

## Iowa CACFP Child Care Center Parent/Guardian Letter - Non-pricing (front) 7/2019

**Purpose:** The attached Iowa Eligibility Application is used to determine eligibility for free and reduced price meal reimbursement. The instructions for completion are on the back of this letter.

Dear Parent or Guardian:

This center participates in the Child and Adult Care Food Program (CACFP) administered by the United States Department of Agriculture (USDA). Participants are not charged separately for meals. However, by participating in this Program, the center receives partial reimbursement for nutritious meals served to children. The amount of reimbursement the center receives is determined by the information you provide. Providing information can help your center purchase nutritious food. Higher reimbursement will be given to the center for meals served to enrolled children from families whose income is at or below the level shown in the chart below. Please read the instructions on the back, complete, sign and return the attached income application as soon as possible. An application that does not contain all required information cannot be used by the center. If required information is missing, free or reduced-price meal benefits will be denied. Call your center if you need help with the form. The information reported on this form will be filed and treated as confidential.

A foster child who is the legal responsibility of a welfare agency or court may be certified as eligible for free meals regardless of your household income. See instructions on the back for more information.

If you do not qualify now to receive free or reduced price meals, you may apply for benefits at any time during the year. If you have a decrease in household income, have an increase in family size, or have enrolled children that become eligible for food assistance or FIP, you may fill out an application at that time.

### Income Eligibility Guidelines for Reduced Price Meals Effective 7-1-2019 to 6-30-2020

Household Size	Reduced Price Meals				
	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$23,107	\$1,926	\$ 963	\$ 889	\$ 445
2	\$31,284	\$2,607	\$1,304	\$1,204	\$ 602
3	\$39,461	\$3,289	\$1,645	\$1,518	\$ 759
4	\$47,638	\$3,970	\$1,985	\$1,833	\$ 917
5	\$55,815	\$4,652	\$2,326	\$2,147	\$1,074
6	\$63,992	\$5,333	\$2,667	\$2,462	\$1,231
7	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
8	\$80,346	\$6,696	\$3,348	\$3,091	\$1,546
For each additional family member add:	+\$8,177	+\$682	+\$341	+\$315	+\$158

#### Privacy Act Statement: This explains how we will use the information you give us.

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 your child for free or reduced price meals. The last four digits of the social security number of the adult household member who signs the application must be listed. The social security information is not required when you apply on behalf of a foster child or if you list a Food Assistance number, or Family Investment Program number, 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 your child is eligible for free or reduced price meals, and for administration and enforcement of the CACFP. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

#### USDA Nondiscrimination Statement

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

## Instructions for Completing Iowa Eligibility Application

**Complete both sides of an application for each household.**

**All applicants should complete Part 1.** This application may be used to apply for benefits in school meals or milk programs, child care centers and home based care for children. Check all boxes that apply to your family. You may make copies of a completed application for each program in which your child participates.

### **FIP OR FOOD ASSISTANCE HOUSEHOLD MEMBER, including child(ren) in Head Start or Even Start, follow these instructions.**

**Part 3.** List one FIP or Food Assistance **Case Number** per household in the area provided. **Use the Case Number listed in the DHS Notice of Decision.** Eligibility based on Head Start or Even Start is available only if your child is enrolled in Head Start and documentation from the Head Start agency is provided. **NOTE: Medicaid, Title XIX and EBT card numbers are not acceptable.**

**Part 4.** List the name, date of birth, grade (if applicable), name of school/Head Start/child care center attended for each child in your household. Provide ethnic and racial information if you choose, but the school/Head Start/child care will make the determination of your child's ethnic and racial status if you do not complete this section.

**Part 5.** Skip this section.

**Part 6.** Read the certification and complete this section.

### **HOMELESS, MIGRANT OR RUNAWAY, follow these instructions.**

**Part 2.** For children attending school, check if any child is Homeless, Migrant, or a Runaway and call your child's school.

**Part 4.** List the name, date of birth, grade (if applicable), name of school/Head Start/child care center attended for each child in your household. Provide ethnic and racial information if you choose, but the school/Head Start/child care will make the determination of your child's ethnic and racial status if you do not complete this section.

**Part 5.** Skip this section.

**Part 6.** Read the certification and complete this section.

**FOSTER CHILD IN HOUSEHOLD, follow these instructions.** A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court. Foster children can be included as household members or included on a separate application.

**Part 4.** List the child's name, date of birth, grade (if applicable), name of school/Head Start/child care center attended. Check the box for foster child. Provide ethnic and racial information if you choose, but the school/Head Start/child care will make the determination of your foster child's ethnic and racial status if you do not fill this section.

**Part 5.** Complete this section only if the foster child receives money for personal use or has other regular personal income. If the foster child has no income, check the box indicating no income. **DO NOT** include the stipend received by the foster family to provide care to the foster child.

**Part 6.** Read the certification and complete this section.

### **ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions for reporting income.**

**Part 4.** List the name, date of birth, grade (if applicable), name of school/Head Start/child care center/home attended for each child in your household. Provide ethnic and racial information if you choose, but the school/Head Start/child care will make the determination of each child's ethnic and racial status if you do not complete this section.

**Part 5.** Follow these instructions to report total household income from last month.

**Name:** List the last and first names of **each** person living in your household, related or not (such as grandparents, other relatives, or friends); include yourself and all children living with you. The household decides whether to include the foster child on their household application with non-foster children. Attach another sheet of paper if needed.

**Age:** List the age of each household member.

**Check if No Income:** Put a mark in the box if the household member **does not** have an income.

**Gross Income last month and how it was received:** Report the amount of income received in the appropriate Gross Income column (weekly, every 2 weeks, twice monthly, or monthly). List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. If you have a household member for whom last month's income was higher or lower than usual, list that person's expected average income. If the household includes the foster child, they must report any personal income received by the foster child on the foster parent's household application.

**Other Monthly Payments or Income:** Money is reported in this section if it is regularly received. List the amount each person received last month from welfare, child support, alimony, adoption subsidies, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). In the **All Other Income** column, include Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, cash withdrawn from savings, investments or trusts, interest and **ANY OTHER INCOME.** Use the Self-Employment Income Worksheet on the back of the application to calculate net income for self-owned businesses, farm, or rental income and report in the All Other Income column. **Do not report:** Scholarships, educational benefits, lump sum payments, combat pay, Deployment Extension Incentive Pay (DEIP) or children's incidental income from occasional activities such as babysitting, shoveling snow, or cutting grass. If you are in the Military Housing Privatization Initiative or get combat pay do not include these allowances.

**Social Security Number:** If the application is being made on the basis of income, the adult signing the form must provide the last 4 digits of his or her Social Security number or mark the "I do not have a Social Security number" box. If you do not provide your Social Security information or mark the box, your application cannot be processed.

**Part 6.** Read the certification and complete this section.

# Iowa Eligibility Application

FFY 19-20

Complete one application per household. Fiscal Year 2019-2020

**Part 1. Check all applicable boxes:**

- school meals
- special milk (restrictions apply)

- children in child care center
- Tier I home provider (HP)
- Head Start/Even Start

- children in child care home(HP) Provider name: \_\_\_\_\_

**Part 2. Check if any child is Homeless, Migrant, or a Runaway and call your child's school.**  Run away  Migrant  Homeless

**Part 3. FIP or Food Assistance Eligible:** Enter the FIP or Food Assistance Case Number for ANY household member as listed in the Notice of Decision (10 digits, include zeros). NOTE: Medicaid, Title XIX and EBT card numbers are not acceptable. Skip part 5.

Name of household member with Case Number \_\_\_\_\_ List Case Number \_\_\_\_\_

**Part 4. Children enrolled: REQUIRED OF ALL APPLICANTS.**

List name(s) of all enrolled child(ren) in your household.			Ethnicity: H=Hispanic or Latino N=Not Hispanic or Latino		Race: A = Asian B = Black or African American I = American Indian or Alaska Native W=White		OPTIONAL		Name of School/Head Start/ Child Care Center/Home
Last Name	First Name	Middle Name or Initial	Check box for FOSTER child	Date of Birth	Grade	ETHNICITY	RACE		
1.			<input type="checkbox"/>						YMCA Child Care
2.			<input type="checkbox"/>						YMCA Child Care
3.			<input type="checkbox"/>						YMCA Child Care
4.			<input type="checkbox"/>						YMCA Child Care
5.			<input type="checkbox"/>						YMCA Child Care

**Part 5. Total Household Gross Income: DO NOT COMPLETE PART 5 IF YOU LISTED A FIP OR FOOD ASSISTANCE NUMBER IN PART 3.** Report the gross income received by EACH household member one time in the correct column: weekly, every 2 weeks, twice a month or monthly. Gross income is the amount earned before taxes and other deductions, not take-home pay. Report all other monthly income received. Self-employed persons, see the worksheet on reverse side of this application.

List the names of everyone living in your household, including the children listed in Part 4. Attach a separate page if more space is needed. For FOSTER children, include only money available for child's personal use or child's own income.				Gross Income: Report income by how often the household member is paid. (Choose One)				Other Monthly Payments or Income Received.		
Last Name	First Name	Age	Check if NO Income	Gross amount earned weekly	Gross amount earned every 2 weeks	Gross amount earned twice a month	Gross amount earned monthly	Welfare, child support, alimony, adoption subsidies	Pension, retirement, social security, SSI, VA benefits	All other income
1.			<input type="checkbox"/>							
2.			<input type="checkbox"/>							
3.			<input type="checkbox"/>							
4.			<input type="checkbox"/>							
5.			<input type="checkbox"/>							

Last four digits of my Social Security Number: X XX - X X - \_\_\_\_\_  I do not have a Social Security Number. If Part 5 is completed, the adult signing the form must provide the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. For further information refer to the Privacy Act Statement in the parent letter.

**Part 6. Certification and Signature. REQUIRED OF ALL APPLICANTS.**

I certify (promise) that all information on this application is true and that all income is reported if required. I understand that I will receive benefits from Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal/milk benefits, and I may be prosecuted. Email of Adult Completing Form \_\_\_\_\_

Signature of Adult Completing Form \_\_\_\_\_ Printed Name of Adult Completing Form \_\_\_\_\_ Date Signed \_\_\_\_\_

Address of Adult Completing Form \_\_\_\_\_ Town \_\_\_\_\_ ZIP Code \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Part 7. DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY.**

Income conversion factors for annual income: weekly X 52; two weeks X 26; twice a month X 24; monthly X 12  
Household Income: \$ \_\_\_\_\_  Weekly  Every 2 Weeks  Twice Monthly  Monthly  Annually Household Size \_\_\_\_\_

- |                            |                                     |  |  |  |
|----------------------------|-------------------------------------|--|--|--|
| Application Approved:      | <input type="checkbox"/> Income     | <input type="checkbox"/> Foster Child (free) | <input type="checkbox"/> FIP/Food Assistance                     | CACFP HP ONLY:<br><input type="checkbox"/> Tier 1 Area (Provider's own children) |
|                            | <input type="checkbox"/> Head Start | DOCUMENTATION REQUIRED                       | <input type="checkbox"/> Homeless/Migrant/Runaway (Schools only) |  |
| Eligibility Determination: | <input type="checkbox"/> Free Meals | <input type="checkbox"/> Reduced Price Meals | <input type="checkbox"/> Free Milk                               | <input type="checkbox"/> Tier 1 Income (All children)                            |
| Application Denied:        | <input type="checkbox"/> Incomplete | <input type="checkbox"/> Over income limits  |  | <input type="checkbox"/> Tier 1 Child (Tier 2 mixed)                             |

Determining Official Signature \_\_\_\_\_

Effective Date \_\_\_\_\_

**Self-Employment Income Worksheet: This worksheet will help you calculate the amount to report if you farm, are self employed, or have income from other sources.**

Persons who are engaged in farming or who operate other types of private businesses may experience variations in cash flow or monthly income throughout the year. These persons may use their income tax records from the preceding calendar year as a basis for applying for the free and reduced price meals. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing gross business income.

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. USDA **DOES NOT** recognize income the same way as IRS. USDA does not permit a loss from a business venture to off-set earnings from wages or salary. Though your business may have suffered a net operational loss, for purposes of this application, it is not possible to have a negative income. **The least self employed income possible is zero (no income).** For example, if you operated a business at a net loss but held another job where you received wages, your income for purposes of applying for free or reduced price meals would be the income from your wages only. The loss from the business cannot be deducted from the amount of the income earned in the other job.

A prior year loss from farming or other private business operation cannot be used to reduce the current year net income for determining free and reduced price eligibility. Wages paid to a spouse or other family member in the operation of a farm or private business must be shown as household income in Part 5 of the application.

**Income from private business operations is to be taken from your most recent U.S. Individual Income Tax Return - Form 1040 (including Schedule 1). Use the lines from the 1040, Schedule 1 identified below:**

Line 12 - Business income or (loss)	\$ _____
Line 13 - Capital gain or (loss)	\$ _____
Line 14 - Other gains or (losses)	\$ _____
Line 17 - Rental real estate, royalties, partnerships, S corporations, trusts, etc.	\$ _____
Line 18 - Farm income or (loss)	\$ _____
	Total \$ _____
	Total +12* = _____

**The least income possible is zero (a negative number cannot be reported)**

\*Enter amount in the "Other Monthly Payments or Income Received" column in Part 5 on the front of the Iowa Eligibility Application.