

MDC CHILD CARE FOOD PROGRAM

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Dear Provider,

Welcome to the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The CACFP is a nutrition program that pays providers for nutritious meals served to children in daycare. There are two levels of payment depending on eligibility information.

To receive the highest payment you have to qualify by:

- School data
- Provider income
- Census data

You have received this eligibility form because:

- You **are not** eligible for the higher payment by either school or census data and want to see if you may be income eligible to receive the higher payment **OR**
- Your school or census **does** qualify you for the highest payment, but you also want to claim your own children for meals served to them while other children are in care.

Part 1: Fill in your name, address and telephone number.

Part 2: Fill in the name of person receiving **Basic Food, FDPIR, or TANF** benefits, **circle the benefit received,** list **Case Number** or **Identification Number** for that program, fill in age and birth date. **Attach award letter to this application for WBF or TANF received that show when benefits begin and end.**

Part 3: Fill in the foster child name.

Part 4: Fill in daycare age child's name, age and birth date.

Part 5: Not required if a case number is listed in Part 2 List the names of all household members living in your home. List the gross monthly income of each person (before deductions). If self employed, list net income amount. If no income, please write in "0". Fill in last four digits of social security number.

Please see the attached list of documentation needed to verify income.

Part 6: **REQUIRED:** Sign and date form.

Part 7: Check the ethnic and racial category of your child. (optional)

Please look at the guidelines on the table below. If your income is the same as or less than the amount on the line for your family size, you may be eligible for the higher payment.

INCOME-ELIGIBILITY GUIDELINES

Effective July 1, 2011-June 30,2012

<u>Family Size</u>	<u>Annual</u>	<u>Monthly</u>	<u>Twice Per Month</u>	<u>Every Two Weeks</u>	<u>Weekly</u>
1	\$20,147	\$1,679	\$ 840	\$ 775	\$ 388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
For each additional family member add	+\$7,067	+\$589	+\$295	+272	+136

The information you put on this application will be kept confidential. It will be available only to our staff or employees of the Office of Superintendent of Public Instruction, U.S. Department of Agriculture, or the U.S. General Accounting Office when they are reviewing our program.

This Provider Income-Eligibility will be in effect for 12 months from the time it is dated and signed

If you are a new provider with zero income you will need to redo this application within 45 days of your first day of daycare.

Sincerely,

Cynthia Day

Metropolitan Development Council

Enclosures: Provider Income eligibility/Income to Report-Documentation

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