

THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

PARENT/GUARDIAN LETTER

For Establishing Tier 1 Status for Children Enrolled in Tier 2 Homes – FFY 2017

Rev. 6/16

Dear Parent/Guardian:

Provider Name:

Provider Number:

Your child(ren) is enrolled for child care services with the home provider listed

above. This provider has been approved to receive CACFP funding for meals served to children through: **Western Dairyland Child & Adult Care Food Program, CACFP**

This sponsoring organization is approved by WI Department of Public Instruction (DPI) to distribute CACFP meal reimbursement to home providers issued from the United States Department of Agriculture (USDA).

A higher meal reimbursement rate may be paid to your home provider for meals served to his/her enrolled children when they: • reside in households that have a total income equal to or lower than the levels on the household size-income scale shown below • receive benefits from the Supplemental Nutrition Assistance Program (SNAP) (FoodShare Wisconsin); Food Distribution Program on Indian Reservations (FPIR); W-2 Cash Benefits; Women, Infants, and Children (WIC); Respite Care, the Emergency Food Assistance Program (TEFAP) • are eligible for Free or Reduced Priced Meals in the National School Lunch Program • are foster children OR • are enrolled in Head Start.

A lower meal reimbursement rate will be paid for meals served to children who do not meet this criteria.

In order to determine which meal reimbursement rate will be paid to your home provider for meals served to your child(ren), please complete the attached **Household Size-Income Statement form (HSIS)**. If your household does not meet the eligibility criteria, please still complete the HSIS by writing **NOT APPLICABLE** across the form. If your child is enrolled in Head Start, submit the Head Start administering agency's written certification of your child's Head Start enrollment and his/her Head Start eligibility period in place of a completed HSIS to qualify him/her for the higher meal reimbursement rates. *This written Head Start certification only qualifies the child enrolled in Head Start and does not extend to your other children not enrolled in Head Start.*

This information will be kept confidential by the sponsoring organization.

- Please note that you are not required to return a completed HSIS in order for your children to participate in CACFP.

HSIS Eligibility Determinations by Household Size and Income:

Household-Size Income Scale (Effective July 1, 2016 to June 30, 2017)

Household Size	Annual Income Level (at or below)
1	\$21,978
2	\$29,637
3	\$37,296
4	\$44,955
5	\$52,614
6	\$60,273
7	\$67,951
8	\$75,647
For each Additional Household Member, Add	+\$7,696

If your household earns a total income that is less than or equal to the eligibility standards listed within this table, your child(ren) would be eligible for the higher meal reimbursement rates.

To be eligible for the higher meal reimbursement rates based on household size and income, the following information must be provided on the HSIS (a-d):

- (a) Names of all household members including children, parents or other persons who live with you in the same household;
- (b) Household income received by each household member identified by source of income and how often each source is received;
- (c) The signature of an adult member of the household and signature date; and
- (d) The last four digits of the social security number of the adult household member signing the HSIS or an indication he/she does not have a social security number.

HSIS Eligibility Determinations based on Participation in Benefits Programs:

To be eligible for the higher meal reimbursement rates based on a member of your household receiving benefits from FoodShare Wisconsin, FPIR, W-2 Cash Benefits, WIC, Respite Care, or TEFAP, you must include the following information on the HSIS (a-c):

- (a) The names of your enrolled child(ren);
- (b) The signature of an adult member within your household and signature date; and
- (c) The name of the qualifying benefits program and its appropriate case number.

W-2 Cash Benefits are paid placement programs that do not include Wisconsin Shares Child Care (W-2 Child Care Assistance). W-2 paid placement programs include Community Service Job (CSJ), Caretaker of an Infant (CMC), W-2 Transition (W-2 T) and At Risk Pregnancy (ARP).

DO NOT provide case numbers for Medicaid, SSI, or if your household only receives W-2 Child Care Assistance; receipt of these benefits does not qualify your children for the higher meal reimbursement rates.

Foster children: Meals served to foster children are eligible for the higher meal reimbursement rate regardless of the household's income. You must return a completed HSIS in order for your home provider to receive the higher meal reimbursement rates for your foster child. Either complete a separate HSIS for your foster child or include your foster child as a household member on the same HSIS completed for your non-foster children. When including your foster child on your HSIS completed for your non-foster children, only report your foster child's income specifically identified for his/her personal use that is received from a welfare agency and/or in-hand from any source.

Use of Information Statement: Unless you provide a SNAP, FPIR, W-2 Cash Benefits, WIC, Respite Care, or TEFAP case number, you are applying for a foster child, or submit written certification of your child's Head Start enrollment from the Head Start administering agency, the Richard B. Russell National School Lunch Act requires that the adult household member signing the HSIS report the last four digits of his/her social security number on the HSIS. If the adult household member signing the HSIS does not possess a social security number, he/she must indicate so on the HSIS. It is not mandatory to provide the last four digits of the social security number, but if it is not provided or an indication is not made that the adult household member signing the HSIS does not have one, the HSIS cannot be approved for meal reimbursement. The last four digits of the social security number may be used to verify the correctness of information reported on the HSIS for ensuring proper administration and enforcement of the Child Nutrition Programs.

Submitting Completed HSIS for Eligibility Determination: Families must submit their completed HSIS for the sponsor to make eligibility determinations. Your home provider may offer to collect the completed HSIS from the families and forward them to the sponsor for making eligibility determinations. If the home provider offers to collect the completed HSIS, **you may choose to submit your completed HSIS to the sponsor by either:**

- Giving your completed HSIS to the home provider with your written consent (by initialing the parental consent clause on the bottom of the HSIS) for him/her to forward your completed HSIS to the sponsor on your behalf; OR
- Submitting the completed HSIS directly to the Sponsor by email, regular mail, or fax to the sponsor at:

Western Dairyland CACFP	Email: cacfp@wdeoc.org	Address: 418 Wisconsin St., Eau Claire, WI 54703	Fax #: 715-836-7580
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Western Dairyland CACFP is not allowed to share any of your children's eligibility information or the resulting eligibility determination with your home provider.

If you have any questions or concerns, please call the Tiering Specialist the Western Dairyland CACFP at 715-831-1700.

Sharing Eligibility Information: Children's meal eligibility information may be shared with other State agencies and other Child Nutrition programs, in accordance with disclosure protection requirements, without prior notification. If your children's meals are reimbursed, these children may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (BadgerCare). Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and BadgerCare that your children's meals are eligible for reimbursement, unless you tell us not to.** Medicaid and BadgerCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. (Filling out the HSIS does not automatically enroll your children in health insurance.) **If you do not want us to share your information with Medicaid or BadgerCare, please notify us in writing. (This notification will not change whether your children's meals are reimbursed at the higher or lower rates.)**

Your eligibility information provided on the HSIS may be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

Anty Lillo

Signature of Sponsor Representative

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, audiotape, 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, 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.

Guidance Memo I – Attachment 3

HOUSEHOLD SIZE-INCOME STATEMENT (HSIS)

For Establishing Tier 1 Status for Children Enrolled in Tier 2 Homes: An adult household member must return this completed form to the sponsoring organization or your home provider.

First and Last Name(s) of Enrolled Child(ren)	Sponsoring Organization	Provider Name/Number
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PART 1: BENEFITS

If any member of your household currently receives FoodShare Wisconsin, Wisconsin Works Cash Benefits, FDIPIR (Food Distribution Program on Indian Reservations), WIC, Respite Care, or the Emergency Food Assistance Program (TEFAP), provide the name of the Program and the case number in the space provided below. Households eligible for Free or Reduced Price meals in the School Lunch or School Breakfast Programs must attach a copy of the determination letter from the school in lieu of a case number. **Complete PART 3 and return it to the sponsor or home provider. Do not complete PART 2.**

If no one receives these benefits, go to PART 2.

Program Name: _____ Case Number/Quest Card Number: : _____

PART 2: TOTAL HOUSEHOLD SIZE AND INCOME

- 1) List the full names of all household members, including yourself and all children.
 - 2) List all gross income (before deductions or taxes, social security, etc) on the same line as the person who receives it. (Self-employed household members should report net income.) Check the box for how often it is received. Record each income only once.
- If you provided a case number in Part 1, you do not need to provide household and income information below.

1) List full names of all household members below			Age	Check if Foster Child	2) List gross income and how often it is received												Check if no Income						
					Gross income from work	Weekly	Every 2 Weeks	2X per Month	Monthly	Annually	Welfare Payments, Child Support, and/or Alimony	Weekly	Every 2 Weeks	2X per Month	Monthly	Annually		Pensions, Retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	2X per Month	Monthly	Annually
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PART 3: ALL HOUSEHOLDS**ADULT HOUSEHOLD MEMBER SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SS#)**

If Part 2 is completed, the adult signing the form must list the last four digits of his/her SS# or check "None" if you do not have a SS#.

I CERTIFY that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on this form; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Adult Household Member	Signature Date Mo./Day/Yr.	Last 4 digits of SS# (or check "None" if you do not have a SS#) ***-**-____ ☐ None
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_____ Initial here if you have provided consent to your home provider for collecting and forwarding your completed HSIS to the sponsor with the understanding that the home provider is not allowed to review your completed HSIS. If you choose to not provide this consent, please email, mail, or fax your completed HSIS directly to the sponsor using the contact information listed in the Parent/Guardian Letter provided with this form.

Address	Daytime Phone Number	Email
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FOR SPONSORING ORGANIZATION USE ONLY – All 3 sections and the Effective Month of Determination must be completed

1) Basis of Determining Eligibility (A or B) A. Household Size & Income Total Household Size _____ *Total Income \$ _____ / _____ (\$ Amount) (Time Period)	2) Eligibility Determination ☐ Tier 1 Eligible ☐ Tier 2 Eligible	3) Determining Official's Initials & Approval Date _____ **Effective Month of Determination _____ Month/Year
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*Use the following conversion factors to determine yearly income only when multiple pay frequencies are reported: Weekly income x 52 = Yearly income. Every 2 weeks income x 26 = Yearly income. Twice a month income x 24 = Yearly income. Monthly income x 12 = Yearly income.

**This form expires one year from the Effective Month of Determination.