



**Office for Safety, Health & Nutrition**

Cecelia Torok  
Associate Director

**TO:** Child and Adult Care Food Program (CACFP): **Child Care Component Sponsors**

**FROM:** Mary Kershaw  
Assistant Director, Office for Safety, Health and Nutrition

**DATE:** June 10, 2008

**SUBJECT:** 2008– 2009 Income Eligibility Packet: Instructions, Income Guidelines and Application

Attached is a copy of the 2008 – 2009 Income Eligibility Packet for the CACFP child care component. The packet includes Sponsor Instructions, Income Eligibility Guidelines, Income Eligibility Application for Free and Reduced Price Meals and the Household Letter to parents or guardians. **The guidelines and Income Eligibility Application are effective as of July 1, 2008.**

The attached information has been revised to include the following changes:

- Income eligibility guidelines were changed to reflect an increase in household income that is based upon the annual cost of living adjustment. The guidelines now include income earned columns for twice per month and every two weeks.
- Households are no longer required to report changes regarding the increase or decrease of income or household size or when the household is no longer certified eligible for food stamps or Ohio Works First (OWF). Once properly approved for free or reduced price benefits, a household will remain eligible for those benefits for a period not to exceed 12 months.

After July 1, 2008, begin including the Income Eligibility Application (front and back) in your enrollment packet for new enrollees. Applications on file that are not expired must be updated by comparing, and if necessary, re-categorizing them with the enclosed 2008- 2009 income guidelines. A sponsor may choose to distribute the new income applications to all children enrolled even though the form on file has not expired. Collecting new income applications for every child in July can simplify recordkeeping. Remember that all income applications must be completed every twelve calendar months in order for the child care program to claim a child in the free or reduced-price category.

Income Eligibility Application forms and Household Letters are to be copied as needed and are available on the ODE website <http://www.ode.state.oh.us> .

Please remember that the confidentiality of participant eligibility must be protected and that information can only be released for those purposes permitted by federal laws.

If you have questions or require additional assistance, please call our ODE customer service at 614-466-2945 or toll free at 800-808-6325.

Enclosures



**CHILD CARE COMPONENT  
SPONSOR INSTRUCTIONS FOR INCOME ELIGIBILITY APPLICATION**

**EFFECTIVE JULY 1, 2008 THROUGH JUNE 30, 2009**

**PURPOSE:**

The Child and Adult Care Food Program (CACFP) recognizes the relationship between food and good nutrition and the capacity of children to develop and learn. CACFP reimbursement assists agencies participating in the program to provide children with well-balanced, nutritious meals and snacks. Three meal rate categories are: free (highest), reduced, and paid (lowest), have been established to direct greater assistance to sponsoring centers serving higher enrollments of needy children. Food reimbursement levels are affected by the number of children categorized as free, reduced, or paid enrollments.

**DISTRIBUTION OF INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED PRICE MEALS:**

It is not a requirement to distribute the Household Letter and Income Eligibility Application for free and reduced price meals for the following programs:

1. Homeless, Domestic Violence or Emergency Shelters;
2. After School At Risk Programs; and
3. Federally funded Head Starts (may complete CACFP Head Start Certification Master List Form).

**When receiving CACFP assistance, participating institutions must choose to either collect family size and income data for all members of the household or Food Stamp or Ohio Works First (OWF) case numbers from families of enrolled children OR not to collect this information. If the choice is made not to collect the information, the institution will automatically receive the reimbursement rate established for the paid (lowest) enrollment category for all enrolled children. If the choice is made to collect the information, the institution must give the Ohio Child and Adult Care Food Program Income Eligibility Application for Free and Reduced Price Meals and Household Letter to the family of each enrolled child. Parents/guardians have the option to complete the application or not. In order for any child to be claimed for free or reduced price benefits, the institution must have a completed application containing all required information on file with the agency. Any family whose income is above the reduced price guidelines, an application does not need to be returned.**

**In other words, CACFP sponsors cannot require parents/guardians to complete the Income Eligibility Application. Parents have the option to complete the application. However, the CACFP sponsor must provide the form to all families if the center will be claiming any child in the free or reduced enrollment categories. If parents choose not to complete and return the application, the child is claimed in the paid enrollment category.**

**CATEGORIZING INCOME ELIGIBILITY FORMS AS FREE, REDUCED OR PAID:**

Free or reduced forms are qualified by having parents or guardians complete PARTS 1, 2, and 5 or PARTS 1, 3, and 5 of the Ohio Child and Adult Care Food Program Income Eligibility Application for Free and Reduced Price Meals. The asterisks (\*) on the form indicate information that must be completed.

**PART 1: Child Information** - List only the child(ren) who is enrolled for child care at the center.

**PART 2: Food Stamps** - A household receiving food stamps need only provide the current 10 to 12-digit case number and the signature of an adult member of the household in Part 5. A child qualifying in this

manner must be a member of the food stamp household. The child is then approved in the free category.

**Ohio Works First (OWF)** - The OWF 10 to 12-digit case number of the enrolled child and the signature of an adult household member in Part 5 are required. The child is then approved in the free category.

*NOTE: The case number or identification number on county payment rosters or vouchers may not be food stamp or OWF case numbers. It is recommended that sponsors contact their county Job & Family Services specialist to determine the validity of food stamp or OWF case numbers.*

### **PART 3: Household Size and Household Income**

**Household Size** - List the names of all household members. Household is defined as 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. As one economic unit, they would share housing and/or significant income and expenses of its members. Generally, individuals residing in the same house are one economic unit. However, if more than one economic unit resides together in the same house, they are usually characterized by prorating expenses and having economic independence from one another.

#### Household Size Special Situations:

- Adopted child: an adopted child is one for whom a household has accepted legal responsibility, and 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/she resides.
- Child away at school: a child who is temporarily away at school (e.g., 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 welfare agency or court is legally responsible for the child or where the child is living with one parent, other relatives or friends of the family, the child is considered to be a member of the household with whom he/she resides.
- Children of parent who are foster parents: when foster parents apply for benefits for their own children, they should not include foster children as household members. Additionally, the payments provided for the care of the foster child should be excluded as income to the household.
- Family members living apart: family members living apart on a temporary basis are considered household members. Family members living away from the household for an extended period of time are not considered members of the household for purposes of determining eligibility. Any money made available by family members living outside of the household, or on their behalf for the household, is included as income to the household.
- Institutionalized family members: an institutionalized spouse or other member of the household away for extended periods, should not be considered a member of the household.
- Joint custody: in cases where joint custody has been awarded, and the child physically changes residence, the child is part of the household where he/she resides. Therefore, the child's eligibility could change depending on the rotating time periods of each household.

**Household Income** – Households must report their current income on the application for free and reduce price meals. Current income means income received by any member of the household during the month prior to application. If this income is higher or lower than usual, and does not accurately represent the household's actual circumstances, the household may project its annual rate of income based on the following guidelines. To figure monthly income: weekly income x 4.33, income paid every 2 weeks x 2.15, income paid twice a month x 2.

Income is defined as any money received on a recurring basis, including gross earned income (unless specifically excluded by legislation). Gross earned income means all money earned before such deductions as income taxes, employee's social security taxes, insurance premiums and bonds.

Income that must be reported includes:

- Earnings from work: Wages, salaries, tips, commissions, net income from self-owned businesses and farms, strike benefits, unemployment compensation, and worker's compensation.
- Welfare/child support/alimony: Public assistance payments, welfare payments, alimony, and child support payments. Food Stamp benefits should not be reported.
- Pensions/retirement/social security: Pensions, retirement income, social security, supplemental security income, and veteran's payments.
- Other income: Net rental income, annuities, net royalties, disability benefits, interest, dividend income, cash withdrawn from savings, income from estates, trusts, and/or investments, regular contributions from persons not living in the household, and any other money that may be available to the family.

Income Exclusions:

- Student financial assistance: Provided for the costs of attendance at an educational institution, such as grants and scholarships, awarded to meet educational expenses.
- Loans: Such as bank loans, since these funds are only temporarily available and must be repaid.
- The value of in-kind compensation: Such as military on-base housing or any other noncash benefit.
- Occasional earnings: Received on an irregular basis and not recurring. Examples include occasional babysitting, mowing lawns and tax refunds.
- Federal programs which are excluded by legislation: Including the value of assistance to children and their families under the National School Lunch Act, the Child Nutrition Act of 1966, and the Food Stamp Act of 1977.

Household Income Special Situations:

- Alimony and child support: Any money received by a household in the form of alimony or child support is considered income by the receiving household. However, any money paid out for alimony or child support may not be deducted from a household's reported gross income.
- Child's income: The earnings of a child who is a full-time or regular part-time employee must be listed on the application as income. However, occasional earnings such as income from occasional babysitting or mowing lawns should not be listed on the application as income.
- Garnished wages and bankruptcy: Income is the gross income received by a household before deduction. In the case of garnished wages and income ordered to be used in a specified manner, the total gross income must be considered regardless of whatever portions are garnished or used to pay creditors.
- Lump sum payments: Lump sum payments or large cash settlements are not counted as income since they are not received on a regular basis. These funds may be provided as compensation for a loss that must be replaced, such as an insurance settlement. When lump sum payments are put into a savings account and the household regularly draws from the account for living expenses, the amount withdrawn is counted as income.
- Military benefits: The housing allowance for military personnel living in privatized housing is excluded as income when determining household eligibility for free and reduced price meals. This income exclusion is not an allowable exclusion for households living off-base in the general commercial/private real estate market. "Privatized housing" refers to the Military Housing Privatization Initiative which puts the operation of military owned housing under private contractor and a housing allowance would appear on the leave and earnings statement of service members living in privatized housing.

**PART 4: Foster Children** - In those cases where the human service agency is legally responsible for the child and the foster home is, in fact, an extension of the agency, the foster child is considered as a household of one. A separate income eligibility application form is to be completed for each foster child. For purposes of determining eligibility, the following guidelines are to be used:

1. The foster child is considered a household of one; and the foster parents' household size or income is not used to determine eligibility.
2. Funds provided by the welfare agency which are specifically identified by category for personal use of the child for items such as clothing, school fees, and allowances are counted as income. Funds identified for shelter, care, medical and therapeutic needs are not considered as income for the child. Where welfare funds cannot be identified by category, no portion of the provided funds is considered as income.
3. Funds personally received by the child, such as funds received from trust accounts, monies provided by the child's family for personal use and earnings from full-time and regular part-time employment, are to be considered as income for the child. Occasional earnings should not be considered as income.
4. The application must be signed by an adult member of the foster home; however, a social security number is not needed for the foster child's application.

In those cases where the human service agency has placed a child in a permanent home and/or subsidizes the adoption of the child, the child is considered as a member of the family household with whom he or she resides. If this describes the foster child, TOTAL family size, including the child, and TOTAL gross family income, including subsidy from the human service agency should be used.

**PART 5: Signature and Social Security Number** - An adult member of the household must sign his/her name. If the adult does not have a social security number, "none" should be entered in the space. No social security number is required if a food stamp number or OWF number has been listed in Part 2, or in the case of a student under 21 who lives alone (emancipated student), or when an individual under 21 signs the application as the parent, guardian, or oldest member of a child's household. A social security number is required only when the monthly household income is used to determine enrollment category. The sponsor must compare income for the household size to the 2008-2009 Income Eligibility Guidelines for free and reduced price meals on page 8 to determine the meal enrollment category.

**PART 6: Racial/Ethnic Identity** - The Civil Rights question on PART 6 of the Income Eligibility Application for Free and Reduced Price Meals is optional and need not be answered in order for the application to be considered complete. However, Civil Rights regulations do require CACFP sponsors of center based and after school programs to maintain information about the racial/ethnic background of all enrolled children. All sponsors must record this information annually, preferably using the "racial/ethnic data" column on the Master List form that can be found on the CACFP web site. All income and racial/ethnic information is confidential and protected by law. Sponsors are to limit the use of this information to people directly connected with administering the CACFP. The racial/ethnic categories are defined as:

1. **American Indian or Alaska 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.
6. **Other.** Determined by respondent.
7. **Ethnic Identities.** Check the box that best describes the participant.

## **HEALTHY START & HEALTHY FAMILIES:**

All institutions are encouraged to display a copy of the Healthy Start & Healthy Families flyer in a prominent place that the general public would see when visiting your site(s). The flyer is available on our website at [http://www.ode.state.oh.us/food\\_service/](http://www.ode.state.oh.us/food_service/)

Families with children eligible for free or reduced price meals may be eligible for FREE health care coverage through Ohio's Healthy Start & Healthy Families programs. These programs include coverage for doctor visits, immunizations, physicals, prescriptions, dental, vision, mental health, substance abuse and more. Please call 1-800-324-8680 for more information or to request an application. If a family already has an Ohio Medicaid Card, they are already getting these services. Information can also be found on the web at:

**[www.state.oh.us/odjfs/ohp/bcps/hshf/index.stm](http://www.state.oh.us/odjfs/ohp/bcps/hshf/index.stm)**

## **UPDATING FORMS:**

A new Income Eligibility Application for Free and Reduced Price Meals **must** be completed by parents or guardians once every twelve (12) calendar months in order for the child care program to claim a child in the free or reduced price category. Please keep expired forms on file. The form and its information are invalid after twelve months. For example, an application that was signed and submitted on May 12, 2008 and used by the sponsor to categorize a child in the free category would be valid from May 2008 through April 30, 2009. A new application would need to be completed prior to the month of May 2009.

If the parent/guardian has not listed any food stamp or OWF case number and has listed zero (0) for income, the sponsor may temporarily approve the application for the first month as free. The sponsor must contact the parent/guardian within 45 days to determine if the household income has changed. If the income remains at zero, the sponsor can document the contact on the application form and may again temporarily approve the application as free. Instead of documenting contact on the form every 45 days, the sponsor could have the parent complete a new application form each month. If the income changes (is no longer zero or the household obtains a food stamp or OWF case number), the sponsor must have the parent/guardian complete a new application form and categorize it appropriately.

The state agency has developed a Master List Form that center-based programs can use to simplify completing the monthly claim for reimbursement. A copy may be downloaded from our web site at: <http://www.ode.state.oh.us/>

## **MAINTAINING RECORDS:**

The Income Eligibility Application must be kept by the sponsor for at least three (3) years plus the current fiscal year, or longer if income forms are part of an unresolved audit.

## **INCOME ELIGIBILITY GUIDELINES:**

Free and reduced income eligibility guidelines are updated by the Federal government on July 1 of each year. Prior to completing the July claim for reimbursement, the sponsor must apply the new guidelines to current applications and re-categorize any application where necessary. **The guidelines effective July 1, 2008 through June 30, 2009 are on page 8. You must use this 2-part chart and not the reduced price guidelines on the Household Letter when categorizing and approving the Income Eligibility Application for Free and Reduced Price Meals.**

## **HOUSEHOLD LETTER TO PARENTS/GUARDIANS:**

Sponsors must distribute a Household Letter to parents/guardians along with the Income Eligibility Application for Free and Reduced Price Meals. The Household Letter is on the reverse side of the application. If you choose to develop your own letter, it must include the following types of information:

1. Sponsors of centers distributing the Income Eligibility Application for Free and Reduced Price Meals must distribute a Household Letter describing CACFP benefits to the parents/guardians of enrolled children. Child care centers claiming all enrolled children in the paid income category do not have to meet this requirement. The household letter is to include the income scale for REDUCED meals with an explanation that households with income less than or equal to the reduced scale are eligible for free or reduced price meals. The FREE meal scale shall not be included in the letter.
2. The nondiscrimination 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, gender, age or disability. To file a complaint, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."
3. Instructions on making application for free and reduced price meals.
4. An explanation that an application must contain complete information to be considered eligible for free or reduced price meals.
5. A statement that, in certain cases, foster children are eligible.
6. A statement that children of parents or guardians who become unemployed are eligible for meal reimbursement during periods of unemployment provided the loss of income during this time causes the family to be within eligibility standards for meals.

**NOTE: CACFP Regulation 226.23(e): The eligibility application and household letter given out to parents or guardians shall contain only the income levels for reduced price meal eligibility.**

# USDA INCOME ELIGIBILITY GUIDELINES

## Effective July 1, 2008 through June 30, 2009

Households with total incomes less than or equal to the values below  
are eligible for free or reduced-price meals.

HOUSEHOLD SIZE	FREE - 130%					REDUCED - 185%				
	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	13,520	1,127	564	520	260	19,240	1,604	802	740	370
2	18,200	1,517	759	700	350	25,900	2,159	1,080	997	499
3	22,880	1,907	954	880	440	32,560	2,714	1,357	1,253	627
4	27,560	2,297	1,149	1,060	530	39,220	3,269	1,635	1,509	755
5	32,240	2,687	1,344	1,240	620	45,880	3,824	1,912	1,765	883
6	36,920	3,077	1,539	1,420	710	52,540	4,379	2,190	2,021	1,011
7	41,600	3,467	1,734	1,600	800	59,200	4,934	2,467	2,277	1,139
8	46,280	3,857	1,929	1,780	890	65,860	5,489	2,745	2,534	1,267
For each additional family member, add	4,680	390	195	180	90	6,660	555	278	257	129

**MONTHLY INCOME CONVERSION:**

Weekly Income	X 4.33
Every 2 Weeks Income	X 2.15
Twice a Month Income	X 2

**THIS CHART IS TO BE USED BY INSTITUTIONS, SCHOOLS, CENTERS AND SPONSORING ORGANIZATIONS TO APPROVE AND CATEGORIZE COMPLETE INCOME ELIGIBILITY APPLICATIONS FOR FREE AND REDUCED-PRICE MEALS.**

**OHIO CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT  
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED PRICE MEALS  
2008 - 2009**

**INSTRUCTIONS:** To apply for free and reduced price meals, read the Household Letter/instructions on backside. Complete application and return to the center. In accordance with the NSLA, information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure. **Part 1** is to be completed by all households. **Part 2** is to be used only for a child living in a household receiving Food Stamps or Ohio Works First (OWF) benefits. **Part 3** is only for children NOT receiving Food Stamp or OWF benefits. **Part 4** is to be completed for foster children.

\* Asterisks indicate information that must be completed. Form must be updated annually and is valid for only 12 months including the month signed.

<b>PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER</b>			<b>PART 2 – LIST EACH CHILD'S FOOD STAMP OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 10 OR 12 DIGITS. DO NOT USE SWIPE CARD NUMBER.</b>
*CHILD(REN) NAME	AGE*	BIRTH DATE*	Circle type of benefit FOOD STAMP OR OWF
1.			CASE NUMBER:
2.			CASE NUMBER:
3.			CASE NUMBER:
4.			CASE NUMBER:

**PART 3 – HOUSEHOLD SIZE AND HOUSEHOLD INCOME:** If Part 2 is completed skip to Part 5.  
Monthly Income Conversion: Weekly x 4.33, Every 2 weeks x 2.15, Twice a month x 2.

*LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1	*Gross MONTHLY Earnings (before deductibles)		*MONTHLY Welfare Payments, Child Support, Alimony	*MONTHLY Pensions, Retirement, Social Security	*ANY OTHER MONTHLY Income
	Job 1	Job 2			
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$

**PART 4 – FOSTER CHILD:**  (check) List foster child's monthly personal use income. Enter "0" if none. \$

**PART 5 – SIGNATURE AND SOCIAL SECURITY NUMBER:** I certify that the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of federal funds; that program officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal statutes.

* SIGNATURE OF ADULT HOUSEHOLD MEMBER	* DATE	* SOCIAL SECURITY NUMBER (SSN) Required only for Part 3) Write "None" if adult signer doesn't have a SSN.
Print Name:	Daytime Phone Number:	Work Phone Number:
Street / Apt:	City / State / Zip:	County:

**PART 6: RACIAL/ETHNIC IDENTITY (Optional):** Please check appropriate boxes to identify the race or ethnicity of your child(ren).

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other

Please mark one of the following ethnic entities:  Hispanic or Latino  Not Hispanic or Latino

Privacy Act Statement: Section 9 of the National School Lunch Act (NSLA) requires that, unless your child's food stamp or OWF case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application or shared with other persons directly connected with the administration or enforcement of the program under the NSLA or Child Nutrition Act of 1966 to determine program eligibility. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or OWF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal action if incorrect information is reported.

**State Distribution: Week of 6/9/08**

-----FOR CENTER USE ONLY-----

<b>Zero Income</b>	Total from Part 3, if applicable:	<input type="checkbox"/> Free	<input type="checkbox"/> Food Stamps/OWF
Temporary Free Approval Until: _____	Total Household Size _____	<input type="checkbox"/> Reduced	<input type="checkbox"/> Foster Child
Must be reviewed in 45 days.	Total Monthly Income \$ _____	<input type="checkbox"/> Paid	<input type="checkbox"/> Household Size & Income
		Reason:	<input type="checkbox"/> Income Too High <input type="checkbox"/> Invalid
			<input type="checkbox"/> Incomplete

Signature of Center Official	Today's Date	Effective Date	Expiration Date
		(No earlier than first of current month)	

# HOUSEHOLD LETTER

## Dear Parent or Guardian:

Please help us comply with the requirements of the United States Department of Agriculture's Child and Adult Care Food Program (CACFP) administered through the Ohio Department of Education by completing the attached Income Eligibility Application for free and reduced price meals. All information will be treated with strict confidentiality. The CACFP allows our center to receive reimbursement for meals served to eligible children in our program. The completion of the Income Eligibility Application is optional. Complete the application on the reverse side using the instructions below for your type of household. An application must contain complete information to be considered for free or reduced price meals. Households are no longer required to report changes regarding the increase or decrease of income or household size or when the household is no longer certified eligible for food stamps or Ohio Works First (OWF). Once properly approved for free or reduced price benefits, a household will remain eligible for these benefits for a period not to exceed 12 months. During periods of unemployment, your child(ren) is eligible for meal reimbursement provided the loss of income during this time causes the family to be within eligibility standards for meals. In operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability §226.23(e)(2)(iv). We have included information about free medical benefits through Ohio's Healthy Start & Healthy Families programs.

### PART 1 – CHILD INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART

- Print the name of the child(ren) enrolled at the child care center. Children from the same household (except foster children) may be listed on the same application.
- List their age and birthday.

### PART 2 – HOUSEHOLDS RECEIVING FOOD STAMPS OR OWF: COMPLETE THIS PART AND PART 5 – If a child is a member of a food stamp or OWF household, the child is automatically eligible to receive free CACFP benefits subject to application completion.

- Circle the type of benefit receiving.
- List a current food stamp or OWF case number for each child. This will be a 10 or 12-digit number.
- Sign the application in PART 5. An adult household member must sign.

**SKIP PART 3 – Do not** list names of household members or income if you list a food stamp or OWF case number for each child.

### PART 3 – ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 5

- Write the names of all household members including yourself and the child(ren) that attends the child care center, whether they receive income or not. A household is defined as a group of related or unrelated individuals who are living as one economic unit that share housing and/or significant income and expenses of its members. Attach another piece of paper if you need more space to list all household members.
- Income is any money received on a recurring basis, including gross earned income. Write the amount of income each household member received the previous month, before taxes or anything else is taken out, in the appropriate column. If any amount during the previous month was more or less than usual, write that person's usual monthly income. To figure monthly income: weekly income x 4.33, income paid every 2 weeks x 2.15, income paid twice a month x 2. Examples of household sources of income may include: Earnings from work such as wages, salaries, tips, strike benefits, unemployment compensation, worker's compensation, net income from self-owned business or farm; welfare, public assistance, child support payments, and alimony; pensions, retirement income, social security, veteran's payments, or supplemental security income; other income such as 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, or other income.
- An adult household member must sign the application and give his/her social security number (SS#) or indicate that they do not have a SS# in PART 5.**

### PART 4 – HOUSEHOLDS WITH A FOSTER CHILD: COMPLETE THIS PART AND PART 5 – In certain cases, foster children are eligible for free or reduced price meals regardless of the income of the household with whom they reside. If you are completing the application for a foster child living with you, complete the application as a family of one since a foster child is the legal responsibility of a welfare agency or court. Complete a separate application for each foster child.

- List the foster child's monthly "personal use" income. Write "0" if the foster child does not receive "personal use" income.
- An adult member of the foster home or case worker must sign the application in PART 5.
- A social security number is not needed for the foster child's application.

"Personal use" income is: (1) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (2) all other money the child receives, such as money from his/her family and money from the child's full-time or regular part-time jobs.

### PART 5 – SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART

- All applications must have the signature of an adult household member.
- An application that lists monthly income must have the social security number of the adult who signs. If the adult does not have a social security number, write "none" or something else to show that the adult does not have a social security number. If you listed a food stamp or OWF number for each child or if you are applying for a foster child, a social security number is not needed.

### PART 6 – RACIAL/ETHNIC IDENTITY – OPTIONAL

You are not required to answer this question to be eligible to get free or reduced price meals. This information is collected to make sure that everyone is treated fairly and will be kept confidential. No child will be discriminated against because of race, color, national origin, gender, age or disability.

### HEALTHY START AND HEALTHY FAMILIES

Families with children eligible for free or reduced price meals may be eligible for FREE health care coverage through Ohio's Healthy Start & Healthy Families programs. These programs include coverage for doctor visits, immunizations, physicals, prescriptions, dental, vision, mental health, substance abuse and more. Please call **1-800-324-8680** for more information or to request an application. Information can also be found on the web at [www.state.oh.us/odifs/ohp/bcps/hsh/index.stm](http://www.state.oh.us/odifs/ohp/bcps/hsh/index.stm). "Note: If you have an Ohio Medicaid Card, you are already getting these services.

**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, gender, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

### REDUCED INCOME ELIGIBILITY GUIDELINES

Guidelines to be effective from July 1, 2008 through June 30, 2009

Households with incomes less than or equal to the reduced price values below are eligible for free meal benefits.

<u>HOUSEHOLD SIZE</u>	<u>YEAR</u>	<u>MONTH</u>	<u>TWICE PER MONTH</u>	<u>EVERY TWO WEEKS</u>	<u>WEEK</u>
1	19,240	1,604	802	740	370
2	25,900	2,159	1,080	997	499
3	32,560	2,714	1,357	1,253	627
4	39,220	3,269	1,635	1,509	755
5	45,880	3,824	1,912	1,765	883
6	52,540	4,379	2,190	2,021	1,011
7	59,200	4,934	2,467	2,277	1,139
8	65,860	5,489	2,745	2,534	1,267

