

SOLANO FAMILY & CHILDREN'S SERVICES

421 EXECUTIVE COURT NORTH ♦ FAIRFIELD CA 94534-4019 ♦ (707) 863-3950 ♦ (707) 642-5148 ♦ FAX (707) 863-3975

**DAY CARE HOME LETTER TO PARENTS
FOR CHILDREN ENROLLED IN TIER 2 HOMES**

June 2009

Dear Parent/Guardian:

This letter is intended for parents who have children enrolled at a day care home that participates in the federal Child and Adult Care Food Program (CACFP) through an agreement with our agency. If none of your children is enrolled in this provider's home, please check the box in section #1 of the enclosed *Meal Benefit Form*, sign the form in section #6, and return the form to our agency.

Our agency has been advised that you have enrolled one or more of your children for care in the home of _____, who is a tier II day care home provider participating in the federal CACFP. Under our agreement, your day care home provider receives reimbursement for up to two meals and one snack served to your child while in care. The amount of reimbursement received by your day care home provider depends on the income of the households of children in care. Please complete the enclosed *Meal Benefit Form* and return it to us as soon as possible so that we can ensure that your provider receives the proper reimbursement for the meals served to your children.

Please do not return the *Meal Benefit Form* to your day care home provider.

Depending on your family size and income, your day care home provider will be reimbursed at either higher tier 1 reimbursement rates or at lower tier 2 reimbursements for your child's meals. Please list your current case number on the *Meal Benefit Form*, if your household currently receives benefits under any of the following:

- The Food Stamp Program
- The California Work Opportunity and Responsibility for Kids (CalWORKs)
- The Kinship Guardian Assistance Payment (Kin-GAP)
- The Food Distribution Program on Indian Reservations (FDPIR)
- Free or reduced-price meals in the National School Lunch, School Breakfast, or Special Milk Programs
- Federally-funded Head Start

You must also have an adult sign, date, and provide his or her social security number on the *Meal Benefit Form*, or check the box if the adult does not have a social security number. Your family day care home provider will then be eligible to receive the higher tier I reimbursement for meals served to your children.

However, if your household does not receive benefits under Food Stamp, CalWORKs, Kin-GAP, FDPIR, or other eligible programs listed on the List of Other Categorically Eligible Programs, please complete the *Meal Benefit Form* and make sure you complete both of these items:

1. Provide the names of all household members and their income by source
2. Have an adult sign, date, and provide his or her social security number (or check the box if the adult does not have a social security number)

For All Households

The 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). Therefore, the income you report on the *Meal Benefit Form* must be the total gross income listed by source that each household member received last month.

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. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, your provider will be approved to receive tier 1 meal benefits for your child.

Once your child is properly approved for tier 1 meal benefits, whether through income or proof of benefits as supported by a current Food Stamp, CalWORKs, KinGAP, FDPIR, or other program case number, your provider will remain eligible to receive the higher tier 1 until June 30, 2010.

However, if your child is approved for tier 2 reimbursement, you should notify us if a member of your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

Foster Children

For households with foster children, please refer to the *Instructions on How to Complete the Meal Benefit Form* or contact us for additional information.

Confidentiality of Information on the *Meal Benefit Form*

We will use the information on the form to decide the level of reimbursement your day care home provider is eligible to receive. **Please do not return the *Meal Benefit Form* to your day care home provider.** Your provider will not be notified of which children in care are eligible for the tier 1 reimbursement. The information provided on the application will be placed in our files and kept confidential.

Non-discrimination Statement

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 to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Please return the completed *Meal Benefit Form* to:

Agency Name Solano Family & Children's Services Child Care Food Program
Street Address 421 Executive Court North
City, State, Zip Code Fairfield CA 94534-4019
Telephone Number 707-864-4630

Thank you for your cooperation.

Sincerely,

Teresa Godfrey
CCFP Manager

LIST OF OTHER CATEGORICALLY ELIGIBLE PROGRAMS

- Households certified as eligible for free or reduced-price meals in the National School Lunch, School Breakfast, and Special Milk Programs.
- Federally-funded Head Start participants determined to be eligible for the CACFP because the family meets the Head Start program's low income criteria. **State funded Head Start/State Preschool slots are excluded.**

Effective from July 1, 2009 through June 30, 2010

Children from households with incomes **at or below** the following levels are eligible for tier 1 reimbursement.

GROSS INCOME					
HOUSEHOLD SIZE *	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	\$ 20,036	\$ 1,670	\$ 835	\$ 771	\$ 386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
FOR EACH ADDITIONAL FAMILY MEMBER, ADD:	\$ 6,919	\$ 577	\$ 289	\$ 267	\$ 134