



Southwest Human Development Services
P.O. Box 28487 • Austin, Texas 78755-8487
(512) 467-7916 • Toll Free (800) 369-9082
Fax (512) 467-1453 • Toll Free (888) 467-1455
www.swhuman.org

Dear Program Participant:

Enclosed is an Eligibility Application Packet for your household to apply for Tier 1 benefits for your family day care home based on either your total household income or categorical eligibility. (See Reverse Side for Income Standards for Determining Program Eligibility) If approved for Tier 1 benefits, all enrolled children in your home, including your own residential children (if applicable), will be eligible for higher meal rates. All Eligibility Applications must be received and verified before the 22nd of the month in order to determine eligibility for the current month.

Included in this Packet are instructions and guidance on reporting income and household size. We must receive complete information about household size and income from all sources if your household does not receive benefits from any of the following government assistance programs: SNAP (Formerly Food Stamp Program) , Temporary Cash Assistance (TANF), Head Start or Even Start Family Literacy Program. If you receive one of these four types of assistance, please submit Texas Health and Human Services Commission Form 1099 along with your Application 1531-P, Day Home Provider Application for Tier 1 Eligibility, TANF Award letter, or certification of current participation in Head Start or Even Start Family Literacy Program.

If you do not receive government assistance, you may submit a copy of page one of last year's Federal Tax return (Notice of Eligibility Letter) or you may submit the attached monthly worksheet and supporting receipts for income and expenses for last month's current income. Providers receiving irregular monthly or seasonal income may wish to use Federal Form 1040 as it may be a more accurate statement of your income.

All eligibility determinations are based on current Federal income standards (see reverse side of this letter) or your household's participation in the four Federal programs listed above. The information you provide is confidential and will be used only for eligibility determination purposes. If the required information is incomplete or missing or your income exceeds federal standards, your family day home will not qualify for Tier 1 rates, and you will receive Tier 2 benefits.

If you have any questions or need assistance completing the Application, please do not hesitate to contact our office at 1-800-369-9082 or 512-467-7916 in Austin.

Sincerely Yours,

Blake Stanford
President
Southwest Human Development Services Corporation

In the operation of child nutrition programs, children are not discriminated against on the basis of sex, age, race, color, national origin, religion, political belief, disability or creed. If you believe discrimination exists, please write immediately to 1) Director, Civil Rights, TDHS, PO Box 149030, Austin, TX 78714-9030 or 2) Secretary of Agriculture, Washington, D.C. 20250

H. Income Standards for Eligibility

INCOME STANDARDS FOR DETERMINING PROGRAM ELIGIBILITY

Effective July 1, 2009 through June 30, 2010

FAMILY SIZE	ANNUAL	MONTHLY	WEEKLY
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
for each additional family member, add	+ 6,919	+ 577	+ 134

Day Care Home Provider Application for Tier I Eligibility

Solicitud del proveedor del hogar de cuidado de niños para elegibilidad en el nivel I

<p>Notice to Day Care Home Providers</p> <p>To apply for Tier I eligibility based on family size and income, you must provide the information requested on this form. The information on this form WILL BE VERIFIED by the day care home sponsoring organization.</p>	<p>Aviso al proveedor del hogar de cuidado de niños</p> <p>Para solicitar la elegibilidad en el nivel I basada en el tamaño y los ingresos de la familia, usted tiene que proporcionar la información que se solicita en esta forma. La organización patrocinadora del hogar de cuidado de niños VERIFICARÁ la información de la forma.</p>
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1. Name of Day Care Home Provider/Nombre del proveedor del hogar de cuidado de niños	License/Registration No./ Núm. de licencia o de registro	Program (TX) No./ Núm. de programa (TX) TX -
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Address (Street, City, State, ZIP)/Dirección (Calle, Ciudad, Estado, Código postal)

2. Are you receiving Food Stamps or Temporary Assistance for Needy Families (TANF)?/¿Recibe usted actualmente beneficios de Estampillas para Comida o Asistencia Temporal a Familias Necesitadas (TANF)? **Yes** **No**
 Sí No

If "Yes," give your Food Stamp or TANF Case No. and attach a copy of your TANF/Food Stamp Benefits Notice of Eligibility to verify that you currently receive Food Stamps or TANF. Note: If you give your Food Stamp or TANF Case No. and a copy of your TANF/Food Stamp Benefits Notice of Eligibility, do not complete Item 3 below; go to Item 4./Si contesta "Sí", proporcione su Núm. de caso de Estampillas para Comida o de TANF y adjunte una copia del Aviso de elegibilidad para beneficios de TANF o Estampillas para Comida para verificar que usted actualmente recibe estos beneficios. Nota: si proporciona su Núm. de caso de Estampillas para Comida o de TANF y una copia de la Forma H1009 vigente, no llene la sección 3 a continuación; pase a la sección 4.

Food Stamp Case No./Núm. de caso de Estampillas para Comida	TANF Case No./Núm. de caso de TANF
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3. Give the following information about everyone in your household, including yourself. Attach proof of income from all sources./Proporcione la siguiente información sobre todas las personas de su unidad familiar, incluso usted. Adjunte pruebas de ingresos de todas las fuentes.

		Monthly Income Information Información sobre los ingresos mensuales			
		Salary Before Deductions Sueldo antes de las deducciones	Welfare, Unemployment, Child Support Pagos de asistencia pública, desempleo, manutención de niños	Pensions, Retirement, Social Security Pensiones, jubilación, Seguro Social	All Other Monthly Income Todos los demás ingresos mensuales
Name (Last, First) Nombre (apellido, nombre)	Age Edad	First Job Empleo principal	Second Job Empleo secundario		

Total Number of Household Members:
 Número total de miembros de la unidad familiar:

For Sponsor Use Only **Total Monthly Income**
 Solo para uso del patrocinador

4. I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given to determine the level of federal support from the Child and Adult Care Food Program and that my Day Care Home Sponsor will verify the information on my application. Deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Certifico que la información en esta solicitud es verdadera y correcta y que se han incluido todos los ingresos. Comprendo que esta información es para determinar el nivel de ayuda federal del Programa de Alimentos para Centros de Cuidado de Adultos y Niños y que mi patrocinador del hogar de cuidado de niños verificará la información en mi solicitud. La falsificación intencional de la información podría causar mi enjuiciamiento bajo las leyes estatales y federales que se apliquen.

Signature—Day Care Home Provider/Firma del proveedor del hogar de cuidado de niños _____ Date/Fecha _____

Enter Social Security Number of Day Care Home Provider signing application. /Escriba el Núm. de Seguro Social del proveedor del hogar de cuidado de niños que firma la solicitud.

If the provider does not have a Social Security Number, enter "None."/Si el proveedor no tiene un Núm. de Seguro Social, escriba "ninguno."

Address _____ City/State _____ Zip Code _____
 Dirección _____ Ciudad/Est _____ Código Postal _____

WHAT INCOME YOU MUST LIST: List all income received **LAST MONTH** by each person listed on page one of this form. You must list:

- All wages from jobs (total earned before deductions for taxes, Social Security, etc.)
- Monthly welfare payments, unemployment compensation or child support payments
- Monthly retirement, pension or Social Security payments
- Any other income received **LAST MONTH** such as disability payments, workman's compensation and strike benefits

NOTE: If anyone's income for last month was higher or lower than usual, list that person's **AVERAGE** monthly income. For example, self-employed people, farmers and seasonal workers should list their average monthly income.

FOSTER CHILDREN: If you have a foster child living with you, do not include the foster child as a household member and do not include the foster child's income or income you receive on behalf of the foster child.

NOTE: A new application is required each 12 months.

NONDISCRIMINATION: 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 **USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410** or call **866-632-9992** (toll free), **202-260-1026**, or **202-401-0216** (TDD). **USDA is an equal opportunity provider and employer.**

INGRESOS QUE TIENE QUE ENUMERAR. Enumere todos los ingresos que recibió el **MES PASADO** cada persona anotada en la primera página de esta forma. Usted tiene que enumerar:

- Todos los sueldos de todos los empleos (el total antes de las deducciones de impuestos, Seguro Social, etc.)
- Pagos mensuales de asistencia pública, compensación por desempleo o manutención de niños
- Pagos mensuales de jubilación, pensión o Seguro Social
- Cualquier otro ingreso recibido durante el **MES PASADO**, tales como pagos por discapacidad, indemnización laboral o beneficios de huelga.

NOTA. Si los ingresos del mes pasado de alguna persona fueron más o menos de lo que recibe normalmente, escriba el **PROMEDIO** de los ingresos mensuales de esa persona. Por ejemplo, las personas que trabajan por cuenta propia, los agricultores y los trabajadores de temporada deben escribir el promedio de sus ingresos mensuales.

NIÑOS EN HOGARES TEMPORALES. Si usted tiene niños bajo cuidado temporal viviendo con usted, no los cuente como miembros de la unidad familiar ni cuente los ingresos de estos niños, ni los ingresos que usted reciba en nombre de los niños.

NOTA. Se requiere una nueva solicitud cada 12 meses.

DISCRIMINACIÓN. De acuerdo con la ley federal y con las normas del Departamento de Agricultura de EE. UU., esta institución tiene prohibida la discriminación por motivos de raza, color, origen nacional, sexo, edad o discapacidad.

Para presentar una queja por discriminación, por favor, escriba a **USDA, Director, Office Adjudication and Compliance, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410** o llame al **866-632-9992** (llamar gratis), o al **202-260-1026**, o al **202-401-0216** (TDD). El **USDA** es un proveedor y empleador que ofrece igualdad de oportunidades para todos.

For Day Care Home Sponsor Use Only/Solo para uso del patrocinador del hogar de cuidado de niños

Applicants are REQUIRED to provide the following information:

For eligibility based on FAMILY SIZE and INCOME – (1) Name of Day Care Home Provider applying; (2) Names of all other household members; (3) Social security number of Day Care Home Provider; (4) Each household member's income and the source of that income; and (5) Signature of the Day Care Home Provider.

For eligibility based on FOOD STAMPS or TANF – (1) Name of Day Care Home Provider applying; (2) TANF or Food Stamp case number and copy of current TANF/Food Stamp Benefits Notice of Eligibility; and (3) Signature of Day Care Home Provider.

Indicate how income or program participation for categorical eligibility was verified (mark all that apply):

Check Stubs Letter from Employer IRS Information FS/TANF Eligibility Letter

Other (specify): _____

BY:	Determination Date	T I	T II

Signature – Day Care Home Sponsor

Date Received

Provider Name _____

Please attach all receipts for income and expenses and return with this page.

WORKSHEET TO DETERMINE CURRENT MONTHLY INCOME																	
(without a tax return)																	
Last Month's Gross Income of Provider																	
	Parent Fees (Provide copy of payment records)	\$															
	Other Child Care income (i.e., funded day care)	\$															
Other income (if applicable)																	
	Salary received from outside employment	\$															
	Child Support (provide copy of court decree)	\$															
	Other	\$															
	CHILD AND ADULT CARE FOOD PROGRAM <i>The amount of your reimbursement from last month (if applicable)</i>	\$															
GRAND TOTAL OF PROVIDER INCOME		\$															
Last Month's Business Expenses of Provider																	
(You Must attach itemized receipts for any expense you wish deducted)																	
	Day care home food & food-related supplies:	\$															
	Day Care business related expenses	\$															
	Advertising	\$															
	Toys/Books/Art supplies	\$															
	Bank/Legal Fees	\$															
	Utilities (% Time & Space % age)	\$															
	Child care supplies (diapers, clean-up supplies)	\$															
	Mileage (miles from log x state rate)	\$															
	Other	\$															
GRAND TOTAL OF ALL BUSINESS EXPENSES		\$															
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="width: 3%; text-align: center; border: none;">-</td> <td style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="width: 3%; text-align: center; border: none;">=</td> <td style="width: 28%; border-top: 1px solid black; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">(A) Gross Income</td> <td style="border: none;"></td> <td style="text-align: center;">(B) Business Expenses</td> <td style="border: none;"></td> <td style="text-align: center;">Current Net Income</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="text-align: center;">"Provider Only"</td> </tr> </table>				-		=		(A) Gross Income		(B) Business Expenses		Current Net Income					"Provider Only"
	-		=														
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				"Provider Only"													

Determining Household Size

Definition

For our purposes, a "household" includes all persons, related or unrelated who are living as one "economic unit".

Example:

Marie Smith, a provider, lives in her home with her boyfriend Andy and Andy's 14 year old son Josh. Marie's only child, daughter Emily, recently married and is living away from home. Both Marie and Andy have income from regular employment and Josh works occasionally mowing yards. The couple, shares household expenses, and Josh is saving his lawn mowing earnings to buy a car.

What is the size of this household?

In the scenario above, there are 3 members of the household living as an economic unit.

Completion of Form 1531-P

To complete the Form 1531-P to indicate household members and size, Marie, Andy and Josh would be listed as members of the household, and the total would be "3" household members.

Other Notes

- A household member does not have to be contributing income in order to be counted as a member of the unit. Examples include minor children, unemployed adults, etc.
- There may be *more than one* economic unit in the same house if they are living economically independently of one another. (Housing expenses are prorated)
- There are special situations which may need to be considered, such as the following:

Adopted Child - An adopted child for which a household has legal responsibility is considered to be a member of the household.

Child Attending an Institution - A child who attends but does not reside in an institution is considered a member of the household in which he resides.

Child Away at School - A child who is temporarily away at school, (i.e. attending boarding school or college) should be counted as a member of the household.

Child Living with One Parent, Relative or Friends - In cases where no specific agency or court is legally responsible for the child and the child is living with one parent, other relative or friends, they are considered to be a member of the household with whom they reside. Children of divorced or separated parents are generally part of the household that has custody.

Emancipated Child - A child living alone or as part of a separate economic unit is not considered to be a member of a provider household.

Foster Child - Foster Children who reside in the provider's home are not counted as a member of the household. Income received by the provider to care for the foster child need not be counted on the 1531-P.

Foreign Exchange Student - A foreign exchange student is considered to be a member of the household in which they reside, i.e. the "host" family.

Family Members Living Apart - Family members living apart on a temporary basis are considered household members. Family members living apart for extended periods are not considered members of the household for the purposes of determining eligibility, but money made available by them to the household is considered income to the household - example: extended overseas military duty.

Institutionalized Child - If a child resides in an institution, i.e. a state school or other residential facility that is not a boarding school or college, the child would NOT be considered to be a member of the provider household.

Determining Household Income

Categorical Eligibility

Definition

The Provider's home may be classified as Tier 1 if the provider receives benefits for any one or more of the following:

- Supplemental Nutrition Assistance Program (SNAP) (Formerly Food Stamp Program).
- Temporary Assistance for Needy Families (TANF)
- Head Start for their child.

Income Definition

For our purposes "income" is any money received on a recurring basis. The list below indicates typical sources of income, but may not be all inclusive:

- ✓ Wages/Salaries
- ✓ Commissions
- ✓ Tips
- ✓ Net income from self-owned business/farm
- ✓ Pensions/Retirement
- ✓ Veteran's benefits
- ✓ Income from trusts and estates
- ✓ Social Security
- ✓ Social Security Income benefits (SSI)
- ✓ Disability income
- ✓ Strike benefits
- ✓ Child Support
- ✓ Rental income
- ✓ Interest income
- ✓ Unemployment or Worker's compensation
- ✓ Public Assistance payments (not the value of SNAP)
- ✓ Regular contributions from someone outside household

Examples of income that would not need to be reported include:

- Occasional income i.e. from mowing yards
- Loans, student loans and grants
- Value of SNAP or WIC benefits
- Earned Income Tax Credit refund
- Medicare Prescription Drug Card Subsidiary
- Family Subsistence Supplemental Allowance (FSSA)
- Value of in-kind compensation, i.e. medical, travel, military housing

- Housing allowances for households living on military bases participating in the Military Housing Privatization Initiative. A list of bases participating in this initiative can be accessed at <http://www.acq.osd.mil/housing>
- Income to a deployed military household member that is not made available to the household. You must include the deployed household member as part of the household count. If Both military parents/guardians are deployed, count their children as part of the household with whom they are temporarily residing. Also include the deployed parents or the guardians in the host household's count; however, only include the funds provided to the host household by the deployed military parents/guardians when totaling the host household's income.
- Rebate checks as a result of the economic stimulus act.
- Agent Orange Compensation Exclusion Act
- Veteran's educational Assistance Act of 1964 (GI Bill)

Important Notes

When assisting your providers in completing the Form 1531-P, Ensure that they're part the household income accurately according to TDA/USDA guidelines. Make sure that the following is provided:

- ✓ Income from all household members, as defined above
- ✓ Income by source
- ✓ Current income, defined as income received during the month prior to completing the form, (except for self employment, see below)
- ✓ Gross income amount(s) before taxes, benefits etc. are withheld (see self-employment exception below)

Self Employment

Most, if not all of providers are self-employed because they operate a child care service in their home or group home. Other types of self employment may include independent store owners, plumbing/repair company owners, beauticians, etc.

Note the following:

- ✓ Net income for self-employment is to be reported. That is, *subtracting business expenses from gross receipts*. CACFP reimbursement is counted as income, along with parent fees for child care. Expenses such as food, toys, mileage etc. are then *deducted to come up with a net figure*.
- ✓ Income from self-employment may be based upon last year's income to project the current year's income, if income from the prior month would not accurately reflect the earnings.
- ✓ If self employment has a net loss, the amount of loss cannot be subtracted from the rest of the household income.

Sample Aids:

Included in your packet are sample worksheets you may use in determining their net child care income:

- Monthly Record of Income and Expenses
- Worksheet to Determine Current Monthly Income

If you are not providing IRS Form 1040, you must complete and submit these forms with proof of income and expenses attached (Copies of receipts, Payment logs, Invoices)

Seasonal Income

Seasonal workers, or persons whose income varies during different parts of the year may project their annual income, or use last year's income if it will accurately reflect the current year's projection.

Example:

Provider Phyllis Young's husband does woodworking on the side. He makes large wood cut out lawn decorations for Christmas, and sells the majority of his works during October through December. In this case we would average his earnings to come up with a monthly figure, or use last year's actual or this year's projected annual income.

Income Conversion

To obtain monthly income amounts, multiply weekly income by 4.33 and bi-weekly income by 2.15.

Verification of Income and Categorical Eligibility

Sponsors Must

- Verify income reported on the 1531-P for 100% of the providers prior to approving as Tier 1.
- Obtain documentation to show provider is categorically eligible

Types of Verification

Sponsors can verify income in the following ways:

- Obtain written evidence of income
- Make collateral contacts
- Obtain information from a public agency

Written Evidence

The following documents may be obtained in order to verify household income:

- Copies of or original pay stubs for wages earned
- Copies of or original W-2 forms for wages earned by household
- Copy of last year's IRS Form 1040, if it is reflective of current income
- Letter from employer stating wages paid and how often paid
- Verification of government benefits from funding source
- Copy of benefit determination letter for TANF, SNAP or Head/Even Start
- Copies of current gross income receipts in addition to business expense deductions expected to reflect income
- Copy of court decree to show child support and or alimony payments or copy of child support payments.
- Copy of benefit letter for Social Security, Unemployment or Workman's compensation

Note: If more than one adult household member is self-employed, a copy of all IRS Form Schedule Cs will need to be submitted for each individual adult.

Collateral Contacts

Sponsors may contact persons who are able to verify household member's income or receipt of benefits.

Incomplete Application

If the application is incomplete, a letter requesting additional information will be sent to you.

Approval for Tier 1

If you are approved for Tier 1 based on Household size and Income, the determination is *good* for *twelve months*.

The provider must report changes in income or household size which would affect eligibility status.

Notification of Approval or Denial

A notice informing you of the eligibility determination for Tier 1 or Tier 2 status will be sent.