

ADULT DAY CARE INSTITUTIONS

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**ADULT DAY CARE
ELIGIBILITY
DOCUMENTATION**

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APPROVING ADULT FAMILY-SIZE AND INCOME APPLICATIONS

Every application must be approved at face value. Institutions *must not* complete any part of the application for a household nor can an institution require a household to complete an application.

A. The application *MUST* provide the following:

1. ***For Supplemental Nutrition Assistance Program (SNAP)*, Medicaid*, or Supplemental Security Income (SSI)* households:***

- a. The name of each participant for whom the application is made.
- b. A SNAP, Medicaid, or SSI case number.
 - (1) SNAP*: A valid SNAP number may begin with the letters **A, B, C, D, H, J, or T** followed by six to nine digits. All valid numbers *MUST* be Oklahoma-issued. Some numbers could also include a dash, followed by two additional numbers.
 - (2) Valid Medicaid numbers are nine digits long. Most will start with zeros, and there will be no letters in the number.
 - (3) SSI numbers are recognized as social security numbers.

NOTE: SNAP, Medicaid, and SSI numbers must be Oklahoma-issued.

- * If an application contains a single case number for SNAP, Medicaid, or SSI number, all enrolled participants listed on the application *MUST* be approved for free meal benefits. Any income information on an application containing a **SINGLE/CORRECT** SNAP, Medicaid, or SSI case number should be disregarded. (Reference USDA Memo SP-38-2009.)
- * If there is any doubt of the validity of a case number submitted on an application, the institution should contact the appropriate SNAP, Medicaid, or SSI official and document the findings. (This is only for numbers that are not formatted as Oklahoma numbers.)

c. The signature of the participant/adult household member.

2. ***For Other Households (Income Households):***

- a. The names of all household members, including the participant for whom the application is made.
- b. The amount of gross income received by each household member and the source of the income.
- c. The last four digits of the social security number of the participant or the adult household member who signs the application or an indication that the participant or the household member does not have one.
- d. The signature of the participant or the adult household member.

B. Computation of Current Income

1. Each household **MUST** provide the amount of gross income received. Income **MUST** be identified with the individual who received it and the source of the income (such as earnings, welfare, or pensions). It is the responsibility of the institution representative to compute the household's total current income and compare the total amount to the Income-Eligibility Guidelines. (See **page 215**.)
2. Households may report incomes for different periods; e.g., one monthly, one every two weeks, one twice a month, and one weekly. The institution representative must convert all reported incomes to annual income to determine the total household income.
3. To compute annual income:
 - a. If income is received **every week**, multiply the total gross income by 52 to determine the annual income.
 - b. If income is received **every two weeks**, multiply the total gross income by 26 to determine the annual income.
 - c. If income is received **twice a month**, multiply the total gross income by 24 to determine the annual income.
 - d. If income is received **once a month**, multiply the total gross income by 12 to determine the annual income.

C. Form Approval or Denial

1. Households that submit an incomplete form cannot be approved. If any **REQUIRED** information is missing, the information **MUST** be obtained before an eligibility determination can be made. Institutions **must not** complete any part of the form for a household.
2. To get the required information, the institution representative may return the form to the household or contact the household either in person, by phone, or in writing. The institution representative must document the details of the contact and date and initial the entry. Forms missing the signature of an enrollee or an adult household member **MUST** be returned for signature.
3. Every reasonable effort should be made to obtain the missing information prior to determining the form is not eligible.
4. If there are any inconsistencies or questions concerning the required eligibility information provided, the household's application **MUST** be determined as not eligible unless the inconsistencies or questions are resolved. For instance, if it is unclear whether the household provided weekly or monthly income, this issue **MUST** be resolved before an eligibility determination can be made. The institutional representative may contact the household prior to determining the application is not eligible, document the details of the contact, and date and initial the entry.
5. ***Each form must contain the approval signature of the institution representative and date the form was approved to be considered valid.***

ELIGIBILITY DEFINITIONS

Determining Household Size

Adult Living With Relative or Friends—A member of the household with whom he or she resides.

Family Members Living Apart—Family members not living with the household for an extended period of time are not considered members of the household.

Household/Economic Unit—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 and who share housing and/or significant income and expenses of its members. Generally, individuals residing in the same house are an economic unit. However, more than one economic unit may reside together in the same house. Separate economic units in the same house are characterized by prorating expenses and maintaining economic independence from one another.

Military Family Member—For the purpose of determining household size, deployed service members should be considered as family members living apart on a temporary basis. A school or an institution would instruct families to include the names and only that portion of the deployed service member's income made available by the service member, or on his or her behalf, to the household where the children are staying should be counted as income for eligibility determination purposes.

Determining Household Income

Income is any money received on a recurring basis, including **GROSS** earned income, unless specifically excluded by legislation. Specifically, gross earned income means all money earned before deductions for employee's income taxes, social security taxes, insurance premiums, bonds, savings programs, and/or other income deductions.

Income includes the following:

Current Gross Income—Households **MUST** report current income on a Family-Size and Income Application (FSIA).

Current income means income received by the household. If this income is higher or lower than usual and does not fairly or accurately represent the household's actual circumstances, the household may project its annual rate of income.

Earnings From Work—Wages, salaries, tips, commissions, net income from self-owned businesses and farms, strike benefits, unemployment compensation, and worker's compensation.

Garnisheed Wages and Bankruptcy—Income is the gross income received by a household before deductions. In the case of garnisheed wages and income ordered to be used in a specified manner, the total gross income **MUST** be considered, regardless of whatever portions are garnisheed or used to pay creditors.

Income for the Self-Employed—Self-employed persons may use last year's income as a basis to project their current year's net income, unless their current net income provides a more accurate measure. Self-employed persons are credited with net income rather than gross income. Net income for self-employment is determined by subtracting business expenses from gross receipts: (a) Gross receipts include the total income from goods sold or services rendered by the business; (b) Deductible business expenses include the cost of goods purchased, rent, utilities, depreciation charges, wages and salaries paid, and business taxes (not personal, federal, state, or local income taxes); (c) Nondeductible business expenses include the value of salable merchandise used by the proprietors of retail businesses; (d) For a household with income from wages and self-employment, each amount **MUST** be listed separately. When there is a business loss, income from wages may not be reduced by the amount of the business loss. If income from self-employment is negative, it should be listed as zero income.

Lump Sum Payments—When lump sum payments are put into a savings account and the household regularly draws from that account for living expenses, the amount withdrawn is counted as income.

Military Benefits—Gross income, including base pay, regular housing allowance (BAH, VHA, BAQ), subsistence (BAS), clothing allowance, hazardous duty, hostile fire, flight pay, incentive, etc., must be included for military families. The only exceptions are as follows:

- (a) *U.S. Armed Forces Family Subsistence Supplemental Allowances (FSSA)*. (Reference All State Directors' Memo 2006-CN-10.)
- (b) *Privatized housing* refers to the Military Housing Privatization Initiative, a program operating at a number of military installations. This initiative puts the operation of military-owned housing under private contractors. Under this privatization initiative, a housing allowance appears on the leave and earnings statement of service members living in privatized housing. It is important to note that this income exclusion is only for service members living in housing covered under the Military Housing Privatization Initiative. It is not an allowable exclusion for households living off base in the general commercial/private real estate market. (Reference All State Directors' Memos 2004-CN-06, 2004-CN-01, 2003-CN-17, 2003-CN-16.)
- (c) During Operation Enduring Freedom, where a household member is deployed to any location, regardless of the specific military operation, only the income made available to the household is to be counted and the deployed household member is to be counted as part of the household.

Additionally, USDA has provided clarification regarding household-size and income determination where both parents are deployed military and their children are staying with friends or relatives. Consistent with the above policy, the children would be counted as part of the household where they are staying; however, both parents would also be included in the household and only the funds provided to the household by the deployed military parents would be included in total household income. (Reference All State Directors' Memo 2003-CN-06.)

- (d) *Military Combat Pay*. This exclusion is authorized by the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 2010 (P.L. 111-80; October 21, 2009).

As set forth in the statute, Combat Pay is defined as an additional payment made under Chapter 5 of Title 37 of the United States Code, or as otherwise designated by the Secretary to be excluded, that is received by the household member who is deployed to a designated combat zone. Combat Pay is excluded if it is:

- Received in addition to the service member's basic pay.
- Received as a result of the service member's deployment to or service in an area that has been designated as a combat zone.

AND

- Not received by the service member prior to his or her deployment to or service in the designated combat zone.

A combat zone is any area that the President of the United States designates by Executive Order as an area in which the U.S. Armed Forces are engaging or have engaged in combat. As with other types of income commonly received by military personnel (such as the Basic Allowance for Housing or Basic Allowance for Subsistence payments), Combat Pay received by service members is normally reflected in the entitlements column of the military Leave and Earnings Statement (LES). Information regarding deployment to or service in a combat zone may also be available through military orders or public records on deployment of military units. Deployed service members are considered members of the household for purposes of determining income eligibility for the CNP. (Reference USDA Memo SP-06-2010.)

- (e) The Earned Income Tax Credit (EITC). (Reference All State Directors' Memo 2003-CN-13.)
- (f) Any payments made under the Agent Orange Compensation Exclusion Act.
- (g) Any payments made or any mandatory salary reduction related to the Veteran's Educational Assistance Act of 1964 (GI Bill).
- (h) Deployment Extension Incentive Pay (DEIP)

The exclusion of Combat Pay, as described in P.L. 111-80, is extended to DEIP. DEIP is given to active-duty service members who agree to extend their military service by completing deployment with their units without reenlisting. This exemption applies only until the service members return to their home station. Any additional DEIP payments provided to service members serving at their home station is considered income as they are no longer considered deployed. (Reference USDA Policy Memo SP-06-2011.)

Other Income—Net rental income; annuities; net royalties; disability benefits; interest; dividend income; cash withdrawn from savings; income from estates, trusts, and/or investments; regular contributions from persons not living in the household; and any other money that may be available to pay for the children's meals.

Pensions/Retirements/Social Security—Pensions, retirement income, social security, supplemental security income (SSI), and veterans' payments.

Seasonal/Temporary Workers—Seasonal workers such as migrants and others whose income fluctuates so that they usually earn more money in some months than in other months. In these situations, the household may project its annual rate of income and report this amount as its current income. If the prior year's income provides an accurate reflection of the household's current annual rate of income, the prior year may be used as a basis for the projected annual rate of income.

Welfare—Public assistance payments/welfare receipts (General Assistance, General Relief, etc.).

Income Exclusions

Income **NOT** to be reported or counted as income in the determination of a household's eligibility for free or reduced-price benefits includes:

Any cash income or value of benefits a household receives from any federal program that excludes such income by **legislative prohibition**, such as the value of food benefits provided under SNAP.

LOANS, such as bank loans, since these funds are only temporarily available and **MUST** be repaid.

The value of **in-kind compensation** such as housing for clergy or any other noncash benefit.

Occasional earnings received on an irregular basis; e.g., nonrecurring, such as payment for occasional baby-sitting or mowing lawns.

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 payment from an insurance company for fire damage to a house.

Any subsidy that a household receives through the prescription drug discount card program is not considered income. (Reference All State Directors' Memo 2004-CN-04.)

Earned Income Tax Credit: The federal earned income tax credit may be a refund of taxes withheld, a credit against taxes withheld, or a cash payment in excess of what was withheld. (Reference All State Directors' Memo 2003-CN-13.)

Payments made under the National Flood Insurance Act of 1968 for flood mitigation activities. (Reference All State Directors' Memo 2006-CN-04.)

Life Long Adult Day Care
565 "O" Street
Happytown, USA 77777

ADULT ONLY

LETTER TO THE HOUSEHOLD

Dear Guardian:

The Child and Adult Care Food Program (CACFP) offers meal reimbursements to adult day care facilities that provide structured comprehensive services to nonresidential adults who are functionally impaired or aged 60 and older. By completing the attached Family-Size and Income Application (FSIA), the centers will be able to receive reimbursement that is based on the number of enrolled participants who are eligible for free or reduced-price meals.

- 1. Do I need to fill out an FSIA for each adult in day care?** You may complete and submit one FSIA for the adults enrolled in day care in your household *ONLY* if they are enrolled in the same center. We cannot approve an FSIA that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed FSIA to: (Name of Center) Life Long Adult Day Care, (Address) 555 "O" Street, (Phone Number) 444-0000.**
- 2. Who can get free meals?** Adults in households getting Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), Social Security Income (SSI), or Medicaid can get free meals. Adults in households participating in Women Infants and Children (WIC) *MAY* be eligible for free meals.
- 3. Who can get reduced-price meals?** Adults can get low-cost meals if your household income is within the reduced-price limits on the Income-Eligibility Guidelines, shown on this application. Adults in households participating in WIC *MAY* be eligible for reduced-price meals.
- 4. May I fill out an FSIA if someone in my household is not a United States (U.S.) citizen?** Yes. You or the adult in your care do not have to be U.S. citizens to qualify for meal benefits offered at the center.
- 5. Who should I include as members of my household?** You must only include your spouse and your dependents who share income and expenses.
- 6. How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income-Eligibility Guidelines, the adult day care center will receive a higher level of reimbursement. Once properly approved for free or reduced-price benefits, whether through income or by providing a current SNAP or FDPIR case number or an SSI or Medicaid assistance number, you will remain eligible for those benefits for the current fiscal year. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.
- 7. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- 8. We are in the military; do we include our housing allowance as income?** If 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.

This institution is an equal opportunity provider and employer.

If you have other questions or need help, call (Phone Number) 444-0000.

Sincerely,

(Signature) Gettin Older

INSTRUCTIONS FOR COMPLETING THE FAMILY-SIZE AND INCOME APPLICATION (Adult Care)

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM *SNAP*, *FDPIR*, *SSI*, or *Medicaid*, FOLLOW THESE INSTRUCTIONS:

- Part 1:** a. List names of enrolled participants.
b. List all household members, including enrolled adult participant(s). For each enrolled participant(s), include his/her age.
- Part 2:** List the case number for any household member receiving *SNAP*, *FDPIR*, *SSI*, or *Medicaid* benefits.
- Part 3:** Skip this part.
- Part 4:** Sign the form. The last four digits of a social security number are *NOT* necessary.
- Part 5:** Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** a. List all enrolled adult participants.
b. List all household members, including enrolled adult participant(s) in care. For each enrolled participant(s), include his/her age. For any person with no income, you must check the *No Income* box.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- **Column A—Name:** List only the first and last name of *EACH* person living in your household, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
 - **Column B—Gross Income and How Often It Was Received:** For each household member who is a spouse or dependent of the participant, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly.
In Box 1, list the *gross income*, not the take-home pay. Gross income is the amount earned *BEFORE* taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.
In Box 2, list the amount each person got for the month from welfare, child support, alimony.
In Box 3, list retirement, Social Security, Supplemental Security Income (SSI), veteran’s benefits (VA benefits), and disability benefits.
In Box 4, list *All Other Income Sources*, including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, or federal education benefits. For *ONLY* the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get Combat Pay, do not include these allowances as income.
- Part 4:** Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.
- Part 5:** Answer this question if you choose to.

PRIVACY ACT STATEMENT: This explains how we will use the information you give us.

NONDISCRIMINATION STATEMENT: This explains what to do if you believe you have been treated unfairly.

ADULT ONLY
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION (FSIA)

PART 1. ALL HOUSEHOLD MEMBERS			
a. Name(s) of Adult Participant(s) <i>FLORENCE SCOTT</i>			
b. Names of All Household Members (First, Middle Initial, Last)		Age of Adult Participant(s)	Check if NO Income
<i>FLORENCE SCOTT</i>		<i>94</i>	<input checked="" type="checkbox"/>
<i>FRANK SCOTT</i>			<input checked="" type="checkbox"/>
<i>FELECIA SCOTT</i>			<input type="checkbox"/>
PART 2. BENEFITS			
If any member of your household receives SNAP, FEAP, SSI, or Medicaid benefits, provide the name and case number for the <i>ONE</i> person who receives benefits. <i>If no one receives these benefits, skip to Part 3.</i>			
NAME: _____ CASE NUMBER: _____			
PART 3. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.			
A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED		
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony, Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
<i>(Example) Jane Smith</i>	\$ <u>200</u> / <i>weekly</i>	\$ <u>150</u> / <i>twice a month</i>	\$ <u>100</u> / <i>monthly</i>
<i>FELECIA SCOTT</i>	\$ <u>1700</u> / <i>monthly</i>	\$ <u>800</u> / <i>monthly</i>	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).			
An adult household member must sign this form. <i>If Part 3 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the I do not have a social security number box.</i> (See Privacy Act Statement on the back of the next page.)			
<i>I certify (promise) that all information on this form is true and that all income is reported. I understand that the center or day care home will get federal funds based on the information that I give. I understand that CACFP officials may verify (check) the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits and I may be prosecuted.</i>			
Sign Here: _____	<i>Felecia Scott</i>	Print Name: _____	Felecia Scott
Date: _____	<i>10/3/4444</i>	_____	
Address: _____	Phone Number: _____	555-6666	
City: _____	State: _____	Zip Code: _____	
Last four digits of social security number: *** - ** - <u>5 5 5 5</u> <input type="checkbox"/> I do not have a social security number.			

EXAMPLE
 INVALID FREE
 INCOME
 CORRECTLY
 APPROVED

Part 5: Participant's Ethnic and Racial Identities (Optional)

Choose one ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American
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DO NOT FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: 2500.00 Per: Week ____ Every 2 Weeks ____ Twice a Month ____ Month X Year ____

Household Size: 3

Categorical Eligibility: ____ Date Withdrawn: ____ Eligibility: Free X Reduced ____ Denied ____

Reason: _____

Determining Official's Signature: Ima Fishal Date: 10/3/4444

The participant in the day care facility may qualify for free or reduced-price meals if your household income falls within the limits of this chart.

185% of Poverty Level	
Household Size	Yearly
1	21,775
2	29,471
3	37,167
4	44,863
5	52,559
6	60,255
7	67,951
8	75,647
Each additional person:	7,696

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 last four digits of 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 to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) case number 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 Programs.

In accordance with federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, office, 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, audiotope, American Sign Language [ASL]) 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 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
3. E-Mail: program.intake@usda.gov

This institution is an equal opportunity provider.