Illinois Child Care Bureau
1400 E. Touhy Ave, Suite 477, Des Plaines, IL 60018 Voice: (773) 444-0115 Fax: (773) 930-4887 info@illinoischildren.com

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, 2026 through June 30, 2027

Reduced-Price Meals
185% Federal Poverty Guideline

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	29,526	2,461	1,231	1,136	568
2	40,034	3,337	1,669	1,540	770
3	50,542	4,212	2,106	1,944	972
4	61,050	5,088	2,544	2,349	1,175
5	71,558	5,964	2,982	2,753	1,377
6	82,066	6,839	3,420	3,157	1,579
7	92,574	7,715	3,858	3,561	1,781
8	103,082	8,591	4,296	3,965	1,983
Each Additional Family Member Add	10,508	876	438	405	203

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.

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), age, disability, and reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, and American Sign Language), should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202)720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at, www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D. C. 20250-9410; or fax (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.