

**Household application for Tier 1 Determination in Tier II Family Day Care Homes**

Provider Name:

Sponsor Name: **Child Nutrition Services**

Sponsor Telephone: **1-800-827-7122**

<b>Part 1.</b> Enrolled children's information. Attach NS-301-H.a. to list more children			<b>Part 2.a.</b> Enter Master Case Number if household qualifies for SNAP, TANF or FDPIR <i>Note: Social Security numbers, Medicaid numbers and EBT numbers are not accepted.</i> <b>Master Case Number:</b>
Child's Last Name, First Name	Date of Birth M / D / Y	Date Enrolled M / D / Y	

**Part 2.b.** You may list other State or Federal Programs in which you or your child participate that meet the CACFP income guidelines. These programs are listed in the attached letter.  
Program Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

<b>Part 3.</b> Foster Children	Date of Birth M / D / Y	Date Enrolled M / D / Y	Foster Child's personal use income
			\$

**Part 4. Total Household Income from Last Month – Complete Part 4 if you did not complete Part 2.**

Names of all household members not listed above unless they have income	LAST MONTH'S HOUSEHOLD INCOME Do not list hourly wage.				Check if NO income
Last Name, First name	Gross Income (before taxes)	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>

**Part 5. Signature – the adult household member who fills out the application must sign below.**

If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.) If you have given a case number in Part 2 or if this application is only for a foster child, a social security number is not needed.

*I certify that all information on this application is true and that all income is reported. I understand that the center will get Federal funds based on the information I give. I understand that 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:	Print Name:
Social Security Number (Last 4 digits):	Street Address:
<input type="checkbox"/> I do not have a Social Security Number	City/State/Zip:
Date signed:	Telephone:

**Part 6: (Optional) Racial / Ethnic identity of children listed above.**

Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White
	<input type="checkbox"/> Black or African American

**FOR SPONSOR USE ONLY**

Total Household Size _____	Tier I Eligible <input type="checkbox"/>	Signature of Sponsor Official _____	Date Signed _____
Total Annual Income _____	Not Eligible <input type="checkbox"/>	Effective Date _____	Exp. _____
SNAP/TANF/FDPIR/Other <input type="checkbox"/>			
Foster Child <input type="checkbox"/>			

**INCOME ELIGIBILITY GUIDELINES**  
**JULY 1, 2015 – JUNE 30, 2016**

Household Size	Household Income				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional family member add:	7,696	642	321	296	148