and BadgerCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. (Filling out the Household size-income statement does not automatically enroll your children in health insurance.) **If you do not want us to share your information with Medicaid or BadgerCare, please notify us in writing. (Notification will not change whether enrolled children's meals are reimbursed at the Tier 1 rates.)**

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form*, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing 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.

____Linda Leindecker____
Signature of Sponsor Representative

¹VERIFICATION

Information supporting all listed sources of household income or your eligibility for FoodShare Wisconsin, W-2 Cash Benefits, or FDPIR must accompany the household size-income statement. Eligible W-2 Cash Benefits programs are Trial Job, Community Service Job (CSJ), Caring for a Newborn (CMC) and W-2 Transition (W-2 T).

CHILD AND ADULT CARE FOOD PROGRAM (Blue Form)
HOUSEHOLD SIZE-INCOME STATEMENT (FFY 2015, rev. 4/14)

Date Received by Sponsor _____

Child care provider must complete and return to home sponsor to establish eligibility for reimbursement as a Tier I home.

First and Last Name(s) of Enrolled Child(ren)	Provider Name/Number
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PART 1: BENEFITS

If any member of your household currently receives FoodShare Wisconsin, Wisconsin Works Cash Benefits, and/or FDPiR (Food Distribution Program on Indian Reservations), **check the box for the benefit currently received and provide the case number.**

Complete PART 3 and return it to the home sponsor. Do not complete PART 2. If no one receives these benefits, go to PART 2.

- FoodShare Wisconsin (10 or 16 digit #) Wisconsin Works Cash Benefits (10 digit #) FDPiR (9 digit #)

Case Number/Quest Card Number: _____

PART 2: TOTAL HOUSEHOLD SIZE AND INCOME

- 1) List all household members, including yourself and all children.
- 2) List all gross income (before deductions or taxes, social security, etc) on the same line as the person who receives it. (Self-employed household members should report net income.) Check the box for how often it is received. Record each income only once.

If you provided a case number in Part 1, you do not need to provide income information.

1) Full Name	Check if Foster Child	2) Gross Income and How often it was received												Check if no income				
		Earnings from work before deductions	Weekly	Every 2 Weeks	Monthly	Annually	Welfare Payments, Child Support and/or Alimony	Weekly	Every 2 Weeks	Monthly	Annually	Pensions Retirement Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Monthly	Annually	All Income Received Last Month (indicate frequency)	Other Last Month
(Example) Jane Smith	Foster Child	\$ 200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$200 /annually	
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /___	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /___	<input type="checkbox"/>
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	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /___	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /___	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /___	<input type="checkbox"/>

PART 3: ALL HOUSEHOLDS

Ethnicity and Race Data Collection – Completion is optional

It is required by Federal law to ask the following two questions concerning ethnicity and race. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. **Please answer both questions.**

IS YOUR CHILD(REN) HISPANIC OR LATINO? Yes, Hispanic or Latino No, neither Hispanic nor Latino

SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO YOUR CHILD(REN):

- American Indian or Alaska Native Black or African American White Asian Native Hawaiian or Other Pacific Islander

ADULT HOUSEHOLD MEMBER SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SS#)

If Part 2 is completed, the adult signing the form must list the last four digits of his/her SS# or check "None" if you do not have a SS#.

I CERTIFY that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on this form; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Adult Household Member	Signature Date Mo./Day/Yr.	Last 4 digits of SS# (or check "None" if you do not have a SS#) ***_**_ _ _ _ _ <input type="checkbox"/> None
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FOR SPONSORING ORGANIZATION USE ONLY – All 3 sections and the Effective Date must be completed

1) Basis of Determining Eligibility Total Household Size _____ <input type="checkbox"/> <input type="checkbox"/> FoodShare WI OR <input type="checkbox"/> W-2 Cash Benefits <input type="checkbox"/> FDPiR <input type="checkbox"/> Foster Child(ren) Total Income \$ _____ / _____	2) Eligibility Determination <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible	3) Determining Official's Initials & Approval Date _____ <div style="border: 2px solid black; padding: 5px; text-align: center;"> Effective Date of Determination _____ </div>
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Use the following conversion factors to determine yearly income only when multiple pay frequencies are reported: Weekly income x 52 = Yearly income. Every 2 weeks income x 26 = Yearly income. Twice a month income x 24 = Yearly income. Monthly income x 12 = Yearly income.