

**NONPRICING MEAL SERVICE ATTACHMENTS
FOR SPONSORS OF DAY CARE HOMES
IN THE CHILD AND ADULT CARE FOOD PROGRAM
2014-2015**

The following attachments are included and considered part of this Non-pricing Policy Statement and Agreement:

- Attachment A - Income Eligibility Guidelines
- Attachment B - Provider Agreement Prototype
- Attachment C - Provider Application for Participation Prototype
- Attachment D - Addendum to the Provider Agreement
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ATTACHMENT A

INCOME ELIGIBILITY GUIDELINES

(Effective from July 1, 2014 through June 30, 2015)

Below are the income scales to be used to determine applicant's eligibility for free or reduced price meals if the family is at or below the guideline.

Household Size	Annually	Monthly	Every 2 weeks	Twice a month	Weekly
1	\$21,590	\$1,800	\$831	\$900	\$416
2	\$29,101	\$2,426	\$1,120	\$1,213	\$560
3	\$36,612	\$3,051	\$1,409	\$1,526	\$705
4	\$44,123	\$3,677	\$1,698	\$1,839	\$849
5	\$51,634	\$4,303	\$1,986	\$2,152	\$993
6	\$59,145	\$4,929	\$2,275	\$2,465	\$1,138
7	\$66,656	\$5,555	\$2,564	\$2,778	\$1,282
8	\$74,167	\$6,181	\$2,853	\$3,091	\$1,427
For each additional family member, add	\$7,511	\$626	\$289	\$313	\$145

NOTE TO LOCAL AGENCY OFFICIALS:

When making a determination, the frequency of the current income is compared to the respective income eligibility guidelines (IEG) scale above (weekly income is compared to the weekly scale above). **Use the following procedures to convert income:**

- If a household has only one income source, or if all sources are the same frequency, do not use conversion factors. Compare the income or the sum of the incomes to the published IEG for appropriate frequency and household size to make the eligibility determination.
- If a household reports income sources at more than one frequency, the preferred method is to annualize all income by multiplying weekly income by 52, income received every 2 weeks by 26, income received twice a month by 24, and income received monthly by 12.
- **Do not round the values resulting from each conversion.**
- Add the sources of income together and compare to the scale above.

Instructions for farm/self-employed people are included in parent letter and the guidance for completing the application.

The agency should verify any questionable applications.

ATTACHMENT B

**PROVIDER AGREEMENT
WITH**

(Sponsoring Organization Name)

FOR PARTICIPATION IN THE CHILD AND ADULT CARE FOOD PROGRAM

Provider Name: _____

Address: _____

The above provider hereby enters into an agreement with the above named sponsoring organization to participate in the Child and Adult Care Food Program. The Child and Adult Care Food Program provides financial assistance to providers of registered day care homes or licensed group homes to improve the nutritional quality of meals served to children in the day care home/group facility. The services outlined in this agreement meet the Child and Adult Care Food Program regulations. This agreement is permanent and must be maintained on file. If there are significant changes made in policy, a new agreement will be completed. Program payments are conditional contingent upon the availability of Federal funds.

This agreement specifies the rights and responsibilities of the Sponsoring Organization and the provider as participants in the United States Department of Agriculture's (USDA) Child and Adult Care Food Program.

Rights and Responsibilities of the Sponsoring Organization:

In accordance with Child and Adult Care Food Program Regulations, the Sponsoring Organization agrees to:

1. Train providers in program requirements before they begin participating in the Child and Adult Care Food Program.
2. Determine eligibility of day care homes for Tier 1 or Tier 2 reimbursement rates, and inform those homes determined as Tier 2 of their options for receiving reimbursement for meals served to enrolled children
3. Distribute Family Income Statements to those families of enrolled children attending Tier 2 homes, which have requested this option.
4. Request reimbursement for Tier 1 homes based on Tier 1 rates, and for Tier 2 homes using Tier 2 rates and the following sponsor-wide formula: _____
5. Offer additional Child and Adult Care Food Program requirements training sessions, at least annually, scheduled at a time and place convenient to their providers.
6. Respond to a provider's request for technical assistance in a timely manner.
7. Provide Child and Adult Care Food Program record keeping forms to the provider.
8. Visit the provider at least three times a year to review meal service and meal records during the hours of child care to ensure compliance with program regulations.
9. Contact parents of enrolled families in accordance with the policies and procedures established by the state Child and Adult Nutrition Services office.
10. Pay to the provider in a timely manner the amount of the full food service rate for each meal served to enrolled children for which the Sponsoring Organization has received payment from the State Agency.

11. Offer Child and Adult Care Food Program administrative services free of charge to the provider.
12. Assure that all meals claimed for reimbursement are served to enrolled children without regard to race, color, national origin, sex, age, or disability. All meals claimed must meet the meal pattern requirements specified in the Child and Adult Care Food Program regulations.
13. Distribute an advance to the provider within 5 working days after receipt of the money from Child and Adult Nutrition Services (CANS). If reimbursement is owed to the provider in addition to the advance payment, the Sponsoring Organization will pay the provider the remainder of the food service rate for each meal served to enrolled children 5 days after the Sponsoring Organization has received full payment from CANS office.

Rights and Responsibilities of the Day Care Home Provider:

The provider agrees to:

1. Keep daily records of:
 - a. the menu that is served to the day care children at each meal, each day;
 - b. the number of children's meals served at each meal service;
 - c. the number of enrolled children who are present each day;
 - d. the time of arrival and departure of each child.
2. Claim meals served to provider's own children or foster children (if eligible) living in the provider's home only if enrolled children who live outside the provider's home are also served that meal.
3. Serve meals, which meet the Child and Adult Care Food Program meal pattern requirements for the ages of children being served.
4. Serve meals to all enrolled children without regard to race, color, national origin, sex, age, or disability.
5. Conduct the "day care" in the provider's own home or an approved private residence and provide adult supervision whenever a day care child is present.
6. Keep all records on file for three years and make such records available to the sponsor whenever requested.
7. Claim reimbursement only for meals served to eligible children age 12 or under. Documentation is required for exceptions that allow for claiming a child age 13 or older who is a:
 - a. migrant worker's child up to age 16;
 - b. child with a disability, no age limitation.
8. Attend training sessions required by the Sponsoring Organization.
9. Distribute the basic Program information provided by the Sponsoring Organization to the families of all enrolled children.
10. Allow representatives from the Sponsoring Organization, Child and Adult Nutrition Services, US Department of Agriculture and other State and Federal officials to come into the provider's home to make announced or unannounced reviews of the home's operation and to have access to its meal service and records during normal hours of child care operations. Anyone making such reviews must show photo identification. These reviews will occur three or more times a year.

11. Tell the Sponsoring Organization, without delay, the names of any children added or dropped from the enrollment for day care, or if there are any changes in the home's registration or approval status.
12. Submit the meal count and menu records for claiming reimbursement to the Sponsoring Organization by the _____ day of each month. Failure to do so may result in loss of payment for that month.
13. Be ineligible for meal reimbursement for one month following a sponsor transfer. This ineligibility does not apply to: 1) those homes which transfer at the end of a program year (September 30 and October 1), or 2) those terminated, by the current sponsor of the provider, without cause. The State agency does not allow for more than one transfer within a program year.
14. Notify the Sponsoring Organization in advance whenever you are planning to be out of your home during the meal service period. If this procedure is not followed and an unannounced review is conducted when the children are not present in the day care home, claims for meals that would have been served during the unannounced review will be disallowed.
15. Maintain the approved types of meals and time schedule as written on the Provider Application form throughout the term of this agreement. Changes must have the prior approval from the sponsoring organization.
16. The possible termination from the program if he/she violates this agreement or any state or federal law pertaining to the food program, he/she could be terminated from the program. In addition, the provider would need to pay back to the sponsor any funds received for which he/she was not eligible. Refer to Termination Provisions.

PROGRAM ABUSE/TERMINATION PROVISIONS:

1. The sponsoring organization or provider may terminate this agreement at any time for cause or convenience.
2. Fraudulent abuse of the program by the provider will result in termination of this agreement. In addition, reimbursement may be lost for any meal(s) claimed that do not meet program regulations. Ineligibility to claim a specific meal(s) may be determined, but are not limited to, the following ways:
 - a. Serving a meal that does not meet CACFP requirements.
 - b. Failure to maintain meal counts on a daily basis.
 - c. Not noting changes made in the menu served.
 - d. Over registration/licensure capacity in number of children in care.
 - e. Claiming meals for ineligible children.
 - f. Claiming meals for children not present in home during established mealtime serving schedule.
 - g. Claiming more than three meals per child, one of which must be a snack.
 - h. Claiming meals for provider's own or foster children when not income eligible or when children from outside the home are not present and/or are not participating in the meal.
 - i. Failure to notify the sponsoring organization and Department of Social Services immediately of changes affecting their registration/licensure status, or address.
 - j. Participation in Child and Adult Care Food Program under two different sponsorships at the same time.

- k. Charging parents an additional fee for meals.
 - l. Claiming for meals not served.
 - m. Failure to be in compliance with other Child and Adult Care Food Program regulations.
3. The sponsor reserves the right to:
- a. Use any available legal method to investigate potential abuse.
 - b. Withhold funds to which the sponsor has determined the provider is not entitled.
4. The sponsor reserves the right to deny application to a provider reapplying for the program after a suspension or termination for cause.
5. A provider who will be terminated for cause has the right to an Administrative Appeal. For any other adverse actions taken, the provider does not have the right to an Administrative Appeal.

We certify that the information on the provider application and agreement is true and correct to the best of our knowledge, and that we will comply with the rights and responsibilities outlined in this agreement. The provider also certifies that he/she is not participating in the Child and Adult Care Food Program under any other Sponsoring Organization.

Provider's Signature

Date

Signature of Sponsoring Organization Representative

Date

ATTACHMENT C

Application For Participation in the Child and Adult Care Food Program

with _____ (Sponsoring Organization)

Check one:
____ New
____ Renewal
____ Amendment

Legal Name of Provider (please print)

Provider Date of Birth

Address of Home City State Zip

County Telephone

Type of Facility: Family Group Registration Number:

Maximum Capacity Expiration Date:

Name of Group Family Day Care:

Is family size and income information available at the sponsoring organization to establish eligibility of provider's children for free or reduced price meals? (If no, meals served to provider's own children may not be claimed for reimbursement.)

Yes No If yes, how many of the provider's own children are eligible?

What hours do you take care of children other than your own?

From: To: Days of the week (circle): M T W Th F S Su Holidays

Do you care for before and after school children? Yes No

Do you care for children in shifts? Yes No

Times meals are served (2 hours between any meals and/or snacks)

Table with 8 columns: Meals that will be claimed, Begin Time, End Time, Date: Change 1, Date: Change 2, Date: Change 3, Date: Change 4, Date: Change 5. Rows include Breakfast, AM Snack, Lunch, PM Snack, Supper, Evening Snack.

On what date do you wish to begin claiming meals for reimbursement? Note: it cannot be a date earlier than today.

I HEREBY CERTIFY that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that Sponsoring Organization officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. I am not currently participating in the Child and Adult Care Food Program under any other sponsor.

Provider Date Sponsoring Organization Representative Date

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. 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 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. As stated above, all protected bases do not apply to all programs, the first six protected bases of race, color, national origin, age, disability and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.

CANS USE ONLY: [] Licensing/Registration Valid [] NDL Checked and Approved CANS Initials:

ATTACHMENT E

PUBLIC RELEASE PROTOTYPE
for Use by DCH Sponsor

(Name of Sponsoring Agency) _____ announces the sponsorship of the Child and Adult Care Food Program

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Meals will be provided by the day care homes administered by our organization. A list of the homes is available at our office, which is located at _____ (address) _____.

PUBLIC RELEASE FOR SPONSORING ORGANIZATIONS OF DAY CARE HOMES

1. Each local agency must annually submit a public release to the local news media. A prototype is provided above. Child and Adult Nutrition Services (CANS) does not require the agency to pay for publication of the release.
2. A copy of the public release and letter sent to the media must be maintained in the permanent files and one copy must be sent to CANS office.
3. Check and attach at least one of the following items
 - _____ a. We have attached a copy of the letter and the public release as submitted to the media.

Where the release was sent to: _____
Date sent: _____
 - _____ b. A copy of the news release that was published is attached.
(Send the full newspaper page on which the release was printed.)

Dear Provider:

This letter pertains to you if you wish to establish eligibility as a Tier 1 home in the Child and Adult Care Food Program (CACFP) or if you wish to claim meals served to your own child in the program.

Tier 1 Reimbursement for All Children

A two-tiered structure is used to determine rate of meal reimbursement. In order to qualify for the higher Tier 1 rate for meals served to children enrolled in your daycare program, the home must either: 1) be located in an area of economic need as determined by school enrollment or census data or 2) establish eligibility based on provider's own household income. The latter requires your completion of the attached Provider Application for Tier 1 Reimbursement Rates which is to be submitted to our agency for approval.

Documentation must also be attached to support all income or case number(s) listed. This includes pay stubs, award letters from welfare departments, social security, and support payment decree from courts. If we determine that you are eligible based on household income, you will qualify for the Tier 1 reimbursement rates for all children in your care.

If this day care home is not located in an area established as one of economic need and you choose not to complete this form, or if you do not qualify, reimbursement will be paid for CACFP meals served to enrolled children at the lower (Tier 2) rate. If the day care home has already been classified as a Tier 1 home because the home is located in an area determined to be economically eligible, the application does not have to be completed unless you would like to also claim meals served to your own child(ren).

Applying to Claim Meals Served to Your Own Child

Please note that completion of this form is required for all providers who wish to claim meals served to their own children. Even if the day care home is located in an area determined to be economically eligible, the regulations require that eligibility be established for provider's child(ren) through completion of this application, if you wish to claim meals served to them.

If you are determined to be eligible, you may claim meals served to your own child(ren) under thirteen years of age, only when meals are served at the meal service to other enrolled children in your program. Our agency may verify the income information you submit, but is not required to do so in this circumstance. In this circumstance, do not submit documentation to support all income listed unless we specifically ask you to do so.

Who should fill out an application?

- Any provider who wishes to apply to receive Tier 1 rates for all children's meals.
- All providers who wish to claim meals served to their own children.

You do not need to complete the application:

- If you receive a letter from Social Services or Interagency Notification from the commodity warehouse on Indian reservations, submit that instead of an application form.

INCOME ELIGIBILITY GUIDELINES (Effective from July 1, 2014 through June 30, 2015)

Household Size	Annually	Monthly	Every 2 Weeks	Twice a Month	Weekly
1	\$21,590	\$1,800	\$831	\$900	\$416
2	\$29,101	\$2,426	\$1,120	\$1,213	\$560
3	\$36,612	\$3,051	\$1,409	\$1,526	\$705
4	\$44,123	\$3,677	\$1,698	\$1,839	\$849
5	\$51,634	\$4,303	\$1,986	\$2,152	\$993
6	\$59,145	\$4,929	\$2,275	\$2,465	\$1,138
7	\$66,656	\$5,555	\$2,564	\$2,778	\$1,282
8	\$74,167	\$6,181	\$2,853	\$3,091	\$1,427
For each additional family member, add	\$7,511	\$626	\$289	\$313	\$145

Look at the chart. Find your household size. If your household income is the same or less than the listed income for your household size, you may be eligible to claim Tier 1 reimbursement for meals served to your own child(ren) and also to all other children in your care.

A household is all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. Total household income is current income received by all household members during the month prior to application. 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. Income includes **gross** earned income, which means all income earned before such deductions as income taxes, employee's social security taxes, insurance premiums, and bonds.

Note: If you receive SNAP (formerly known as Food Stamps), commodities through the Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF) for your children, you are automatically eligible to receive the Tier 1 rate for meals served to your own child(ren) and all other children's meals.

Instructions for Completing the Tier 1 Reimbursement Application

Indicate at the top of the application if you are applying for Tier 1 rates for all children and/or your own children. Check “for all children” only if you have not been determined eligible for Tier 1 rates based on school or census area data.

PART 1-Household receiving SNAP (formerly known as Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR). For a household receiving these benefits, this application must include:

1. A current SNAP, TANF, or FDPIR case number in Part 1.
2. Names of all children under age 13, who receive these benefits in Part 2.
3. An adult household member signature in Part 3.

PART 2 - Household not getting SNAP/TANF/FDPIR. This application must include:

1. Names of all household members.
2. An “x” next to those children under age 13 for which you wish to claim meals.
3. Current income for all household members listed under the appropriate source. Include all types of income:
 - earnings from work (wages, salaries, tips, commissions, etc.)
 - NET income from self-owned business (daycare home business, farming, etc.)
 - pensions, retirement income, social security, supplemental security income, and veteran’s payments
 - any other income such as net rental income, annuities, net royalties
 - disability benefits, interest, etc.
4. A signature and the last four digits of the social security number of an adult household member in PART 4.

CURRENT INCOME: This is income received by the household during the month prior to application. If this income is higher or lower than usual and does not fairly or accurately represent the household actual circumstances, the household may project its annual rate of income.

Self-employed persons (day care provider’s business, etc.) must indicate net income rather than gross income as described here. Net income for self-employment is determined by subtracting business expenses from gross receipts. 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.

To figure monthly income for self employed: Take information from your US Individual Tax Return-Form 1040, write the number from the corresponding tax form lines in the spaces on the next page.

To figure monthly income for farm/self-employed: The information to figure income from private business operation is to be taken from your US Individual Income Tax Return-Form 1040. Write the numbers from the corresponding tax form lines in the spaces below.

<u>Farm Income</u>	<u>Proprietorship income</u>	<u>Partnership Income</u>
Line 13 \$ _____		
Line 14 \$ _____	Line 12 \$ _____	Line 13 \$ _____
Line 17 \$ _____	Line 13 \$ _____	Line 14 \$ _____
Line 18 \$ _____	Line 14 \$ _____	Line 17 \$ _____
TOTAL \$ _____	TOTAL \$ _____	TOTAL \$ _____

Divide the total by 12 and write it on the application in the monthly earnings column. If it is a negative number, write it as zero on the application.

All other income on lines 7 through 22 of the tax form must be listed separately for the person who earned it.

DETERMINING MONTHLY INCOME: To convert income figures to monthly income, use the following multiplication factors: weekly x 52 then divide by 12; every 2 weeks x 26 then divide by 12; twice a month x 24 then divide by 12.

PROOF OF ELIGIBILITY: Providers who are applying to receive Tier 1 rates for all children in care based on this application must attach supporting documentation for all income listed (pay stubs, or an award letter from welfare departments or government agencies for those benefits). The application will not be approved without this information. Those providers approved for Tier 1 rates based on area eligibility, and are applying only to claim meals served to their own children; do not need to attach information.

TO REAPPLY: If you do not qualify now, you may fill out an application for benefits any time during the year. If you should have a decrease in household income, an increase in household size, become unemployed, or get SNAP (formerly known as Food Stamps), FDIIR commodities, or TANF, you may want to fill out an application at that time.

CONFIDENTIALITY: The information included in this application is confidential. This information may only be made available to designated representatives of our agency or representatives of USDA.

NON-DISCRIMINATION STATEMENT:

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 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](http://www.ascr.usda.gov/complaint_filing_cust.html) 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.

As stated above, all protected bases do not apply to all programs, ***the first six protected bases of race, color, national origin, age, disability and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.***

APPLICATION EFFECTIVE DATES: This form will be in effect for one year.

Please ensure that all parts of the application, which pertain to you, as directed on the application, have been fully completed. The application cannot be approved unless it contains proper documentation. If you have any questions regarding proper completion of the application, please contact our office for assistance.

VERIFICATION - SUPPORTING DOCUMENTS TO SUBMIT

Providers who are applying for Tier 1 rates:

SNAP (formerly known as Food Stamps)/Temporary Assistance for Needy Families (TANF)/Food Distribution Program on Indian Reservations (FDPIR) Households: If you get SNAP, TANF, or FDPIR, you only have to send the following:

- SNAP, TANF, or FDPIR certification notice showing the beginning and ending dates of the certification period.
- Letter from the SNAP, welfare, or commodity office stating that you now get SNAP, TANF, or FDPIR.

Households that do not get SNAP, TANF, or FDPIR: If you do not get these benefits for your child:

- 1) Complete the application form.
- 2) Write the name and last four digits of the social security number of an adult household member on the enclosed sheet.
- 3) Submit copies of information or papers that show your household's current income. Current income is the amount of money your household received last month.

The papers you send in must show:

1. The amount of the income received
2. The name of the person who received it
3. The date the income was received
4. How often the income is received

To show the amount of money your household received last month, send copies of the following:

Earnings/wages/salary for each job:

- Current paycheck stub that shows gross income and how often it is received.
- Letter from employer stating gross wages and how often you are paid.

Self Employment/daycare business/farming:

- Net income from prior month including documentation of gross income and business expenses.
- A copy of last year's tax forms showing net income from self-employment if it more accurately reflects current net income.

Unemployment compensation/disability or worker's compensation:

- Notice of eligibility from state employment security office.
- Check stub
- Letter form worker's compensation.

Child Support/alimony

- Court decree, agreement, or copies of checks received.

All other income:

- Document the amount of income received and how often (i.e. rental income, etc.)

PROVIDER APPLICATION FOR TIER 1 REIMBURSEMENT

To apply for the Tier 1 rate of reimbursement for all children in your care OR to claim meals served to your own child(ren), complete this application.

Application to claim Tier 1 rates: _____ for all children (attach supporting documents for all income or case number listed)
 _____ for my own children

PART 1 - Households Receiving SNAP (formerly known as Food Stamps), Temporary Assistance For Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR): If your family is NOW receiving , TANF, or commodities on reservations, please complete parts 1, 2, and 3.

SNAP Case Number: _____ TANF Case Number: _____ FDPIR Case Number: _____

PART 2 - Households Not Getting SNAP/TANF/FDPIR: Complete parts 2 and 3 and sign the application. See back, section 2 for directions. List everyone living in your household. Include parents, all children, grandparents, and all other people related or unrelated who share living expenses. Place an "X" next to the name of the child (ren) under age 13 for which meals will be claimed.

"X" Own Children Under Age 13	Names of All Household Members	Monthly Earnings From Work (Before Deductions)	Monthly Welfare, Pensions, Unemployment, Child Support, Social Security, Alimony	Other Cash Income Received (amount per month)	Check if No Income	Check if Foster Child
_____	_____	_____	_____	_____	<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 – Signature: An adult household member must sign this application before it can be approved.
 PENALTIES FOR MISREPRESENTATION – I certify that the information provided is correct and that all income was reported. I understand that this information is being given for the receipt of Federal benefits and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal law.

X _____ I do not have a Social Security Number
 Signature of Adult Household Member Last 4 digits of Social Security Number (required only if Part 3 is completed)

Home Telephone No. _____ Work Telephone No. _____ Printed Name _____
 Street/Apt. No. _____ City/State/Zip _____ Date _____

FOR SPONSORING ORGANIZATIONS USE ONLY

_____ SNAP/TANF/FDPIR _____ HOUSEHOLD SIZE \$ _____ TOTAL HOUSEHOLD INCOME

Approved to claim Tier 1 rates for:

(a) _____ provider's own children based on this application

(b) _____ children in care based on this application

If eligibility is based on part 2 (above), has verification been completed? _____ yes _____ no (attach documentation)

_____ APPLICATION DENIED REASON FOR DENIAL _____

DATE NOTIFICATION SENT _____

SIGNATURE OF APPROVING OFFICIAL _____ DATE _____

Notes about eligibility/verification:

Section 1: HOUSEHOLD – “Family” means a group of related or non-related individuals who are not residents of an institution or boarding house but who are living as one economic group. It includes parents, preschool children, children in school, children out of school living with parents, children away at school, grandparents, etc., living in the home.

Section 2: CURRENT INCOME - You are to include the total amount of current income for everyone living in your household regardless of their relationship to you.

“Income” means income before deductions for income taxes, employees’ social security taxes, insurance premiums, bonds, etc. Persons engaged in farming or who operate other types of private businesses where cash flow varies throughout the year making it impossible to predict yearly income with any accuracy, may use their income tax records for the preceding calendar year as a basis for Tier 1 rates during the present year. Deductions for personal expenses, such as interest on home payments, medical expenses, and other similar non-business deductions, are not allowed in reducing gross business income. As a self-employed businessperson or farmer, business expenses are deducted when considering income.

Also, if you have additional income from other kinds of employment, this income must be treated as separate and apart from the income generated from your business venture. For example, if you operated a business at a net loss, but held additional employment for which you received a salary, your income for purposes of applying for Tier 1 rates would be the value of the income from your salary only, since the loss from the business cannot be deducted from the amount of the income earned in the additional employment.

“Income,” as the term is used in this notice, does not include any income or benefits received under any federal program, which is excluded from consideration as income by legislative prohibition. Furthermore, the value of assistance to children or their families shall not be considered as income if prohibited by the authorizing legislation, such as the National School Lunch Act and the Child Nutrition Act of 1966.

TYPES OF INCOME - Include all income from all sources for all persons living in your house or apartment. Report income from the following sources:

Wages	Public assistance payments	Social Security survivor’s benefits
Salaries	Welfare payments	Veteran’s subsistence benefits
Tips	Strike benefits	Net income from farm or non-farm self employment
Commissions	Unemployment compensation	Pensions - personal or government
Annuities	Supplemental security	Retirement income – personal or government
Interest	income	Cash withdrawn from savings, trusts, or investments
Alimony	Worker’s comp	Regular contributions from persons not living in the household
Dividend income	Child support payments	Social Security
Net royalties	Disability benefits	Any other resources which may be available to pay for children’s meals
	Net rental income	

DO NOT REPORT: scholarships, educational benefits, SNAP (formerly known as Food Stamps), children’s incidental income from such occasional activities as: baby-sitting, shoveling snow, cutting grass.

Section 3: PRIVACY STATEMENT – If you did not give a SNAP, FDPIR (commodity), or TANF case number, Section 9 of the National School Lunch Act requires you to list the last four digits of the social security number of the adult household member who signs the application or indicate that the adult household member does not have a social security number. You do not have to give this information, but if you do not give the last four digit of the social security number or indicate that the signer does not have a social security number, you cannot be approved for Tier 1 rates for the children for whom you are applying for benefits. The social security number may be used to identify you for verifying the information you report on this application. Verification may include program reviews, audits, investigations, contacting the state employment security office, SNAP or welfare office, and employers, and checking the written information provided by the household to confirm the information received. If incorrect information is discovered, a loss of benefits or legal action may occur.

ATTACHMENT G

PROVIDER NOTIFICATION OF ELIGIBILITY

Dear _____:

Your application for Tier 1 reimbursement rates or claiming meals for your child (ren) has been:

_____ Approved

_____ Denied for the following reason(s):

_____ Income over the allowable amount.

_____ Incomplete application. The following information is missing:

_____ Verification not attached for the following:

You may reapply for benefits at any time during the year. If you are not eligible now but have a decrease in household income, become unemployed, or have an increase in family size, you may fill out a new application at that time.

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 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](http://www.ascr.usda.gov/complaint_filing_cust.html) 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.

As stated above, all protected bases do not apply to all programs, ***the first six protected bases of race, color, national origin, age, disability and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.***

Sincerely,

(NAME)

(TITLE)

Dear parent or guardian:

Your child is enrolled at the home of _____, a provider participating in the US Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP) through an agreement with our agency. Under this agreement, your provider receives reimbursement for meals served to your child while in care. The amount of reimbursement received by your provider depends on the income status of the children in care. Please provide the information requested on the enclosed Family Income Eligibility Application and return it to us as soon as possible. You have the option of returning it directly to your provider or to the provider's sponsor, **[Sponsor's Name]**. If you would like to provide your form directly to the sponsor, return the completed form to: **[(Sponsor) at name, address, phone number]**.

SNAP (formerly known as Food Stamps)/ Food Distribution Program on Indian Reservations (FDPIR) / Temporary Assistance for Needy Families (TANF) / National School Lunch Program (NSLP) / Low Income Families (LIF) / Medicaid (except for long term care) / Expanded Medicaid / Low Income Energy Assistance / Weatherization Assistance / Child Care Assistance, Child Care for Children with Special Needs, Transitional Child Care, Families working or going to school program, and/or Women, Infants And Children (WIC): If your child currently receives SNAP/FDPIR benefits, TANF, or other on of the above categorically eligible programs, your child's meals are automatically eligible to be reimbursed to the provider at the higher Tier 1 reimbursement rate. Therefore, you only have to list your child's name and identification number for SNAP/ FDPIR benefits, TANF, and/or other categorically eligible program and sign the statement.

Foster children: A foster child who is the legal responsibility of a welfare agency or court may be certified as eligible for higher Tier 1 reimbursement regardless of household income. Fill out Part 1 of the application and have an adult member of the household sign the application.

All other households: If your household size/income is at or below the level shown on the enclosed scale, your provider is eligible for Tier 1 reimbursement for your children in care. The following information must be included on the form:

- **Household members:** List the name of the enrolled child(ren), parent(s) or guardian(s), brothers and sisters and any other persons who live in your household.
- **Current income:** List the amount of income each person earned last month (**before** deductions for taxes, social security, etc.), the frequency it was received, and where it is from, such as wages, retirement, or welfare. If any household member's income last month was higher or lower than usual, list that person's usual average monthly income.
- **Signature:** An adult household member must sign the statement.
- **Social Security Number:** List the last four digits of the social security number of the adult who signs the income eligibility statement. If that adult does not have a social security number, check the box.

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 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](http://www.ascr.usda.gov/complaint_filing_cust.html) 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.

As stated above, all protected bases do not apply to all programs, **the first six protected bases of race, color, national origin, age, disability and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.**

Sincerely,

Enclosure: Current Income Eligibility Guidelines
Income Eligibility Statement Instructions
Household Income Statement

INCOME ELIGIBILITY GUIDELINES

These are the income scales used by the United States Department of Agriculture to determine eligibility for Tier 1 reimbursement in the Child and Adult Care Food Program. Incomes at or below this scale are eligible for Tier 1 reimbursement from July 1, 2014 through June 30, 2015.

INCOME ELIGIBILITY GUIDELINES

Household Size	Annually	Monthly	Every 2 Weeks	Twice a month	Weekly
1	\$21,590	\$1,800	\$831	\$900	\$416
2	\$29,101	\$2,426	\$1,120	\$1,213	\$560
3	\$36,612	\$3,051	\$1,409	\$1,526	\$705
4	\$44,123	\$3,677	\$1,698	\$1,839	\$849
5	\$51,634	\$4,303	\$1,986	\$2,152	\$993
6	\$59,145	\$4,929	\$2,275	\$2,465	\$1,138
7	\$66,656	\$5,555	\$2,564	\$2,778	\$1,282
8	\$74,167	\$6,181	\$2,853	\$3,091	\$1,427
For each additional family member, add	\$7,511	\$626	\$289	\$313	\$145

FAMILY INCOME STATEMENT INSTRUCTIONS

Please complete the Child and Adult Care Food Program Family Income Statement using the instructions below. Sign the statement and return it to the sponsor. Call the sponsor if you need help: # _____

PART 1 - PARTICIPANT'S INFORMATION: COMPLETE THIS PART.

(1) Print the name(s) of your own child(ren) enrolled in the day care home. Mark the box if the child is a foster child in your care.

PART 2A - HOUSEHOLDS GETTING OTHER PROGRAM BENEFITS)SNAP (formerly known as Food Stamps)/ Food Distribution Program on Indian Reservations (FDPIR) / Temporary Assistance for Needy Families (TANF) / National School Lunch Program (NSLP) / Low Income Families (LIF) / Medicaid (except for long term care) / Expanded Medicaid / Low Income Energy Assistance / Weatherization Assistance / Child Care Assistance, Child Care for Children with Special Needs, Transitional Child Care, Families working or going to school program, and/or Women, Infants And Children (WIC)) COMPLETE THIS PART AND PART 3.

(1) List current SNAP case number or TANF or FDPIR or other categorically eligible program identification number. Do not complete Part 2B.

(2) An adult household member must **sign** the statement in PART 3.

PART 2B - ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 3.

(1) Write the names of everyone in your household.

(2) Write the amount of income (the amount before taxes or anything else is taken out), the frequency of income (i.e., weekly, every two weeks, twice a month, or monthly) received last month for each household member, and where it came from, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount last month was more or less than usual, write that person's usual income.

(3) An adult household member must sign this income eligibility statement and give the last four digits of his/her social security number in part 3.

PART 3 - SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.

(1) All income eligibility statements must have the **signature** of an adult household member.

(2) The adult household member who signs the statement must include the last four digits of his/her **social security number**. If he/she does not have a social security number, mark the box to indicate that he/she does not have a social security number. If you listed a SNAP, TANF, FDPIR, or other categorically eligible program number, the last four digits of a social security number is not needed.

INCOME TO REPORT

Earnings from Employment

Wages/salaries/tips

Strike benefits

Unemployment compensation

Worker's compensation

Net income from self-owned
business or farm

Welfare/Child Support/Alimony

Public assistance payments

Welfare payments

Alimony/child support payments

Pensions/Retirement/Social Security

Pensions

Supplemental security income

Retirement income

Veteran's payments

Social security

Military Households

All cash income, including military uniform allowances. Does not include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.).

Other Income

Disability benefits

Cash withdrawn from savings

Interest/dividends

Income from estates/trusts/
investments

Regular contributions from
persons not living in the
household

Net royalties/annuities/
net rental income

Any other income

___ Initial here if you consent to allowing your provider to collect your form and provide it to the Sponsor. **Your provider will not review your form.**

FAMILY INCOME STATEMENT
Child and Adult Care Food Program

PART 1

Day Care Provider: _____

Name(s) of child(ren) in care:	Check Box if Foster Child	Check Box if Foster Child
1. _____	<input type="checkbox"/>	3. _____ <input type="checkbox"/>
2. _____	<input type="checkbox"/>	4. _____ <input type="checkbox"/>

PART 2A – Households now getting SNAP, FDPIR, TANF, or other eligible programs identified in the instructions: Complete this part and sign the statement in Part 3 – Do not complete Part 2B.

SNAP case number: _____ TANF identification number: _____

FDPIR identification number: _____ Other eligible program name and number: _____

PART 2B - ALL OTHER HOUSEHOLDS: If you did not complete Part 2A, complete this Part and Part 3.

MONTHLY INCOME					
Names of all Household Members	Monthly Earnings From Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pension, Retirement, Social Security	Monthly Earnings from Job 2 or any Other Income	Check if no 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"/>
_____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>

PART 3 - SIGNATURE: An adult household member must sign the statement before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the SNAP, FDPIR, or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of adult: _____ Last 4 digits of Social Security Number: ____-____
 I do not have a Social Security Number

Printed name of adult: _____ Date signed: _____

Home telephone _____ Work telephone _____ Home address _____ Zip code _____

Section 9 of the National School Lunch Act requires that, unless the participant's SNAP, FDPIR, TANF or other categorically eligible program number is provided, the last four digits of the social security number of the household member signing the statement must be provided or an indication that the household member signing the statement does not possess a social security number. Provision of this information is not mandatory, but if the last four digits of the social security number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The last four digits of the social security number are not required when applying on behalf of a foster child. 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 statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP, FDPIR, or TANF office to determine current certification for receipt of SNAP (formerly known as Food Stamps), FDPIR, or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

For Sponsor Use Only:
 SNAP/FDPIR/TANF, or other household categorically eligible for program benefits: [] Yes [] No
 MONTHLY INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12
 Total family income: _____ Family size: _____
 Eligible: _____ NOT Eligible: _____
 Determining official: _____ Signature: _____ Date: _____

CIVIL RIGHTS DATA COLLECTION

The following information **must be collected each year** to meet the Civil Rights requirements. It is the agency's responsibility to collect this information and maintain it on file for three years plus the current year. The agency **does not** need to return this to Child and Adult Nutrition Services. Race and ethnic background data for the children enrolled at each center should be maintained confidentially and should only be made available to authorized State Agency or Federal personnel.

Estimated Racial/Ethnic Makeup of Service Area (approximate percentages): This may be available from the local library or local county government. This information is also available at <http://factfinder2.census.gov>. Once at the website enter your zip code; then click GO. The page will populate with specific information for the zip code you entered. If your zip code does not provide any results, you may try entering your town or county. Once information page opens, you will see the words "Popular tables for this geography:" Under those words you will find 2010 Census. Below that you should find a link for Population, Age, Sex, Race, Households and Housing Click on that link. The facts for this zip code (or town/county) will then populate on the page. You will need to scroll down past the population facts about age and sex. You will then see the numbers for RACE. Use the numbers in the "percent" column (not the number column) to enter the percentages on the lines below. Hispanic or Latino is on the same page; just scroll down a little more until you see "HISPANIC OR LATINO. The first line will say 100 (percent) the next line will tell you the percentage of Hispanic or Latinos in your area.

- _____ % White
- _____ % Black or African American
- _____ % American Indian or Alaskan Native
- _____ % Asian
- _____ % Native Hawaiian and Other Pacific Islander
- _____ % Two or More Races
- _____ % Hispanic or Latino (of any race)

Source of Information for Service Area: _____

Date Information for Service Area was Collected: _____

--- MORE ON BACK ---

DEFINITIONS

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. A participant may be recorded in more than one group.

American Indian or Alaskan Native - A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malasia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Ethnic Makeup of the Agency's Enrollment (actual numbers & percentages). See additional information above.

Actual Numbers		Percents	
_____	=	_____ %	Hispanic or Latino
_____	=	_____ %	Not Hispanic or Latino

Racial Makeup of the Agency's Enrollment (actual numbers & percentages). See additional information above.

Actual Numbers		Percents	
_____	=	_____ %	White
_____	=	_____ %	Black or African American
_____	=	_____ %	American Indian or Alaskan Native
_____	=	_____ %	Asian
_____	=	_____ %	Native Hawaiian and Other Pacific Islander
_____	=	_____ %	Two or More Races

Date Information for Enrolled Population was Collected: _____
Month / Day / Year

Attachment J

APPEAL PROCEDURES For Family Day Care Homes and Group Family Day Care Home Providers Appeal of Sponsoring Organization Action

1. Action Which Can Be Appealed.

In accordance with Section 243(d) of Public Law 106-224, a day care home provider, hereinafter referred to as the provider, may appeal the following adverse action made by _(Insert Name of Sponsoring Organization)_ hereinafter referred to as the Sponsoring Organization (SO):

- (a) Termination of the participation of a provider;

2. Manner of Filing an Appeal.

- A. A provider aggrieved by the adverse action of the Sponsoring Organization, listed above, may appeal such action as outlined in 2B through 2D, below. The appeal must be sent via certified mail to, or filed in person with, Child and Adult Nutrition Services - DOE, 800 Governors Drive, Pierre, South Dakota 57501-2294.
- B. The appeal must be in writing and must state the name and address of the day care home and the name and title of the person who signed the appeal. The provider must sign the appeal. It need not be signed under oath.
- C. The appeal must be postmarked or received by Child and Adult Nutrition Services, hereinafter referred to as CANS, prior to midnight of the 15th calendar day after receipt of the notice of adverse action. If the 15th day falls on Saturday, Sunday, or federal legal holiday, the appeal will be considered timely only if it is postmarked prior to that weekend or federal legal holiday.
- D. The appellant must provide 4 copies of written documentation.
- E. A provider, who has filed an appeal, will be afforded the opportunity to examine and copy the information in the SO files upon which the adverse action was based.
- F. The provider may represent him/herself during the review process, be represented by legal counsel at his/her own expense, or be represented by another person.

3. Content of Appeal.

- A. At a minimum, the appeal must:
 - (1) clearly identify the adverse action being appealed, the basis of the provider's appeal, and the relief or remedy sought; and
 - (2) include the date of the letter or other such written communication from the SO notifying the provider of the proposed adverse action, and the name and title of the SO official who signed such letter or communication.

- B. The impartial Review Board will review all documentation on both sides before making a final determination.
 - C. An appellant provider must submit 4 copies of written information in support of his/her position at the time that he/she files the appeal.
4. Procedures for Handling an Appeal.
- A. CANS will receive and log each appeal. If the appeal is timely and the action taken by the Sponsoring Organization meets criteria for an appealable action, the appeal will be assigned to the Review Board.
 - B. CANS will acknowledge all appeals in writing within 15 calendar days of receipt. CANS will also notify appellants, via certified mail, if their case has been assigned to the Review Board. A copy of this letter will be sent, via certified mail, to the SO. The SO must submit documentation in support of the decision to CANS within 15 calendar days of receipt of this notification letter.
5. Determination of the Review Board.
- A. The Review Board shall make a written determination based upon
 - (1) Written information submitted by the provider in support of his/her position;
 - (2) Written information submitted by the SO;
 - (3) Such additional written information as may be obtained by the Review Board from any other person or persons having relevant and pertinent information; and
 - (4) Federal and State laws, regulations, policies, and procedures governing the Program.
 - B. Within 60 calendar days from receipt of the appeal in the CANS office, the Review Board will make a determination on the action under appeal in accordance with the regulations governing the Child and Adult Care Food Program. This determination is the final administrative decision on the matter. It is not subject to further administrative review or reconsideration.
 - C. The Review Board's determination will be sent via certified mail-return receipt requested to the appellant provider or his/her representative. A copy will also be sent to the SO. The determination will take effect immediately upon receipt by the appellant provider or his/her representative.
 - D. The determination of the Review Board shall either sustain the termination or shall direct that the provider be permitted to continue participation in the Program.
6. Legal Advice.
- If an appeal involves any doubtful questions of law, the Review Board will obtain the advice of the Office of the Attorney General, State of South Dakota.

ATTACHMENT K – All agencies are **required** to complete and return this chart for all of the responsible principals and individuals within your agency. We cannot approve your agreement until all of the information on the chart below is completed and on file in our office.

RESPONSIBLE PRINCIPALS AND INDIVIDUALS – A responsible principal or individual is: (a) a principal, whether compensated or uncompensated, who the state agency or Food and Nutrition Services (FNS) determines to be responsible for an institution’s serious deficiency; (b) any other individual employed by, or under contract with, an institution or sponsored center, who the state agency or FNS determines to be responsible for an institution’s serious deficiency; or (c) an uncompensated individual who the state agency or FNS determines to be responsible for an institution’s serious deficiency. FNS has determined that the following positions (by definition) are considered to be institution principals: the agency’s CEO (or equivalent) or owner and the board president. The State of South Dakota has determined that the following positions in the CACFP are considered to be institution principals: the Authorized Representative, the Claim Representative, and the Food Service Director. There may be other individuals within your organization that would be considered responsible individuals that you would wish to report on a separate page, if needed. We will maintain this information confidentially unless such actions occur on the part of your agency which requires termination for cause, at which time, we must provide this information to the USDA for placement on the National Disqualified List. Complete the following chart. If you need more space, include this information on a separate sheet of paper. The positions listed in the title column are mandatory. If the same person holds more than one title, you do not need to repeat the information in the last three columns (you only need to list the name of the person in that position again).

Full Name of Institution Principal	Title	Date of Birth	Home Mailing Address (if possible, street address – no PO boxes)	Is this person related to any other board member or organizational staff? If so, how?
	CEO			No Yes: _____
	Board President			No Yes: _____
	Authorized Representative		See Part 1 of application	No Yes: _____
	Claim Representative		See Part 1 of application	No Yes: _____
	Food Service Director		See Part 1 of application	No Yes: _____

We understand that:

- a) the submission of false information to the state agency is grounds for termination or denial from the Child and Adult Care Food Program as described in 7 CFR 226.6(c)2.
- b) Institutions and individuals providing false certifications will be placed on the National Disqualified List.
- c) any deliberate misrepresentation of CACFP records will subject us to prosecution under applicable State and Federal criminal statutes.

We certify that:

- a) the above list are the board members and principals for _____ (name of local agency).
- b) we are in compliance with all applicable state rules and regulations regarding the governing boards of corporations.
- c) in the past seven years, neither the institution nor any of its principals are ineligible to participate in any of the previously listed publicly funded programs by reason of violation of the requirements of those programs or because of activities that indicated a lack of business integrity during that period. A lack of business integrity includes but is not limited to: fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, receiving stolen property, making false claims, or obstruction of justice.
- d) in the past seven years, neither the institution nor any of its principals have been convicted of a criminal offense.
- e) in the past seven years, neither the institution nor any of its principals have been associated with any organization terminated for failure to correct serious deficiencies, notices of serious deficiency as prepared by a State Agency, and/or placed on the National Disqualified List.

Name of Authorized Representative: _____

Signature of Authorized Representative: _____ Date: _____

CANS USE ONLY

Was the National Disqualified List checked for each individual listed in section E? Yes No

Were there any individuals listed above whose names appeared on the NDList? Yes No

_____ _____
SA Initial Date

Attachment L

South Dakota Department of Education
800 Governors Drive
Pierre, SD 57501-2294

Child and Adult Nutrition Services
Child Nutrition Programs
(605) 773-3413

Child & Adult Care Food Program (CACFP)
Agreement Change Form

Local Agency Name: _____ Local Agency Number: _____

Submitted By: _____ Date: _____

Termination of Local Agency Agreement **Approved** **Denied**

Effective Date: _____ Reason: _____

Contact Information Changes **Approved** **Denied**

Effective Date: _____ Reason: _____

New Local Agency Mailing Address: _____

New Phone Number: _____ New Fax Number: _____

New Authorized Representative*: _____ Phone Number: _____

E-Mail: _____ Date of Birth: _____ Fax Number: _____

* If a new Authorized Representative is named who is not the owner, Chief Executive Officer (C.E.O.), Board Chairperson, or Tribal Chair of the local agency - the signature of the owner, C.E.O., Board Chairperson, or Tribal Chair is needed below:

(Signature of Owner, C.E.O., Board Chairperson, Tribal Chair)

New Claim Representative: _____ Phone Number: _____

E-Mail: _____ Date of Birth: _____ Fax Number: _____

New Food Service Director: _____ Phone Number: _____

E-Mail: _____ Date of Birth: _____ Fax Number: _____

New Board Chairperson: _____ Phone Number: _____

E-Mail: _____ Date of Birth: _____ Fax Number: _____

Address: _____

New Chief Executive Officer: _____ Phone Number: _____

E-Mail: _____ Date of Birth: _____ Fax Number: _____

Address: _____

Closure of Child and Adult Care Food Program(s) Sites **Approved** **Denied**

Site Name: _____ Effective Date: _____

Site Name: _____ Effective Date: _____

Site Name: _____ Effective Date: _____

Change to Existing Sites **Approved** **Denied**

Examples: meal time(s) or type, enrollment, licensed capacity, site contact, operating months, type of foodservice. New sites must submit a copy of the license. Please note: If changing to contracted meals, you must submit a copy of the food service contract. Please use each line for only one change. So, for example, if you need to change all meal service times, you should use a separate line for each meal. If you need additional space, please complete a separate form.

Site Name	Type of Change Requested	Effective Date	CANS USE ONLY
			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
			<input type="checkbox"/> Approved <input type="checkbox"/> Denied

Addition of Child and Adult Care Food Program Site(s) Approved Denied

You must complete new site applications for each new site you wish to add. If the local agency currently only has one site and is adding a new site, the addition of one or more sites will result in the change from an independent center to a sponsoring organization. This requires the agency to complete a new Part 2 – CACFP Application for Sponsors of Centers. We must approve each site (and, if a new sponsor, Part 2 – CACFP Application for Sponsors of Centers) before you may claim meals for reimbursement at the new site. If we have declared your agency seriously deficient, you may not add new sites.

Other changes to the CACFP Agreement Approved Denied

SPONSOR

CHILD AND ADULT NUTRITION SERVICES

Signature of Authorized Representative	Date	Signature of Nutrition Specialist	Date
Type or print name of Authorized Representative		Type or print name of Nutrition Specialist	
Title		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Copy sent to Local Agency	