



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 (including gender identity and sexual orientation), 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

Southwest

Human Development Services



Income Standards For Determining Program Eligibility

Effective July 1, 2023 through June 30, 2024

Family Size	ANNUAL	MONTHLY	WEEKLY
1	26,973	2,248	519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
For each Additional Family member add+	+9,509	+793	+183



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members				
Name of Enrolled Child(ren):				
Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.			CHECK IF NO INCOME
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. If no one receives these benefits, skip to part 3. NAME: _____ ELIGIBILITY NUMBER: _____				
Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed <i>List of Eligible Federal/State Funded Programs (H1660)</i> , provide the name of the program and eligibility number: NAME: _____ ELIGIBILITY NUMBER: _____ Check here if no eligibility number <input type="checkbox"/>				
Part 4. Total Household Gross Income—You must tell us how much and how often				
A. Name (List only household members with income) (Example) Jane Smith	B. Gross income and how often it was received Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$200/bi-monthly
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign) An adult household member must sign this form. 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 next page.) <i>I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.</i>				
Sign here: _____		Print name: _____		
Date: _____				
Address: _____		Phone Number: _____		
City: _____		State: _____		Zip Code: _____
Last four digits of Social Security Number: * * * - * * - _____ <input type="checkbox"/> I do not have a Social Security Number				



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)

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

Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- I do elect to allow my household information to be disclosed.
- I do not elect to allow my household information to be disclosed.

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Tier I ___ Tier II ___

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Privacy Act Statement:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement:

In accordance with federal civil rights 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), disability, age, or 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 to obtain program information (e.g., Braille, large print, audiotape, 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: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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)																	
<u>Last Month's Gross Income of Provider</u>																	
	Parent Fees (Provide copy of payment records)	\$															
	Other Child Care income (i.e., funded day care)	\$															
<i>Other Income (if applicable)</i>																	
	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		\$															
<u>Last Month's Business Expenses of Provider</u>																	
(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"
	-		=														
(A) Gross Income		(B) Business Expenses		Current Net Income													
				"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 CACFP Meal Benefit Income Eligibility Form

To complete the CACFP Meal Benefit Income Eligibility Form 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 CACFP Meal Benefit Income Eligibility Form.

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 CACFP Meal Benefit Eligibility Form, 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 CACFP Meal Benefit Income Eligibility Form 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.