

**SAMPLE PROVIDER LETTER FOR FAMILY DAY CARE HOMES**

Dear Provider:

To qualify for reimbursement for meals and snacks served in your family day care home under the CACFP, you must complete and return the enclosed Income Eligibility Application. Please refer to the information below.

**ESTABLISHING ELIGIBILITY AS A TIER I HOME:** To qualify for the higher Tier I reimbursement, you must be located in an area of economic need as determined by the most recent school enrollment or census data, or establish individual economic need through the Income Eligibility Application. Our office will determine your eligibility based on information provided on the Income Application. **We are required by law to verify the income information you provide.** Please include household income supporting documentation with the application. We may also inform officials of other child nutrition, health and education programs of the information on your form to determine benefits for those programs.

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)/ TEMPORARY FAMILY ASSISTANCE (TFA) HOUSEHOLDS:** If you currently receive SNAP (formerly known as Food Stamps) or TFA, you are automatically eligible for Tier I reimbursement. Therefore, you only have to provide your name, SNAP or TFA case number, and sign the application.

**ALL OTHER HOUSEHOLDS:** If your household income is at or below the level in “Gross Income Guidelines for Reduced-price Meals” below, you are eligible for Tier I reimbursement. You must provide the following information for your application to be processed.

- **Household Members:** List the names of everyone who lives in your household. Include parents, grandparents, all children, other relatives and unrelated people who live in your household AND contribute to the household costs.
- **Social Security Number:** List the last four digits of your social security number.
- **Current Income:** As a self-employed day care provider, you may list the **net** income that you earned in the last month or year. Net income is defined as gross receipts (including all money received from parents for the care of their children and CACFP reimbursements) less operating expenses for your business (such as the cost of food served to enrolled children). You must also list the gross income each household member earned **last** month (BEFORE deductions for taxes, social security, etc.), the frequency of income 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, last year’s income may be used.

<b>GROSS INCOME GUIDELINES FOR REDUCED-PRICE MEALS</b>					
<b>Effective from July 1, 2016 - June 30, 2017</b>					
<b>Number in Family</b>	<b>Annual Gross Income</b>	<b>Monthly Gross Income</b>	<b>Twice Per Month</b>	<b>Every Two Weeks Gross Income</b>	<b>Weekly Gross Income</b>
<b>1</b>	21,978	1,832	916	846	423
<b>2</b>	29,637	2,470	1,235	1,140	570
<b>3</b>	37,296	3,108	1,554	1,435	718
<b>4</b>	44,955	3,747	1,874	1,730	865
<b>5</b>	52,614	4,385	2,193	2,024	1,012
<b>6</b>	60,273	5,023	2,512	2,319	1,160
<b>7</b>	67,951	5,663	2,832	2,614	1,307
<b>8</b>	75,647	6,304	3,152	2,910	1,455
<b>Each Additional Family Member</b>	+ 7,696	+ 642	+ 321	+ 296	+ 148

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**SIGNATURE:** You must sign and date the application.

**REAPPLICATION:** If you are not eligible now but have a decrease in household income, or an increase in household size, fill out an application at that time. Providers having family members who become unemployed are eligible for Tier I reimbursement during the period of unemployment, provided that the loss of income causes the family income during the period of unemployment to be within the eligibility standards.

**SPONSOR:** Please attach verification information.

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.*

*Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:*

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;*
- (2) fax: (202) 690-7442; or*
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).*

*This institution is an equal opportunity provider.*



For information on the CACFP, visit the CSDE's [CACFP Web site](#) or contact the [CACFP staff](#) in the Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457.

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