

**HOUSEHOLD ELIGIBILITY APPLICATION
PARENT LETTER
FOR CHILD CARE CENTERS**

Dear Parent or Guardian:

This child care center participates in the USDA Child and Adult Care Food Program (CACFP) and receives Federal funds to provide healthy meals and snacks to all of the enrolled children. The amount of reimbursement the center receives is based on the information you provide on the attached Household Eligibility Application. Part of the USDA requirement is to ask you to complete the application. If your income is equal to or less than the income listed in the chart below for your household size, the center will receive a higher level of reimbursement. Read the attached instructions carefully and fill out all required information. We cannot approve an application that is not complete. Please return the completed application back to our center as soon as possible.

If a member of your family (child or adult) receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits; or you care for a foster child that is the legal responsibility of 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 listed 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 our center. 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.

By signing the section on the application 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, 2012, Through June 30, 2013

Level for Reduced-Price Meals

| Household Size | Annual | Monthly | Twice per Month | Every Two Weeks | Weekly |
|---------------------------------------|--------|---------|-----------------|-----------------|--------|
| 1 | 20,665 | 1,723 | 862 | 795 | 398 |
| 2 | 27,991 | 2,333 | 1,167 | 1,077 | 539 |
| 3 | 35,317 | 2,944 | 1,472 | 1,359 | 680 |
| 4 | 42,643 | 3,554 | 1,777 | 1,641 | 821 |
| 5 | 49,969 | 4,165 | 2,083 | 1,922 | 961 |
| 6 | 57,295 | 4,775 | 2,388 | 2,204 | 1,102 |
| 7 | 64,621 | 5,386 | 2,693 | 2,486 | 1,243 |
| 8 | 71,947 | 5,996 | 2,998 | 2,768 | 1,384 |
| For Each Additional Family Member Add | 7,326 | 611 | 306 | 282 | 141 |

If you have any questions or need help, please contact our center.

Sincerely,

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, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free 866/632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800/877-8339; or 800/845-6136 (Spanish). USDA is an equal opportunity provider and employer.

PARENT INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD ELIGIBILITY APPLICATION

Once approved for meal benefits, a child's Household Eligibility Application will remain in effect for 12 months.

FOSTER CHILD(REN) APPLICATION

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 center) are foster children provide the following information:
 - **Part 1**—List the name(s) and age(s) of your foster child(ren) attending this center.
 - **Part 2**—Check the box(es) indicating a foster child(ren).
 - **Part 3**—Skip
 - **Part 4**—Skip
 - **Part 5**—Skip
 - **Part 6**—Provide a signature of an adult household member and date the application.
 - **Part 7 (OPTIONAL)**—Contact Information. Answer these questions, if you choose.
 - **Part 8 (OPTIONAL)**—*Illinois All Kids Health Insurance Program*.
- 3) If you have a foster child(ren) along with other children attending this center, please provide the following information:
 - **Part 1**—List the names of ALL household members, including the foster child(ren), and the age(s) of the child(ren) attending the child care center.
 - **Part 2**—Check the box(es) identifying the foster child(ren).
 - **Part 3**—Record a valid SNAP/TANF case number if applicable
 - **Part 4**—Skip
 - **Next Go to Households Reporting Income** below and complete **Parts 5 and 6** if applicable
 - **Part 7 (OPTIONAL)**—Contact Information. Answer these questions, if you choose.
 - **Part 8 (OPTIONAL)**—*Illinois All Kids Health Insurance Program*.

HOUSEHOLDS RECEIVING SNAP OR TANF BENEFITS

If any member (child or adult) of your household receives benefits from SNAP or TANF, provide the following information:

- **Part 1**—List the names of ALL people in your household (including grandparents, other relatives, or friends who live with you) and the age(s) of the child(ren) attending the child care center.
- **Part 2**—Skip
- **Part 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.
- **Part 4**—Skip
- **Part 5**—Skip
- **Part 6**— Provide a signature of an adult household member and date the application.
- **Part 7 (OPTIONAL)**—Contact Information. Answer these questions, if you choose.
- **Part 8 (OPTIONAL)**—*Illinois All Kids Health Insurance Program*.

HOMELESS, MIGRANT, OR RUNAWAY

If no one in your household receives SNAP or TANF benefits and if any child in your household is Homeless, a migrant or runaway, follow these instructions.

- **Part 1**—List the names of ALL household members, and the age(s) of the child(ren) attending the child care center.
- **Part 2**—Skip
- **Part 3**—Skip
- **Part 4**—If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your local school.
- **Part 5**—Complete only if a child in your household isn't eligible under Part 4. See instructions for Households Reporting Income below and complete Part 5 and Part 6.
- **Part 6**—Provide a signature of an adult household member and date the application.
- **Part 7 (OPTIONAL)**—Contact Information. Answer these questions, if you choose.
- **Part 8 (OPTIONAL)**—*Illinois All Kids Health Insurance Program*.

HOUSEHOLDS REPORTING INCOME

It is not necessary to complete income information if you provided SNAP or TANF information in Part 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:

- **Part 1**—List the names of ALL household members and the age(s) of the child(ren) attending the child care center.
- **Part 2**—Skip
- **Part 3**—Skip
- **Part 4**—Skip
- **Part 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 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 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.
 - If you have no income, list zero in the earnings from work column.
- **Part 6**—Provide a signature of an adult household member and date the application. Also, provide the last four digits of the social security number for the adult 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*.
- **Part 7 (OPTIONAL)**—Contact Information. Answer these questions, if you choose.
- **Part 8 (OPTIONAL)**—*Illinois All Kids Health Insurance Program*.