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 <u>USDA Program Discrimination Complaint Form</u>, (AD 3027) found online at: <u>How to File a Complaint</u>, 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:

- 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.

This institution is an equal opportunity provider.

Sincerely,

Karen Malone
Family Child Care Coordinator
Youth & Family Services

**Enclosure:** 

Current Income Eligibility Guidelines Income Eligibility Statement Instructions

## **Tier 2 Application**

## **INCOME ELIGIBILITY GUIDELINES**

These are the income scales used by the United Stated 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, 2023, through June 30, 2024.

FEDERAL ELIGI	BILITY INCOME CHA	RT For School Year 2023	-2024
Household size	Yearly	Monthly	Weekly
1	\$26,973	\$2,248	\$519
2	\$36,482	\$3,041	\$702
3	\$45,991	\$3,833	\$885
4	\$55,500	\$4,625	\$1,068
5	\$65,009	\$5,418	\$1,251
6	\$74,518	\$6,210	\$1,434
7	\$84,027	\$7,003	\$1,616
8	\$93,536	\$7,795	\$1,799
Each additional person:	\$9,509	\$793	\$183

## Tier 2 Application FAMILY INCOME STATEMENT INSTRUCTIONS

Please complete the Child and Adult Care Food Program Family Income Statement using the instruction	ons 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) / Medicare Savings Programs (except for QDWI) / Low Income Energy Assistance / Child Care
Assistance (except for Advanced Special Need) / 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

 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

#### **Tier 2 Application**

\_\_\_ 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 C	are Provider:		
Name(s) of child(ren) in care:	Check Box if				Check Box	if
	Fost	ter Child			Foster Chi	5
1.			3.			
2.			4			
PART 2A – Households now ge part and sign the statement in	Part 3 – <u>Do not</u> comple	te Part 2B.	eligible pro	ograms identified in the	e instructions: Comple	te this
SNAP case number:		TANF identific	cation numbe	r:		
FDPIR identification number:	Othe	r eligible prog	ram name an	d number:		
PART 2B - ALL OTHER HOUSEH	OLDS: If you did not cor				3.	-
		MONTHL	Y INCOME			
PART 3 - SIGNATURE: An adult PENALTIES FOR MISREPRESENT correct or that all income is reported. I information on the statement and the office of the statement and the office of adults.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	he above infor ion is being giv of the informat	statement mation is true /en for the re- tion may subj	e and correct and that the SN ceipt of Federal funds; that in ect me to prosecution under	2 or any Other Income  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  AP, FDPIR, or TANF number istitution officials may verify applicable State and Federa	is
Signature of adult:		Last 4				
Printed name of adult:			□Iac	not have a Social Secu	irity Number	
rimted name of addit.		+ .		Date signed:		
Home telephone Work te	lephone Home ad	dress	<del></del>		Zip cod	<u> </u>
Section 9 of the National School Lunch Act requires thousehold member signing the statement must be put if the last four digits of the social security number four digits of the social security number are not required information stated on the statement. These verificat received and checking the documentation produced incorrect information is reported.  For Sponsor Use Only:  SNAP/FDPIR/TANF, or other hot MONTHLY INCOME CONVERSION Total family income/frequency: Eligible:  official:	rovided or an indication that the housely ris not provided or an indication is not ir is not provided or an indication is not ir if when applying on behalf of a foster cation efforts may be carried out throug ion for receipt of SNAP (formerly known by the household member to prove the usehold categorically eligible when the categorically eligible with the categorically and the categorically eligible with the categorically and the categorically eligible with the categorical with the ca	nold member signin made that the adul rehild. The social se h program reviews, as Food Stamps), f amount of income	ig the statement of thousehold mem scurity number mandits, and investibility, or TANF be received. These e	loes not possess a social security numb ber signing the statement does not had by be used to identify the household mitigations and may include contacting enefits, contacting the State employment frorts may result in a loss or reduction effects: [] Yes [] No ONTH X 24, MONTHLY X	per. Provision of this information is no re one, the statement cannot be appr lember in carrying out efforts to verif mployers to determine income, conta nt security office to determine the am of benefits, administrative claims, or	t mandatory, oved. The last the correctne acting a SNAP,
Eligible:		NOT Eligible	:	3 1	Determ	ining
official:	Signature:			Date:		0