

Illinois Child Care Bureau

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To: Parent or Guardian

Your day care home provider participates in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP) and receives Federal funds to offer healthy meals and snacks to all of the enrolled children. The amount of reimbursement the day care home provider receives is based on the information you provide on the attached Household Eligibility Application. To receive meal reimbursement payments, your day care home provider must follow menu planning guidelines, keep accurate meal records each day and agree to monitoring visits by our staff while children are in their care.

Your day care home provider will receive a higher rate of reimbursement if your household income meets or is below the Income Eligibility Guidelines listed in this letter or if a member of your family (child or adult) receives Supplemental Nutrition Assistance Program (SNAP); Temporary Assistance for Needy Families (TANF); Women, Infants, and Children (WIC); or other state or federal benefits for your children. Also, if you care for a foster child that is the legal responsibility of Department of Children and Family Services (DCFS) or the court, these children are eligible for meal benefits regardless of your household income.

If your income(s) is over the income guidelines below, you are not required to complete this application; however, it would be helpful if you would write your child's name on the application and return it to your day care home provider or mail to the address provided on the enclosed envelope. Please notify us, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the income eligibility standards.

The information you provide on the application will be used to determine your child's eligibility for meal benefits. The information will be kept confidential and only available to staff directly connected with administering the CACFP.

Please note that by signing Number 4 of the enclosed HEA for the Illinois *All Kids* Health Insurance that you are stating **you do not want** your information shared with the Illinois Department of Healthcare and Family Services. If you agree to disclose the application information, it may be used to identify your child(ren) for the health insurance program. If you would like more information on *All Kids*, call toll-free 866/255-5437 or 877/204-1012 (TTY).

INCOME ELIGIBILITY GUIDELINES

July 1, 2014 through June 30, 2015

Level for Reduced-Price Meals

| <u>Household Size</u> | <u>Annual</u> | <u>Monthly</u> | <u>Twice Per Month</u> | <u>Every Two Weeks</u> | <u>Weekly</u> |
|-----------------------------------|---------------|----------------|------------------------|------------------------|---------------|
| 1 | 21,590 | 1,800 | 900 | 831 | 416 |
| 2 | 29,101 | 2,426 | 1,213 | 1,120 | 560 |
| 3 | 36,612 | 3,051 | 1,526 | 1,409 | 705 |
| 4 | 44,123 | 3,677 | 1,839 | 1,698 | 849 |
| 5 | 51,634 | 4,303 | 2,152 | 1,986 | 993 |
| 6 | 59,145 | 4,929 | 2,465 | 2,275 | 1,138 |
| 7 | 66,656 | 5,555 | 2,778 | 2,564 | 1,282 |
| 8 | 74,167 | 6,181 | 3,091 | 2,853 | 1,427 |
| Each Additional Family Member Add | 7,511 | 626 | 313 | 289 | 145 |

If you have any questions or need help, please contact your day care home provider or the Illinois Child Care Bureau.

Parent/Guardian Instructions for completing the Household Eligibility Application

Once properly approved for meal benefits, a child's Household Eligibility Application (HEA) will remain in effect for 12 months.

Complete the Household Eligibility Application (HEA) for one of the following areas:

- If anyone (child or adult) in your household receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF), follow **Instruction A** on the back of this letter.
- If you or a child receives benefits from Women, Infants, and Children Program (WIC); Low Income Home Energy Assistance Program; or free or reduced-priced meals from the National School Lunch and Breakfast Programs, please follow **Instruction B** on the back of this letter.
- If you have a foster child who remains the legal responsibility of the Department of Children and Family Services (DCFS) or the court, follow **Instruction C** on the back of this letter.
- If you receive income, follow **Instruction D** on the back of this letter.

Instruction A- Households receiving SNAP or TANF

If any member (child or adult) of your household receives benefits from SNAP or TANF, provide the following information:

- **Number 1-** List the names of ALL people in your household (such as grandparents, other relatives, or friends who live with you) and the age(s) of the child(ren) attending the day care home.
- **Number 3-** Record a valid SNAP or TANF case number for any member (child or adult) of this household. Do not list your Illinois LINK card number. You may find your SNAP or TANF case number on your medical card or letter of eligibility for benefits.
- **Number 4 (OPTIONAL)-** *Illinois All Kids Health Insurance Program.*
- **Number 6-** Provide a signature of an adult household member and date the application.
- Your application is complete.

Instruction B- Individuals receiving WIC or Low Income Home Energy Assistance Program

If any member (child or adult) of your household receives benefits from WIC or Low Income Home Energy Assistance Program, provide the following information:

- **Number 1-** List the names of ALL people in your household (such as grandparents, other relatives, or friends who live with you) and the age(s) of the child(ren) attending the day care home.
- **Number 3-** Identify the individual that is receiving WIC and record a valid WIC case number for that member (child or adult) of this household. If an individual or household is receiving assistance from Low Income Home Energy Program; or free or reduced-priced meals from the National School Lunch and Breakfast Programs identify the individual that is receiving benefits and mark the Other Extended Categorical.
- **Number 4 (OPTIONAL)-** *Illinois All Kids Health Insurance Program.*
- **Number 6-** Provide a signature of an adult household member and date the application.
- Your application is complete.

Instruction C- Application for a Foster Child(ren). A foster child remains the legal responsibility of DCFS or the court.

- 1.) If you have a legal document from DCFS or the court for your foster child, please provide a copy; you do not need to complete this application. If you don't have a legal document, follow Step 2 or 3 below.
- 2.) If all children in your household (who attend this day care home) are foster children provide the following information:
 - **Number 1-** List the name(s) and age(s) of your foster child(ren) attending this day care home.
 - **Number 2-** Check the box(es) indicating the child is a foster child(ren).
 - **Number 4 (OPTIONAL)-** *Illinois All Kids Health Insurance Program.*
 - **Number 6-** Provide a signature of an adult household member and date the application.
 - Your application is complete.
- 3.) If you have a foster child(ren) along with other children attending this day care home, please provide the following information:
 - **Number 1-** List the names of ALL household members including the foster child(ren) and the age(s) of the child(ren) attending the day care home.
 - **Number 2-** Check the box(es) identifying the foster child(ren).
 - **Number 4 (OPTIONAL)-** *Illinois All Kids Health Insurance Program.*
 - **Next, Go to Instruction D- Households Reporting Income** below and complete Numbers 5 and 6.

Instruction D- Households Reporting Income

It is not necessary to complete income information if you provided SNAP or TANF information in Number 3. However, if no one in your household receives SNAP or TANF benefits, please report all household income. The Household Eligibility Application must include the following information:

- **Number 1-** List the names of ALL household members and the age(s) of the child(ren) attending the day care home.
- **Number 4 (OPTIONAL)-** *Illinois All Kids Health Insurance Program.*
- **Number 5-** List total gross income (before deductions), not your take-home pay; and the frequency, how often the money is received, for each household member for last month. If the income last month was not the usual amount you normally receive, you may provide a projected amount that better represents your gross income.
 - * For ONLY the self-employed, list monthly income after expenses. This is for your business, farm or rental property.
 - * If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- **Number 6-** Provide the last four digits of the social security number for the adult household member signing the application. If you refuse to provide the last four digits of the social security number, the application cannot be approved. If the adult does not have a social security number, mark the box, *I do not have a social security number.*
- Your application is complete.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in any program or activity conducted or funded by the USDA. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.