

CHILD & ADULT CARE FOOD PROGRAM
Application for Tier I Eligibility – Day Care Home Providers
INCOME ELIGIBILITY FORM 2020 - 2021

Provider Name: _____

Instructions for completing this form are on the other side of this sheet. If you have questions, please contact the Sponsor for help.

Part 1. List each child's information.	Birth date of each child	Check box if a Foster
Child		
List FULL NAME(S) OF OWN CHILD(REN) participating in program, if applicable.		<input type="checkbox"/>
Not Applicable <input type="checkbox"/>		<input type="checkbox"/>

Part 2. Benefits: If any member of your household received 3SquaresVT or Reach-Up assistance, provide the name of the head of household and the case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

Name:	Case Number:
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Part 3. List NAMES OF ALL HOUSEHOLD MEMBERS. This includes all people living in the household, whether they are related or not. Use a separate sheet if you need more space.	Enter gross income (before deductions) of each household member and state how often it is received (Weekly, monthly, every two weeks, twice a month, or annually)				Check if No Income
	Gross Earnings from work – before deductions	Child Support, Alimony or Welfare	Social Security Pensions Retirement	Any other Income	
Sample: <i>Jane Smith</i>	\$ 249.00 / weekly	\$ 300.00/ month	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

Part 4. SIGNATURE AND SOCIAL SECURITY NUMBER: 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 school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State or Federal laws.

Signature of Parent or Legal Guardian	Social Security Number: XXX – XX - ____ _ □ I do not have a Soc. Sec. number
Street/Apt No.	Home Phone
	Work Phone
City/State/Zip	Date Signed

Other Benefits: For information on free or low-cost health insurance contact Green Mountain Care at 1-800-250-8427 or www.GreenMountainCare.org.

For information on 3SquaresVT to help with food costs, call 1-800-479-6151 or visit www.vermontfoodhelp.com.

THE SPACE BELOW IS FOR CENTER USE ONLY

Household Size: ____	Total Income _____ Per Time Period ____Year ____Month ____XMonth ____Every 2 Weeks ____Week	NOTE: Annual Income Conversion - Weekly x 52 • Every 2 weeks x 26 • Twice a Month x 24 • Monthly x 12
Eligibility Determination & Verification	<input type="checkbox"/> Tier I Income Eligible 3SquaresVT Reach Up Verification Attached & Approved _____	<input type="checkbox"/> Tier 2 Denied Over Income Incomplete Application Other: _____
To be valid, this form must be signed and dated.		
Signature of Determining Official	Date	

Day Care Home Providers

PART 1 - Provider's Own Child(ren) Information. PROVIDERS MUST COMPLETE THIS PART, if applicable.

- (a) Print the name(s) of provider's own child(ren) who participate in the program.
- (b) List each child's birth date.
- (c) Check the 'Not Applicable' box if provider's own children do not participate.

PART 2 – 3SquaresVT or Reach Up Households Complete this part only if the child is a member of household receiving 3SquaresVT and/or Reach Up benefits.

- (a) List the 3Squares VT Number and/or the Reach Up case number.
- (b) Skip Part 3 and go to Part 4.
- (c) Documentation of eligibility from the Department of Social Welfare must be included with this eligibility form.

PART 3 - All other Households You must complete this part if you did not complete Part 2. Otherwise your application will be denied because it is incomplete. If you completed Part 2, you should not complete Part 3.

- (a) Write the names of everyone in the household, whether they get income or not. Include yourself, the child(ren) you are applying for, all other children, your spouse, grandparents and other related and unrelated people living in your household. Use another piece of paper if necessary.

Remaining Columns – List the amounts of income your household members receive and how often the person receives it (for example, every week, every two weeks, twice a month, monthly or yearly).

- (b) Earnings from Work: List the gross income each person earns, OR each person's normal income if earnings vary. Gross income is not the same as take home pay. Gross income is the amount earned before taxes and deductions. It should be listed on your pay stub, or your employer can tell you. Report net income for self-owned businesses and farms.
- (c) Child Support, Alimony, Welfare: Report payments actually received. Do not report a minus amount for payments made to another household.
- (d) Social Security, Pensions, Retirement: Report gross income received from these sources.
- (e) Other Income: List the total amount each person received last month from all other sources. Include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, rental income, or regular contributions from people who do not live in your household, and ANY OTHER INCOME. Next to the amount, write how often the person received it.

PART 4 - Signature and Social Security Number - ALL HOUSEHOLDS MUST COMPLETE THIS PART.

- (a) All applications must have the signature of an adult member of the household or guardian.
- (b) The application must have the last 4 digits of the social security number of the adult who signs the form. If the adult has no social security number, write "none" in the space. If you listed a 3Squares VT or Reach Up number, or if you are applying for a Foster Child, a social security number is not needed.
- (c) Verification of Income must be attached and included with this form.

Income Eligibility Guidelines

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
For each additional household member add	8,288	691	346	319	160

The chart to the left shows the reduced price guidelines.

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. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (3SquaresVT), Temporary Assistance for Needy Families (Reach-Up) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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 lunch and breakfast programs. 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.

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](#), (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.

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