

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: How to File a Complaint, 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.

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 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, 2023, through June 30, 2024.

FEDERAL ELIGIBILITY INCOME CHART 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 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) / 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 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

Pensions/Retirement/Social Security

Pensions
Supplemental security income
Retirement income
Veteran's payments
Social security

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

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments

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.).

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.**

