



**Alaska Child and Adult Care Food Program
Family Day Care Home Program**

Alaska Income Eligibility Guidelines for TIER I Reimbursement

Effective July 1, 2009 to June 30, 2010

FAMILY SIZE	YEARLY \$	MONTHLY \$	Twice Per Month \$	Every Two Weeks \$	WEEKLY \$
1	25,031	2,086	1,043	963	482
2	33,689	2,808	1,404	1,296	648
3	42,347	3,529	1,765	1,629	815
4	51,005	4,251	2,126	1,962	981
5	59,663	4,972	2,486	2,295	1,148
6	68,321	5,694	2,847	2,628	1,314
7	76,979	6,415	3,208	2,961	1,481
8	85,637	7,137	3,569	3,294	1,647
For each additional family member add:	8,658	722	361	333	167

Definitions:

Family: A household or family is defined as a group of related or unrelated individuals who are living as one economic unit.

Income: Income is the money received by any member of the household before such deductions as taxes and Social Security. It includes the following: salary or wages; earnings from self-employment, including fishing and farming; welfare and unemployment; child support and alimony; strike benefits; Social Security, pensions, retirement and disability payments; Permanent Fund Dividends (PFD's), and other cash income received or withdrawn from any source which would be available for payment of a participant's meal. Supplemental Nutrition Assistance program (SNAP)/Food Stamp benefits are not included.

Current income is determined by the income received by all members of the household during the month prior to application. But if this income was much higher or lower than usual, the expected income for this year (12 months starting from the month prior to application) should be used. For example, self-employed people such as fishermen and farmers should use yearly income.

Rebate checks made under the Alaska Economic Stimulus Act of 2008 are to be treated as other one-time, lump-sum payments, i.e., they are to be excluded from income when determining eligibility.

INCOME TO REPORT

Earnings from Work

- Wages/salaries/tips
- Strike Benefits
- Unemployment Compensation
- Net income from self-owned business
- All other cash compensation

- Child Support/Alimony/Unemployment/Welfare/**
- Child support payments/ Alimony
 - Worker's compensation
 - Public assistance payments
 - Other Welfare Payments

Pensions/Retirement/Social Security

- Pensions
- Supplemental Security Income
- Retirement income
- Veteran's payments
- Social Security

Military Households

All cash income, including military housing/uniform allowances. Does not include "in-kind" benefits not paid in cash (base housing, housing under military privatization, 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
- Net other income
- Permanent Fund Dividends (Provider checks box on Confidential Income Statement (CIS) & the appropriate year PFD amount is added to provider or family income by sponsoring organization on 2nd page of CIS.



**Alaska Child and Adult Care Food Program
Family Day Care Home Program**

Tier Determination Application

July 1, 2009-June 30, 2010

Complete only the sections that apply to your family day care home (FDCH). It is not necessary to complete all sections but signature is required on second page.

Name of Provider

SS#

PART I SCHOOL ATTENDANCE AREA

If your family day care home is located in the attendance area of one of the identified low-income schools in your area, or if you do not know if your local school is a low-income school, complete the following: Name of local elementary school _____

Street address of your family day care home _____

For sponsor use only:

Elementary school/home location verified: _____ Sponsor Signature _____ Date _____

Approved for Tier I: Yes No

Effective dates of approval: From _____ to _____

PART II HOUSEHOLD INCOME ELIGIBILITY

If your family day care home is not located in a low-income elementary school attendance area, you may qualify for Tier I if your gross household income is at or below the income listed for your household size. Complete the attached **CACFP Confidential Statement** and return with this form. You must also complete the **CACFP Confidential Statement** in order to receive reimbursement for meals served to your own children. Your family size and income must be verified prior to approval of Tier I status or reimbursement of meals served to your eligible children. **If your household income is above the amounts listed below, go to PART III.**

FAMILY SIZE	YEARLY \$	MONTHLY \$	Twice Per Month \$	Every Two Weeks \$	WEEKLY \$
1	25,031	2,086	1,043	963	482
2	33,689	2,808	1,404	1,296	648
3	42,347	3,529	1,765	1,629	815
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7	76,979	6,415	3,208	2,961	1,481
8	85,637	7,137	3,569	3,294	1,647
For each additional family member add:	8,658	722	361	333	167

CACFP Confidential Income Statement attached. Please verify and notify me of my eligibility.

For sponsor use only:

Household size and income verified _____ Sponsor Signature _____ Date _____

Approved for Tier I: Yes No Approved to claim own children: Yes No

Effective dates of approval : From _____ to _____



Instructions for Completing the 2009-2010 CACFP Confidential Income Statement (CIS)

If your household gets Supplemental Nutrition Assistance Program (SNAP) which was formerly FOOD STAMPS, OR ATAP/TANF, follow these instructions:

Part 1: List child(ren)'s name, center/provider name, age, and what program you receive assistance under (SNAP/Food Stamp or ATAP/TANF) and your program case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

If your child is enrolled in any HEAD START program or RECEIVE FREE OR REDUCED PRICE MEALS AT SCHOOL, follow these instructions:

Part 1: List child's name, center/provider name, and age. Use a separate application for each Head Start child (Only the enrolled child qualifies under this category). Free/reduced category applies to family.

Part 2: Check the appropriate box. Provide letter from the Head Start agency that documents your child is enrolled, or notification of free/reduced price meals from school.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: List child's name, center/provider name, and age. **Use a separate application for each child.**

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List child's name, center/provider name, and age.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from last month.

Column 1–Name: List the first and last name of **each** person living in your household, related or not. You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2 –Gross income last month and how often (sequence) it was received. Next to each person's name list each type of income received last month, and how often it was received (M=monthly, T=twice per month, E2=every two weeks, or W=weekly). **Gross income is the amount earned before taxes and other deductions.** *First Column:* List earnings from work - the **gross income** each person earned from work. The amount should be listed on your pay stub. *Second Column:* List the amount each person got last month from welfare, child support, and alimony. *Third Column:* List all pensions, retirement, and Social Security, and *Fourth Column:* List ALL OTHER INCOME SOURCES - include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column 3–Check if no income: If the person does not have any income, check the box. If this is not checked it is assumed the person received income and CIS will be returned to be completed.

Column 4 & 5- You must check everyone who was approved for a Permanent Fund Dividend, even if part or the entire dividend was garnished. Your application cannot be approved if this information is missing.

Part 5: Sign the form and list Social Security Number, or mark the box if he or she doesn't have one.

Part 6: Answer this question if you choose to.



2009-2010 CACFP Confidential Income Statement (CIS)

Part 1. Children enrolled in day care center or home (Use a separate application for each foster child)

Names of all children in care (First, Middle Initial, Last)	Center or Provider Name	Age	Supplemental Nutrition Assistance Program (SNAP)/Food Stamp Number or ATAP/TANF case # (if any). List program name & #. Skip to Part 5 if you list program name & #.

Part 2. If the child is enrolled in Early Head Start or Head Start or receives Free or Reduced school meals check box. Document by including letter from Early Head Start/Head Start agency or notification of free/reduced meals from elementary school.

Early Head Start Head Start Free/Reduced Meals at School **Skip to Part 5.**

Part 3. Foster Child If this child is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____ . **Skip to Part 5.**

Part 4. Total Household Gross Income—You must tell us how much and how often for each individual. if the person has no income make sure you check the 'no income' box

Alaska Permanent Fund Dividend: You must check the boxes of adults and children listed below that were approved for Permanent Fund Dividend. Include everyone who was approved for a PFD, even if part or the entire dividend was garnished. **The CIS cannot be approved if this information is missing.**

1. Name (List everyone in household)	2. Gross income for last month and how often (sequence) it was received A=Annual; M=Monthly; T=Twice Per Month; E2=Every 2 Weeks; or W=Weekly				3. Check if NO income	4. Check if approved for a PFD in 2008	5. Check if approved for a PFD in 2009
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income			
(Example) Jane Smith	\$200 / T	\$150 / M	\$200 / M	\$ /	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement below)
I certify (promise) that all information on this application is true and that all income is reported. I understand that the child care center or child care provider will get federal funds based on the information I give. I understand that center or state officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X Print name: _____ Date: _____

Address: _____ Phone Number: _____

Social Security Number: _____ - _____ - _____ I do not have a Social Security Number

Part 6. Children's racial and ethnic identities (optional) Mark one or more racial identities:

- Asian American Indian or Alaska Native Hispanic or Latino Black or African American
 White Native Hawaiian or Other Pacific Islander Not Hispanic or Latino Other

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. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you

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list a SNAP/Food Stamp Program, Temporary Assistance for Needy Families (TANF) 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.

Non-discrimination Statement:

This explains what to do if you believe you have been treated unfairly.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

CENTER/SPONSOR ORGANIZATION USE ONLY

This section is for the child care center or family day care home sponsoring organization use only																	
2008 PFD \$ 2,069.00 (this amount does not include the \$1,200 stimulus check, which is not counted as income)																	
<i>Write the total number of household members in the boxes below who qualify for PFD. Write 0 if none qualify</i>																	
CIS completed PRIOR to 1/1/10 Use PFD issued October 2008	_____	CIS completed AFTER 1/1/10 Use PFD Issued October 2009	_____														
Total household members receiving PFDs _____ x \$2,069.00 = _____ (issued October 2008)																	
Total household members receiving PFDs _____ x \$ _____ .00 = _____ (issued October 2009)																	
<p>ELIGIBILITY by INCOME:</p> <p>If there is more than one sequence of income or if the household received any PFDs you must convert all income to annual. (i.e. \$200/T, \$150/M, \$200/M & PFDs = Annual Conversion)</p> <p>If there is only one sequence of income and the household did not receive any PFDs then you must keep the income at the sequence received. (i.e. \$200/T, \$100/T= No conversion necessary- keep at T)</p>	<p>List the income by sequence from first page:</p> <table style="width:100%; border:none;"> <tr> <td>Total Income by Category:</td> <td>Conversion to Annual:</td> </tr> <tr> <td>A-Annual: _____</td> <td>x 1 = _____</td> </tr> <tr> <td>M-Monthly: _____</td> <td>x 12 = _____</td> </tr> <tr> <td>T-Twice Per Month: _____</td> <td>x 24 = _____</td> </tr> <tr> <td>E2-Every 2 Weeks: _____</td> <td>x 26 = _____</td> </tr> <tr> <td>W-Weekly: _____</td> <td>x 52 = _____</td> </tr> <tr> <td colspan="2">TOTAL HOUSEHOLD INCOME: \$ _____</td> </tr> </table>			Total Income by Category:	Conversion to Annual:	A-Annual: _____	x 1 = _____	M-Monthly: _____	x 12 = _____	T-Twice Per Month: _____	x 24 = _____	E2-Every 2 Weeks: _____	x 26 = _____	W-Weekly: _____	x 52 = _____	TOTAL HOUSEHOLD INCOME: \$ _____	
Total Income by Category:	Conversion to Annual:																
A-Annual: _____	x 1 = _____																
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E2-Every 2 Weeks: _____	x 26 = _____																
W-Weekly: _____	x 52 = _____																
TOTAL HOUSEHOLD INCOME: \$ _____																	
<p>Check the sequence of income from above:</p> <p align="center"> <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Per Month <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Weekly </p> <p>Total Income from above: \$ _____</p> <p>PFD income: \$ _____ Household size: _____</p> <p>TOTAL INCOME: \$ _____</p>																	
<p>OR ELIGIBILITY by CATEGORICAL DOCUMENTATION:</p> <p>Check category from 1st page – must have case number or documentation from Head Start agency or school</p> <p align="center"> <input type="checkbox"/> SNAP/Food Stamp Household <input type="checkbox"/> ATAP/TANF Household <input type="checkbox"/> Head Start <input type="checkbox"/> School (only applies to enrollee) </p> <p>Eligibility Dates: _____ to _____</p>																	
DETERMINATION:																	
<p><u>SPONSORS OF CENTERS:</u> <input type="checkbox"/> Free <input type="checkbox"/> Reduced Price <input type="checkbox"/> Over Income</p>																	
<p><u>SPONSORS OF FAMILY DAY CARE HOMES:</u></p> <p>Income Eligible for Tier I Rates <input type="checkbox"/> Yes- Eligibility Dates: _____ to _____ Approved for Own? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p align="center"> <input type="checkbox"/> No - Reason for denial: <input type="checkbox"/> Income too high <input type="checkbox"/> Incomplete documentation <input type="checkbox"/> Other _____ </p>																	
Determining Official's Signature _____			Date _____														

PART III SPECIAL ELIGIBILITY BY CENSUS DATA

Under special conditions, school data may not accurately reflect the economic conditions of the neighborhood in which a family day care home is located. If you feel this is true in your case, please explain your circumstances below. You may be asked for more information before your request is evaluated.

Street address of your family day care home _____
Explanation of special circumstances:

For sponsor use only:
Census Block Group _____ Verified low income area: Yes No
Approved for Tier I: Yes No _____ Sponsor Signature _____ Date
DOE Approval: _____ Date Effective dates of Approval: From _____ to _____

PART IV Tier II Determination

If none of the above situations apply to your family day care home, your home is a Tier II home. Review the Tier II packet carefully and attach your completed **Tier II Option Selection Sheet**. If your circumstances change, you may submit another application for Tier I status at any time during the year.

_____ My family day care home does not qualify as a Tier I home. **The Tier II Option Sheet is attached.**

For sponsor use only:
Tier II Option I: Option II: Option III:
_____ Sponsor Signature _____ Date

I certify that all of the above information is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of Federal funds; that Department officials may, for cause, verify information; and that deliberate misrepresentation may subject us to prosecution under applicable State and Federal criminal statutes.

Provider Signature

Date

All documentation for every number that is given on this income expense detail form must be attached or it cannot be counted!

INCOME All income received in the month of **June** or current month: _____ (**circle one**).

Please list the children that the income is for. If the child is on assistance please list the dollar amount that the state pays and the amount that the parent pays. *If you did not receive payment for care or if the charge is significantly less than for other children, an explanation signed by the parent must also be included.*

	<u>Name of child(ren)</u>	<u>state pays</u>	<u>parent pays</u>	<u>Total income</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
Sub-total from above				\$ _____

If you received any training or travel reimbursement funds please add total here \$ _____

If you receive the child care grant (licensed providers only) please add total here \$ _____

If you are a licensed provider and do not receive the childcare grant please explain why _____

TOTAL INCOME Add the income from the children, USDA, and child care grant. \$ _____

TOTAL EXPENSES Deduct the total expenses from the next page \$ _____
 (If you have been a provider for over 1 year and submitted your taxes you do not have to Record expenses I will get them from your taxes)

ADJUSTED GROSS MONTHLY CHILD CARE INCOME \$ _____

EXPENSES List by categories given, using only the items that pertain to your child care business.

USE **EXACT** AMOUNTS, **NOT** ROUNDED FIGURES.

Liability insurance (insurance that covers doing daycare in your home) \$ _____

Business License \$200.00 divided by valid months _____

Month and year your business license was bought: _____

Mileage (child care only) _____ x \$0.49 \$ _____
 (On your submitted mileage log you **must** have documented where to and # of miles to get to and from)

Assistant/Substitute Care \$ _____

Continuing Education (must be for improving your daycare business) \$ _____

Advertising \$ _____

Other (Please specify): _____ \$ _____

_____ \$ _____

PRORATED EXPENSES MUST BE MULTIPLIED BY THE FOLLOWING TIME/SPACE FORMULA TO GET YOUR PERCENTAGE FOR THE VERIFYING MONTH. YOU MUST SUBMIT ATTENDANCE RECORDS FOR THE ENTIRE MONTH OR WE WILL NOT ACCEPT RENT/MORTGAGE AND UTILITIES EXPENSES.

$$\frac{\# \text{ hours providing child care/day}}{24 \text{ hours/day}} \times \frac{\# \text{ days providing child care/month}}{\# \text{ days in verification month}} \times \frac{\text{business sq. footage of home}}{\text{total sq. footage of home}} = \text{ _____\%}$$

Calculate your prorated percentage below:

$$\frac{(\quad)}{(\quad)} \times \frac{(\quad)}{(\quad)} \times \frac{(\quad)}{(\quad)} = (\quad) \%$$

If you do not understand the above formula, please feel free to call our office for more information and guidance.

	actual	prorated
Mortgage/Rent	_____	_____
Utilities:		
Electric	_____	_____
Gas	_____	_____
Water	_____	_____
Refuse	_____	_____
Cable	_____	_____
Regular telephone	_____	_____
Cellular phone	_____	_____

TOTAL THIS PAGE \$ _____

Please number your receipts and mark the category. The total of your food, supplies and personal should equal to the total of the receipt. (Print additional pages if necessary)

<u>Receipt #</u>	<u>name of store</u>	<u>Food costs (F)</u>	<u>supplies cost (S)</u>	<u>personal cost (P)</u>	<u>total of receipt</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____
21.	_____	_____	_____	_____	_____
22.	_____	_____	_____	_____	_____
23.	_____	_____	_____	_____	_____
24.	_____	_____	_____	_____	_____
25.	_____	_____	_____	_____	_____
26.	_____	_____	_____	_____	_____
27.	_____	_____	_____	_____	_____
28.	_____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____	_____
THIS PAGE	_____	_____	_____	_____	_____