

**LETTER TO HOUSEHOLD—TIER II FAMILY DAY CARE HOMES (FDCH)**  
**FISCAL YEAR \_\_\_\_\_**

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled at a family day care home (FDCH). **(Name of FDCH)** \_\_\_\_\_ offers healthy meals to all enrolled children as part of our participation in the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Family-Size and Income Application (FSIA).

1. **Am I required to complete an FSIA in order for my child(ren) to receive CACFP benefits?** No, but if you choose to do so, your provider may receive a higher reimbursement for the meals served to your child(ren). If you do complete the FSIA, you have the option of returning it directly to your provider or to the provider's sponsor. If you would like to provide your FSIA directly to the sponsor, return the completed form to: **(Sponsor's Name)** \_\_\_\_\_, **(Address)** \_\_\_\_\_, **(Phone Number)** \_\_\_\_\_.

\_\_\_\_\_ Initial here if you consent to allowing to collect your form and provide it to the sponsor.  
**(Provider's Name)** \_\_\_\_\_ will not review your form.

2. **Do I need to fill out an FSIA for each of my children in day care?** You may complete and submit one FSIA for all children enrolled in child care in your household *ONLY* if the children in child care are enrolled in the same home. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information.
3. **Who qualifies for the higher reimbursement without providing income information?** Your provider will receive a higher reimbursement for meals served to foster children and children in households getting Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR). Children in households participating in Women, Infants, and Children (WIC) also *MAY* qualify for the higher reimbursement.
4. **Who qualifies for the higher reimbursement based on income?** Your provider may receive a higher reimbursement for the meals served to your children if your household income is within the reduced-price limits on the Income-Eligibility Guidelines, shown on this application. Children in households participating in WIC *MAY* be eligible for the higher reimbursement.
5. **May I fill out an application if someone in my household is not a United States (U.S.) citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the FDCH.
6. **Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who share income and expenses. You must include yourself and all children who live with you. You also must include any foster children living with you.
7. **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 Chart, the FDCH will receive a higher level of reimbursement. Once properly approved for the higher reimbursement rate, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for the rest of the 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.
8. **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.
9. **What if I have foster children?** Foster children who are under the legal responsibility of a foster care agency or court automatically qualify for the higher reimbursement. Any foster child in the household qualifies regardless of income. Households may include foster children on the FSIA but are not required to include payments received for the foster child as income.
10. **We are in the military; do we include our housing and supplemental 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.

If you have other questions or need help, call **(Phone Number)** \_\_\_\_\_.

This institution is an equal opportunity provider.

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
 FAMILY-SIZE AND INCOME APPLICATION (FSIA)  
 FOR FAMILY DAY CARE HOMES (FDCH)**

**FOR SPONSOR USE ONLY:**

1. Indicate type of application:  Provider  Parent/Guardian  
 2. Provider's Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

**PART 1. ALL HOUSEHOLD MEMBERS**

**a. Name(s) of Enrolled Child(ren)**

b. Names of <i>ALL</i> Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)*  *If all children indi- cated below are foster children, skip to Part 5 to sign this form.	Check if <i>NO</i> Income
			<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 2. BENEFITS**

If any member of your household receives *SNAP*, *TANF*, or *FDPIR* benefits, provide the name and case number for the **ONE** person who receives benefits. *If no one receives these benefits, skip to Part 3.*

NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL YOUR SCHOOL, HOMELESS LIAISON, OR MIGRANT COORDINATOR AT PHONE NUMBER: \_\_\_\_\_.**

Homeless  Migrant  Runaway

**PART 4. 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 IS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
(Example) Jane Smith	\$ 200/Weekly	\$ 150/ Twice a Month	\$ 100/Monthly	
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

**PART 5. Expanded Categorical Eligibility for PARENT/GUARDIAN OF TIER II HOMES ONLY**

<input type="checkbox"/> Women, Infants, and Children (WIC) <input type="checkbox"/> Federally Funded Head Start	<input type="checkbox"/> Title XX <input type="checkbox"/> Energy Program (LIHEAP)	<input type="checkbox"/> Refugee Assistance <input type="checkbox"/> National School Lunch/School Breakfast Programs (NSLP/SBP)	<input type="checkbox"/> Commodity Supplement Food Program Child Development Fund
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**× PART 6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).**

An adult household member must sign this form. *If Part 4 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 certify that all information on this form is true and that all income is reported. I understand that the FDCH will get federal funds based on the information that I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, this participant receiving meals may lose the meal benefits and I may be prosecuted.*

Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Last four digits of social security number: \*\*\*\* - \*\* - \_\_\_\_\_  I do not have a social security number.

**PART 7: PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

Mark one ethnic identity:		Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

**PART 8: OTHER BENEFITS: You do not have to complete this part to participate in the CACFP.**

**Health Insurance**  Yes, I want health insurance for my children. Institution officials may give information from my FSIA to Sooner Care Health Benefit officials so that they may send me information about free or low-cost health insurance for my children.

No, I **DO NOT** want information from my FSIA shared with Sooner Care Health Benefits officials.

I certify that I am the parent/guardian of the children for whom application is being made.

I understand that I will be releasing information that will show that I applied for free or reduced-price meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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	26,973
2	36,482
3	45,991
4	55,500
5	65,009
6	74,518
7	84,027
8	93,536
Each Additional Person:	9,509

"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 are 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 program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov) This institution is an equal opportunity provider.

**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:	Per Week:	Every 2 Weeks:	Twice a Month:	Month:			
Household Size:							
Categorical Eligibility:	Date Withdrawn:	Eligibility:	Free	Reduced	Denied	Tier I	Tier II
Reason:							
Determining Official's Signature:						Date:	

## INSTRUCTIONS FOR COMPLETING THE FDCH FAMILY-SIZE AND INCOME APPLICATION

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM *SNAP*, *TANF*, OR *FDPIR*, FOLLOW THESE INSTRUCTIONS:

- Part 1:**
- List all enrolled children.
  - List all household members, including the enrolled children. For each enrolled child, include his/her age and birth date.
- Part 2:** List the case number for any household member (including adults) receiving *SNAP*, *TANF*, or *FDPIR* benefits.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Skip this part.
- Part 6:** Sign the form. The last four digits of a social security number are **NOT** necessary.
- Part 7:** Answer this question if you choose.
- Part 8:** **OTHER BENEFITS.** You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

- If ALL children you are applying for are foster children or if you are only applying for benefits for the foster child:**

- Part 1:**
- List all enrolled foster children.
  - List all foster children with ages and birth dates of those enrolled. Check the box indicating the child is a foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Skip this part.
- Part 6:** Sign the form. The last four digits of a social security number are **NOT** necessary.
- Part 7:** Answer this question if you choose.
- Part 8:** **OTHER BENEFITS.** You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

- If some of the children in the household are foster children:**

- Part 1:**
- List all enrolled children.
  - List all household members, including foster children, with ages and birth dates of those enrolled. Check the box indicating the child is a foster child. For any person, including children, with no income, you must check the **No Income** box.
- Part 2:** If the household does not have a case number, skip this part.
- Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call **your school, homeless liaison, or migrant coordinator** at \_\_\_\_\_. If not, skip this part.
- Part 4:** 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 receives income, 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 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 5:** **EXPANDED CATEGORICAL ELIGIBILITY:** For parent/guardian of enrolled children to complete, if applicable. Indicate by checking if household participates in any of the listed programs. Skip Parts 2, 3, and 4. An adult household member must sign the application in Part 6. A social security number is not required. (Providers do not qualify for expanded categorical eligibility.)

**Part 6:** 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 7:** Answer this question if you choose.

**Part 8:** **OTHER BENEFITS.** You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

**ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:**

**Part 1:**

- a. List all enrolled children.
- b. List all household members; for the enrolled children, list ages and birth dates. For any person, including children, with no income, you must check the **No Income** box.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** 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, 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, SSI, 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 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 5:** **EXPANDED CATEGORICAL ELIGIBILITY:** For parent/guardian of enrolled children to complete, if applicable. Indicate by checking if household participates in any of the listed programs. Skip Parts 2, 3, and 4. An adult household member must sign the application in Part 6. A social security number is not required. (Providers do not qualify for expanded categorical eligibility.)

**Part 6:** 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 7:** Answer this question if you choose.

**Part 8:** **OTHER BENEFITS.** You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.