



STATE OF MAINE  
DEPARTMENT OF EDUCATION  
CHILD NUTRITION  
23 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0023

USE ONLY FOR: **TIER II DAY CARE HOMES**

**July 1, 2020-June 30, 2021**

Dear Parent:

The Day Care Home in which you are enrolling your child participates in the U.S. Department of Agriculture's Child and Adult Care Food Program. This means your Child Care Provider must serve meals and supplements to your child that meet or exceed the nutritional requirements set forth by the U.S. Government. In return for meeting these requirements, the Provider receives payment from USDA based on the income levels of the families being served.

You are not required to complete this form but if you choose to do so, your provider may receive a higher reimbursement for the meals served to your child. If you do complete the form, you have the option of returning it directly to your provider or to the provider's sponsor. If you would like to submit your form directly to the sponsor, return the completed form to:

Sponsor Name: **Catholic Charities Child & Adult Care Food Program**

Address: **270 Minot Avenue Suite B, Auburn, ME 04210**

Phone Number: **207-786-0925 or toll free 1-800-784-0157**

\_\_\_\_\_ Initial here if you consent to allowing your provider, \_\_\_\_\_,  
(Provider's Full Name)

to collect your form and submit it to the sponsor. Your provider will not review your form.

***Please do not return the completed form to the Department of Education.***

**Instructions for attached application:**

1. Enter the name and age of the child for whom you are making application.
2. If the child for whom you are making application is a member of a household that receives SNAP (Supplemental Nutrition Assistance Program - formerly known as Food Stamps), TANF (Temporary Assistance for Needy Families), or benefits under the Food Distribution Program on Indian Reservations (FDPIR), you may give the SNAP, TANF, or FDPIR case number in "Part I" and then skip to instruction # 6.
3. Include the name of each person living in the "household". A "household" is any group of persons who live together and share living expenses. These persons may or may not all be related to each other.
4. The last four (4) digits of the Social Security number of the household member or guardian who signs the application. If this person does not have a Social Security Number, the word "NONE" must be entered in the allotted space.
5. List the total income before deductions, from all sources, for all persons living in the household.

6. The signature, address, and telephone number of the person completing the application. The date the form was signed must also be included.

By regulation, if any of the above requested information is not included on the application, the Child Care Provider’s Sponsor must consider your child to be in that eligibility category that qualifies the Provider to receive the lowest level of reimbursement for the meals and supplements served to your child.

The following chart shows the upper income level for the ‘Tier I’ category for the period **July 1, 2020 to June 30, 2021**. If the total income for your household size is equal to or less than the amount shown, the provider serving your child will be able to receive the Tier I, or highest, level of reimbursement for meals or supplements served to your child.

**Eligibility Scale for “Reduced-Price” Meals**

<b>Family Size</b>	<b>Annual</b>	<b>Monthly</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
<b>Each Additional Family Member</b>	8,288	691	346	319	160

If a member of the household becomes unemployed, your child may become eligible for ‘Tier I’ meals during the period of unemployment, provided the loss of income causes the household income to fall within the eligibility guidelines.

If you are making application for a Foster Child, please indicate this on the application.

In accordance with Federal law and U.S. Department of Agriculture policy, this Day Care Home 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 (866) 632-9992 (voice) or (800) 877-8339 (TTY) or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Thank you.

Sincerely,

CACFP Staff

**PROVIDER'S NAME** (*Not the Business Name*): \_\_\_\_\_

**APPLICATION FOR TIER 1 RATE MEALS  
IN TIER II DAY CARE HOMES**

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**

**CHILD FOR WHOM APPLICATION IS BEING MADE:** Name: \_\_\_\_\_ Age: \_\_\_\_\_

**NOTE:**

If you are applying for CACFP benefits on behalf of a Foster Child, please check this box:

**PART 1:**

**Households Receiving SNAP, TANF or FDPIR Benefits, or which include a child participating in the National School Lunch Program at either the "Free" or the "Reduced-Price" level:**

If you are now receiving SNAP, TANF or FDPIR benefits, and if the above-named child is included in the grant, you may give your SNAP, TANF or FDPIR case number on the allotted line. If an older child in the household participates in the National School Lunch Program at either the "Free" or the "Reduced-Price" level, please check the allotted box. **DO NOT COMPLETE** Part II, skip to Part III. Part III must include the printed name and signature of the adult who completed this application and the date the application was completed.

- (a)  YES: This household currently receives SNAP, TANF, or FDPIR for the above-named child.
- (b) SNAP ID # \_\_\_\_\_ (not EBT) (c) TANF ID # \_\_\_\_\_
- (d) FDPIR ID # \_\_\_\_\_
  
- (e)  "NSLP" — "Free" or "Reduced-Price" National School Lunch Program participant

**NOTE # 1:**

If you do not receive SNAP, TANF or FDPIR benefits for the above named child, if you fail to give your case number, or if an older child in the household is not eligible for "Free" or "Reduced-Price" meals in the School Lunch Program, you must complete Part II and Part III in order for your child to qualify for "Tier 1" rate meals.

**PART II:**

**All Other Households:**

- (a) Household Members: List the names of all persons living in your household. Be sure to include yourself and the child listed above.
  
- (b) Social Security Number: Sections 9 and 17 of the National School Lunch Act require that, unless your child's Food Stamp, TANF or FDPIR ID number is provided, you must include the last four (4) digits of the Social Security number of the Adult household member or guardian who signs the application. If that person does not have a Social Security Number, that person must enter the word "NONE" in the allotted space. Provision of a Social Security Number is not mandatory, but if the last four (4) digits of the Social Security Number are not given, or if the word "NONE" is not entered in the allotted space, the application cannot be approved.
  
- (c) Income: List ALL income from ALL sources received last month on the same line as the name of the person who received it. Income must be GROSS, that is, it must be the amount received BEFORE DEDUCTIONS for taxes, Social Security, dues, insurance, etc. List each income amount under the correct column.

**LIST ALL HOUSEHOLD MEMBERS:**

Name of Household Member	Age	Monthly Gross Wages or Net Self-Employment	Monthly TANF, Alimony, Welfare, Child Support	Monthly Pensions, SSI, Social Security, Workers Comp, Insurance & Retirement
1.				
2.				
3.				
4.				
5.				
6.				
(Note: Weekly Income x 4.333 weeks; Bi-weekly Income x 2.15 weeks) <b>TOTAL MONTHLY HOUSEHOLD INCOME:</b>				

**PART III:**

In accordance with Federal law and U.S. Department of Agriculture policy, this Day Care Home 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 (866) 632-9992 (voice) or (800) 877-8339 (TTY) or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that all income is reported. I understand this information is being given in connection with the receipt of Federal Funds, which Program Officials may verify the information on the application, and that deliberate misrepresentation of any of the information on this application may subject me to prosecution under applicable State and Federal Criminal Statutes.

(Name of Adult)	(Last 4 digits of SS#)	(Signature of Adult)	(Date)
(Household Address of Adult)		(Home Phone)	(Work Phone)

I do not have a social security number

**THIS PORTION MUST BE COMPLETED BY THE DAY CARE HOME SPONSOR:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Eligibility Category (circle one):      Tier I              Tier II