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: Day Care Home Provider:

Our records indicate you were determined Tier 1 status or claimed Tier 1 reimbursement based on one of the following qualifications:

- Your day care home qualified for **Tier 1 based on income information submitted on last year's Household Eligibility Application (HEA).** In order to continue the Tier 1 status by income you must complete the attached HEA. To be eligible for Tier 1 status your household income must meet or fall below the Income Eligibility Guidelines or a member of your household must be eligible to receive Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits.

- Your day care home qualified for **Tier 1 status due to school or census data and you claimed meals for qualifying children** residing in your household while other children were in attendance. In order to continue to claim qualifying children residing in your household, you must complete the enclosed HEA and return it to our office.

- You claimed **Tier 1 reimbursement for meals served to a qualifying foster child(ren),** residing in your household while other children were in attendance. In order to continue to receive Tier 1 reimbursement for a foster child(ren) residing in your household, you must complete the enclosed HEA and return it to our office.

Please note that by signing Number 4 on the enclosed HEA for the Illinois *All Kids* Health Insurance, 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 the Illinois Child Care Bureau.

Provider Instructions for Completing the Household Eligibility Application

Once properly approved for meal benefits, a Household Eligibility Application (HEA) will remain in effect for 12 months. Complete the Household Eligibility Application (HEA) for one of the following areas.

For providers unable to qualify for Tier 1 by School or Census, applying for Tier 1 status by income eligibility-refer to instructions A and B.

If anyone (child or adult) in your household **receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or other qualifying benefits**, follow **Instruction A** below. The information will be verified by the sponsor.

Instruction A-Households Receiving SNAP or TANF or other qualifying benefits

- **Number 1-** List the names of ALL people residing in a provider's household (such as grandparents, other relatives, or friends who live with a provider) and the age(s) of the child(ren) enrolled in a provider's day care home.
- **Number 3-** Record a valid SNAP or TANF case number for any member (child or adult) of this household. The SNAP or TANF case number is on the letter of eligibility for benefits or the case number may be found on a medical card. Do not list an Illinois LINK card number. The SNAP or TANF information provided will require verification by the sponsoring organization. Providing documentation of the benefit is required.
- **Number 4 (OPTIONAL)-** *Illinois All Kids Health Insurance Program.*
- **Number 6-** Mark the box that best describes the purpose for the application.
- **Number 7-** Provide a signature of an adult household member and date the application.
- The application is complete.

If no one in your household receives SNAP or TANF benefits and **you want to apply for the higher reimbursement for your day care operation based on your household income, follow Instruction B.**

It is not necessary to complete income information if SNAP or TANF information was provided above in Instruction A or if all the children residing with the provider are documented foster children (refer to Instruction D). The information will be verified by the sponsor.

Instruction B- Households Reporting Income

- **Number 1-** List the names of ALL people residing in a provider's household (such as grandparents, other relatives, or friends who live with a provider) and the age(s) of the child(ren) enrolled in a provider's day care home. (Foster child(ren) may be included on the HEA)
- **Number 4 (OPTIONAL)-** *Illinois All Kids Health Insurance Program.*
- **Number 5-** List total gross income (before deductions), not take-home pay; and the frequency, how often the money is received, for each household member for the last month. If the income last month was not the usual amount normally received, a projected amount may be provided that represents the gross income.
  *For ONLY the self-employed, list average monthly income after expenses. This is for a business, farm, or rental property.
  *If receiving Military Privatized Housing Initiative pay or receive combat pay, do not include these allowances as income.
- **Number 6-** Mark the box that best describes the purpose for the application.
- **Number 7-** The provider must sign and date the application.
- **Also,** provide the last four digits of the social security number of the provider signing the application. Refusal to provide the last four digits of the social security number will result in the application not being approved. If the adult does not have a social security number, mark the box, *I do not have a social security number.*
- The application is complete. Documentation must be provided to support all information (foster child documentation if applicable, check stubs, W-2's 1040 Schedule C, etc…)
- The sponsoring organization will verify the information contained on the HEA.

For providers approved Tier 1 status by school or census wanting to claim children, to include foster children when outside children are present:

If you have been approved **Tier 1 status by School or Census Data and would like to claim qualifying children, including foster children, residing with you when outside qualifying children are present**, you must complete a HEA in order to claim the qualifying children, including foster children residing with you. Refer to **Instruction C**. The application may be verified by the sponsor.

Instruction C- Provider approved Tier 1 status by School or Census and would like to claim children residing with the provider. Follow the instructions provided in **Instruction B, Numbers 1 through 7**. The sponsoring organization may verify the information.

For Providers identified as Tier 2 status wanting to claim foster children when outside children are present:

A foster child(ren) residing with you is(are) eligible for Tier 1 reimbursement for eligible meals, when outside qualifying children are present, regardless of your tier status (Tier 1 or Tier 2) when a HEA is submitted by the provider. The eligibility for the foster child does not transfer to the household. In order to document a child as a foster child, legal document from DCFS or the DCFS appointed representative must be submitted for each foster child with the Household Eligibility Application. In lieu of a document a provider may request DCFS or its representative to complete form 50-73 (Homeless, Runaway, Migrant, Head Start, and Foster Child Certification Form) that can be found on the following ISBE website: http://www.isbe.net/Documents/50-73_hmls_cert_mm.pdf#search=form%2050%2D73

Instruction D- For the foster child(ren) residing in a providers home, please provide the following information on the HEA:

- **Number 1-** List the name(s) and age(s) of the foster child(ren) residing in the provider's day care home.
- **Number 2-** Check the box(es) indicating the child(ren) is a foster child(ren).
- **Number 4 (OPTIONAL)-** *Illinois All Kids Health Insurance Program.*
- **Number 6-** Mark the box that best describes the purpose for the application.
- **Number 7-** Provide a signature of the provider and date the application.
- The 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.