Nutrition Program
A healthy start for life!

July 2023

Dear Provider:

You have been classified as a Tier I day care home by school boundary. Complete the attached Meal Benefit Form *ONLY if* you would like to also receive reimbursement for meals served to your own children. In order to qualify for reimbursement for meals served to your own or foster children under the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP), you must complete, sign, and return the enclosed *Meal Benefit Form* to us. *Please do not submit income documentation with your form unless we specifically ask you to do so.*

Income Reporting

USDA defines a household as a group of related or unrelated individuals (not residents of a boarding house or an institution) who are living as one economic unit (i.e., sharing living expenses).

The income you report must be the total gross income for last month of all members of your household listed by source, plus your net day care income. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection.

Once properly approved for tier I, whether through income or proof of benefits as supported by a current case number for CalFresh (formerly known as Food Stamps), the California Work Opportunity Responsibility for Kids (CalWORKs), or the Food Distribution Program on Indian Reservations (FDPIR), you will remain eligible for those benefits for a period not to exceed 12 months.

Confidentiality of Information on the Meal Benefit Form:

We will use the information on the form to decide if you qualify for tier I reimbursement or if you are eligible to claim reimbursement for meals served to your own children. We may inform officials of other child nutrition, health and education programs of the information on your form to determine benefits for those programs.

Form must be sent in and signed no later than July 31st, 2023,

180 Otay Lakes Road, Suite 310
Bonita, CA 91902
Phone: (619) 427-4411
Fax: (619) 434-5110
cdasd.org

Income Eligibility Guidelines
For Day Care Home Providers Qualifying as Tier I

Children who participate in the following programs are automatically eligible for the free reimbursement rate:

- CalFresh Program (formerly known as Food Stamps)
- California Work Opportunity and Responsibility to Kids Program
- Food Distribution Program on Indian Reservation
- Foster Care Program

The eligibility scale is for determining participating children's eligibility category for federal meal reimbursement if they are not recipients of any of the programs listed above. Participants from households with total gross incomes at or below the following levels may be eligible for free or reduced-price reimbursement rates.

Income Eligibility Scale

Effective from July 1, 2023, through June 30, 2024.

Day Care Home Tier I Scale

Household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	$26,973	$2,248	$1,124	$1,038	$519
2	$36,482	$3,041	$1,521	$1,404	$702
3	$45,991	$3,833	$1,917	$1,769	$885
4	$55,500	$4,625	$2,313	$2,135	$1,068
5	$65,009	$5,418	$2,709	$2,501	$1,251
6	$74,518	$6,210	$3,105	$2,867	$1,434
7	$84,027	$7,003	$3,502	$3,232	$1,616
8	$93,536	$7,795	$3,898	$3,598	$1,799
For each additional family member, add	$9,509	$793	$397	$366	$183

The term household means a group of related or unrelated individuals who are not residents of an institution or boarding house but who are living as one economic unit, sharing housing and all significant income and expenses.

This institution is an equal opportunity provider.

Child Development Associates
180 Otay Lakes Road, Ste. 300
Bonita CA 91902

MEAL BENEFIT FORM FOR PROVIDERS OWN CHILDREN 23/24

Complete, sign, and return this form to Child Development Associates Attn: Cecy Torimaru.
If you need assistance completing this form, call: Cecy Torimaru @ 1800 698 9798 or 619 427 4922

Name of day care home provider and provider number:	☐ Check here if your child(ren) is/are enrolled for care in your home.
Are you applying for meal benefits for your Own/Foster child(ren)?	☐ Yes ☐ No

Part 1—Children's Information: Enter the name(s) of all children from your household enrolled in your care.

Last Name	First Name	Birthdate	Foster Child *
			☐
			☐
			☐
			☐
			☐
			☐

*If the foster child receives personal-use income, please enter the amount and the frequency it is received in the last column in Part 3.

Part 2—Categorical Eligibility (Household): If anyone in your household receives CalFresh (formerly Food Stamps), California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR), enter that person's name below, check the appropriate program box and enter the program case number. * Please remember to include a copy of most recent ***Notice of Action.***

Last Name, First Name	Check One	Case Number
	☐ CalFresh ☐ CalWORKs ☐ FDPIR	

Part 3—Income Eligibility (Not required if you reported a case number in Part 2)

☐ Check this box if no one in the household receives income.

Household Members' Names (List **all** household members not listed in Part 1.)	**List Gross Income** and how often it was received (e.g., weekly, every two weeks, twice a month, monthly, or annually)**			
	Earnings from Work Before Deductions	Alimony, Child Support	Retirement, Pensions, Social Security	All Other Income (include foster child's personal-use income here)
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$

Enter the total number of household members
(Children listed in Part 1—other household members listed in Part 3): _____ (Go to Part 4.)

Applicants without income are requested to write a **zero in the applicable field or mark **no income**. Any income field left blank is a positive indication of no income and certifies that there is no income to report. Applications with blank income fields will be processed as complete.

Part 4—Signature and Certification		
PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the CalFresh, CalWORKs, or FDPIR, or other eligible program case number is current, correct, or that all income is reported. I understand that this information is being given for the receipt of federal funds, that agency officials may verify the information on the Meal Benefit Form, and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.		
Printed Name of Adult: Signature of Adult:		Date:
Last four digits of Social Security Number (SSN): XXX-XX-		☐ I do not have an SSN
Address:	City/State/Zip Code:	Daytime Phone Number:

Privacy Act Statement

The Richard B. Russel National School Lunch Act (NSLA) 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 SSN of the adult household member who signs the application. The last four digits of the SSN are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP, or CalFresh), Temporary Assistance for Needy Families (TANF, or CalWORKS) Program, or FDPIR case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have an SSN. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for the administration and enforcement of the program.

The last four digits of the SSN may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits and investigations, and may include contacting employers to determine income, contacting a CalFresh, CalWORKs, or FDPIR office to determine current certification for CalFresh, CalWORKs, or FDPIR benefits, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The last four digits of the SSN may also be disclosed to programs as authorized under the NSLA and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain federal, state, and local education, and health and nutrition programs.

Part 5—Racial/Ethnic Identity (Optional)			
Ethnicity:	☐ Hispanic or Latino	☐ Not Hispanic or Latino	
Race (select one or more):	☐ American Indian or Alaska Native	☐ Asian	☐ Black or African American
	☐ Native Hawaiian or Other Pacific Islander		☐ White

U.S. DEPARTMENT OF AGRICULTURE NONDISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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

(2) Fax: 202-690-7442

(3) E-mail: program.intake@usda.gov

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Child Development Associates
180 Otay Lakes Road, Ste. 300
Bonita CA 91902

INSTRUCTIONS FOR COMPLETING THE MEAL BENEFITS FORM FOR PROVIDERS

If you need help, please call: Cecy Torimaru @ 1-800-698-9798 or 1-619-427-4922

Name of DCH Provider

a) Print your name.

b) If your child(ren) is/are enrolled for care in your home, check the box in second column marked, **Check here if your child(ren) is/are enrolled or care in your home**.

c) Indicate whether or not you are applying for eligibility as a Tier I home by checking **Yes** or **No** in the second column.

d) Indicate whether or not you are applying for Tier I meal benefits for your own child(ren) by checking **Yes** or **No** in the second column.

Part 1—Children's Information

a) Print the name(s) of your child(ren) enrolled in care and their birthdate(s)

b) If your child is a foster child, check the box to the right of the child's birthdate in the column marked **Foster Child.**

Part 2—Categorical Eligibility (Household): If anyone in your household receives CalFresh (formerly Food Stamps), CalWORKs, or FDPIR; complete Part 2, and sign the form in Part 4. Do not complete Part 3.

a) Print the benefit recipient's name. Only one benefit recipient is needed.

b) Check the box corresponding with the program that qualifies the household for higher reimbursement.

c) Write the CalFresh, CalWORKs, or FDPIR case number.

d) Skip Part 3. Complete Part 4. Part 5 is optional.

e) Must attach a copy of most recent "Notice Of Action"

All children in the household are categorically eligible for Tier I reimbursement if any member of the household receives CalFresh, CalWORKs, or FDPIR benefits.

Part 3—Income Eligibility: Complete this section if you do not receive benefits listed in Part 2.

a) Print the names of all household members not listed in Part 1. Do not list the children in care. Include household members even if they do not have income. Include yourself, your spouse, or your significant other, and all other household members such as your grandmother, etc. if they are part of your household.

b) Write the amount of income each person receives before taxes or any other deductions that were made, and how often it was received. If no income, indicate no income. Each income amount should be entered in the appropriate column on the form. If you have foster children in your care and are completing this section to qualify other children for higher reimbursement, list any personal-use income of the foster child. Foster payments you receive from the placing agency for the care of the child do not need to be reported.

c) If anyone is self-employed, write the amount of income that person earns from self-employment. Call the number listed at the top of the form if you need assistance.

d) If your household currently has no income, check the box marked, Check here if no household income.

e) Enter the total number of household members. Count the children in Part 1 and the household members in Part 3.

f) Go to Part 4.

INCOME TO REPORT		
Earnings from Work: • Wages/salaries/tips • Strike benefits • Unemployment compensation • Worker's compensation • Net income from self-employment **Child Support/Alimony** • Public assistance payments • Alimony/child support payments	**Pensions/Retirement/Social Security** • Pensions • Supplemental security income • Retirement income • Veteran's payment • Social Security	**Other Monthly Income** • Disability benefits • Cash withdrawn from savings • Interest dividends • Income from estates/trusts/investments • Regular contributions from persons not living in the household • Net royalties/annuities/net rental income • Military allowance for off-base housing • Any other income

Part 4—Signature and Certification

a) Print the name of the household member signing this form.

b) The form must have the signature of an adult household member.

c) The adult household member who signs the statement must include the last four digits of their SSN. If they do not have an SSN, check the **I do not have an SSN** box. An SSN is not needed if you listed a CalFresh, CalWORKs, or FDPIR case number.

Part 5—Racial/Ethnic Identity: You are not required to answer this question to get meal benefits, but completion of this information will assist with the fair and equitable treatment of all participants.

a) Ethnicity:

1) Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race. The term **Spanish origin** can be used in addition to **Hispanic or Latino**.

p 2) Not Hispanic or Latino.

b) Race: Select one or more.

1) American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

2) Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

3) Black or African American: A person having origins in any of the black racial groups of Africa. Terms such as **Haitian** or **Negro** can be used in addition to **Black or African American**.

4) Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

5) White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.