



Dear Karamu Sponsored Family Childcare Provider;

To qualify for Tier I reimbursement, or if you wish to receive reimbursement for meals served to your own children under the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP), you must complete, sign and return to us the enclosed Meal Benefit Income Eligibility Form.

1. How do I qualify for the Tier I reimbursement for meals served to children enrolled in my home? You must either (a) live in an area that is eligible based on economic need as determined by school enrollment or census data, or (b) establish economic need through the information provided on the enclosed Meal Benefit Income Eligibility Form.

2. Who determines my eligibility as a Tier I day care home? Our office will determine your eligibility status. We will use the information you provide on the Meal Benefit Form. Make sure you complete and sign the form; report all household income (not just your family day care home business income); and provide appropriate records of your income. **Return the completed form and other papers to: [at name, address, phone number].**

3. What kind of records should I submit with my Meal Benefit Form? If you operated a family day care home business last year, attach a copy of your most recent tax return, including Schedule C if your recent tax return and Schedule C is no longer indicative of your income you may submit documentation of your current income and expenses. To do so, include payment statements for work and other forms of income. The papers you send must show the name of the person who received the income, the date it was received, how much was received, and how often it was received.

4. How do I get reimbursed for meals served to my own children? You are required by law to complete this form if you wish to claim meals served to your own children. Even if you live in an area identified as one of economic need, or you have already been classified as a tier I home, you must complete this form. Our office may verify the income information you submit.

5. If I do not live in an area of economic need or don't want to submit the Meal Benefit Form, what are my options for reimbursement? You will receive lower rates of reimbursement for meals served to children enrolled in your family day care home.

6. Will the information I give be verified? Maybe. We may ask you to send written proof to verify the information you submitted on the form. **What if I disagree with the decision about the information I complete on this form?** You should talk to your sponsoring organization.

7. Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you.

8. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for 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, you will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or proof of benefits as supported by a current Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp), Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case number, you will remain eligible for those benefits for a period not to exceed 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.



9. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens.

10. What if I have foster children? Foster children are eligible for free meals regardless of their personal or the income of the household with whom they reside. Households wishing to apply for such benefits for foster children should contact **[name, address, phone number]**. Additionally, foster children may be included as members of the household for determining the eligibility of other children in the household for free and reduced priced meals.

11. We are in the military. Do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, regarding deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

In the operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age, disability, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

If you have other questions or need help, call **901.327.8401** or e-mail us at **karamu@karamu.org**

Sincerely,

Karamu Nutrition Program

Guidelines For Completing The Income Eligibility Application

⇒ If Your Household Currently Receives Food Stamps Or Families First Cash Assistance...

1. Write your name and address in PART 1 of the application.
2. Write your ACCENT case number in part 2A of the application. Be sure to provide the entire 10 digit case number. This number will be submitted to the Tennessee Department Of Human Services For Verification
3. In PART 2B write in the names and birthdates of all children living in your home who are under the age of 13.
4. Write your name, social security number , home telephone number, complete address, signature and date signed in PART 3 of the application.

Proof Of Income

The ACCENT case number you submit will be verified by the Tennessee Department Of Human Services. Therefore you do not have to submit any proof of this income. However, for your protection, we encourage you to send us a copy of your food stamp **case profile** or Families First identification card or other documentation to show proof of participation. **Do not** send a copy of your EBT card.

⇒ If Your Household **DOES NOT** Currently Receive Food Stamps Or Families First Cash Assistance...

1. Write your name and address in PART 1 of the application.
2. In PART 2C list the names, amount of income, and the source of the income for every person living in your home. Please be sure to list all of the children in the household regardless of their age. Next to the children's names, **write in their birthdate**. You must list the income for everyone in the home, including your spouse, and any children who work. If any person has no income, put a zero (0) in the income block.
3. Write your name, social security number , home telephone number, complete address, signature and date signed in PART 3 of the application. Send the form in along with documentation to show proof of all reported income.

Proof Of Income

When reporting your income, you can report the entire household income for last year **OR** your entire household income for the most current month.

If You Choose To Report Last Year's Income please send a copy of the following document(s):

1. 1040, 1040A, or 1040EZ tax form for each person who filed taxes last year.
(Send a copy of the first two pages. (Do not send any attachments.) Also be sure that the 1040 is signed by the person(s) whose name appears on the front or by the person who prepared it).
2. If applicable, send in copies of documents to show proof of income for any items reported on the Income Eligibility Application that are not reported on the 1040. This would include child support court orders or other proof to show the amount of child support received.

If You Choose To Report The Most Current Month's Income please send a copy of the following document(s): (Please see the back of this form for additional information).

1. Most recent pay stubs for everyone in the household who works,
2. Karamu *Income Verification Statements* to show proof of childcare income received, **MUST be notarized**;
3. If applicable, copies of child support court orders showing the amount of child support received;
4. If applicable, a letter or check stub from the Social Security Administration showing the amount of social security received;
5. Official proof of income for all other income reported on the Income Eligibility Application.

Note: We Cannot Accept W2 forms, 1099's, EBT cards, or any other documents that do not clearly identify the employee, the place of work, pay period, and gross income.

Please send legible copies of documents that show proof of income. Do Not send your original documents as they may not be returned to you.



PART 1 – PRINT PROVIDER'S NAME

Last

First

MI

PART 2A – IF YOU ARE CURRENTLY RECEIVING FAMILIES FIRST (FF) CASH ASSISTANCE, OR YOU (OR A MEMBER OF YOUR HOUSEHOLD) ARE RECEIVING SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS, COMPLETE THIS PART AND SIGN THE STATEMENT IN PART 4 DO NOT COMPLETE PART 2C.

ACCENT Case Number for SNAP: _____ **OR** FF Cash Assistance Case No.: _____ (5 to 9 digits)

SNAP is Categorical Eligible 'Free' (7 to 10 digits)

Only Families First cash assistance is Categorical Eligible 'Free'

PART 2B – IF YOU COMPLETED 2A ABOVE, IDENTIFY BELOW THE CHILDREN 12 YEARS OF AGE AND UNDER WHO ARE LIVING IN YOUR HOME (ATTACH ADDITIONAL SHEETS AS NECESSARY):

1. _____ 2. _____ 3. _____
Name Birth Date Name Birth Date Name Birth Date

4. _____ 5. _____ 6. _____
Name Birth Date Name Birth Date Name Birth Date

PART 2C – ALL OTHER HOUSEHOLDS (If no information is entered in Part 2A above, complete this part, and sign the statement in Part 4. Attach additional sheets as necessary) MUST ATTACH PROOF OF REPORTED INCOME FROM ALL HOUSEHOLD MEMBERS.

Names of All Household Members	Earnings from Work (Before Deductions)	Child Support, Alimony or Other Income	Payments Received from Pensions, Retirement, & Social Security
1.	\$ _____ per YEAR	\$ _____ per YEAR	\$ _____ per YEAR
2.	\$ _____ per YEAR	\$ _____ per YEAR	\$ _____ per YEAR
3.	\$ _____ per YEAR	\$ _____ per YEAR	\$ _____ per YEAR
4.	\$ _____ per YEAR	\$ _____ per YEAR	\$ _____ per YEAR

Total Number of Household Members: _____ **Total Yearly Income for Household from All Sources:** \$ _____ Yearly income is calculated as follows:

Multiply Weekly income by 52,

Bi-weekly income (received every two weeks) by 26,

Semi-monthly income (received twice a month) by 24,

Monthly income by 12.

Do not round up any numbers during the conversion.

PART 2D – FOSTER CHILD (Complete this part, and sign the statement in Part 4.) If any household member is a foster child, check here: _____

A foster child is the legal responsibility of a state children services agency or court, and is categorically eligible for free meals.

Child's Name: _____ Date of Birth: _____

PART 3 – Medicaid and State Children's Health Insurance Programs – Please check if you do **not want the information in this application to be shared with the Medicaid and State Children's Health Insurance Programs: _____ DO NOT WANT APPLICATION INFORMATION TO BE SHARED WITH THE MEDICAID AND STATE CHILDREN'S HEALTH INSURANCE PROGRAMS.**

PART 4 – SIGNATURE (An adult household member must sign the application.) PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the Supplemental Nutrition Assistance Program or Families First case number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal Funds; that institution officials may verify the information on the statement and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Print Name of Provider: _____

Social Security Number (last four digits): _____

Home Telephone: _____

Signature of Provider: _____

Address of Provider: _____

State and Zip Code: _____

PART 5 – ETHNIC/RACIAL IDENTITY (You are not required to answer this question.):

For Ethnicity, please check one of the following: _____ Hispanic or Latino _____ Not Hispanic or Latino (*Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.*)

For Race, please check one or more of the following: _____ American Indian or Alaskan Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White (*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. 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. Black or African American: A person having origins in any of the black racial groups of Africa. Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*)

FOR SPONSORING AGENCY STAFF USE ONLY:

Eligibility Classification: (Circle) Tier I or Tier II Basis for Classification: (Circle) Categorically Eligible or Income Eligible

Determining Official Signature: _____ Date: _____

INCOME ELIGIBILITY APPLICATION INSTRUCTIONS-HOMES

PART 1 – PROVIDER INFORMATION: All HOUSEHOLDS COMPLETE THIS PART.

(1) Print your full name and address.

PART 2A – HOUSEHOLDS RECEIVING SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM OR FAMILIES FIRST CASH ASSISTANCE: COMPLETE THIS PART AND PART 4.

- (1) List your current Supplemental Nutrition Assistance Program or Families First Cash Assistance Case Number.
(2) If any portion of this Part is completed, do not complete Part 2C

PART 2B – IDENTIFICATION OF CHILDREN 12 YEARS OF AGE AND UNDER WHO ARE LIVING IN YOUR HOME:

COMPLETE THIS PART IF ANY PORTION OF PART 2A IS COMPLETED.

(1) List the names and birth dates of all children who reside in your home and have not reached their thirteenth birthday.

PART 2C – ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 4.

- (1) Write the names of everyone in your household.
(2) Write the amount of the income received on a yearly basis for each household member. The income may be for the current month, the amount projected for the first month the application is made for, or for the month prior to application. This income is the amount before taxes or any deductions are made. Also, indicate the source of the income. Refer to examples below for income to report

INCOME TO REPORT

<u>Earnings from Work</u>	<u>Retirement/Social Security</u>	<u>Other Income Sources</u>	<u>Child Support/Alimony</u>
Wages/Salaries/Tips	Pensions	Disability Benefits	Alimony/child support
Strike Benefits	Supplemental Security Income	Cash withdrawn from savings	benefits/payments
Unemployment Benefits	Retirement Income	Interest/Dividends	
Worker's Compensation	Veteran's payments	Income from Estates/Trusts/Investments	
Net income from	Social Security Income	Regular contributions from persons not living in the household	
self-employment		Net Royalties/Annuities/Net Rental Income	

PART 2D - HOUSEHOLDS WITH A FOSTER CHILD: COMPLETE THIS PART AND PART 4 - **A foster child is the legal responsibility of a state children services agency or court, and is categorically eligible for free meals.**

(1) A foster parent or other official representing the child must sign the statement in PART 4.

PART 3 – MEDICAID AND STATE CHILDREN'S HEALTH INSURANCE PROGRAMS – Federal law allows the sharing of the information on this application with Medicaid and State Children's Health Insurance Programs. At this time, no procedures are in place to share this information. Since the procedures to share this information with the Medicaid and State Children's Health Insurance Programs may be established in the future, please indicate if you do not want this information to be shared. The Medicaid and State Children's Health Insurance Programs can only use the information to identify children who may be eligible for free or low cost health insurance and to enroll them in either Medicaid or the State Children's Health Insurance Program. They are not allowed to use the information for any other purpose. If this information is not shared, it will not affect the eligibility of your child(ren) for Tier I meals. If you do not want to share the information with the Medicaid and State Children's Health Insurance Programs, please indicate this decision by entering a check.

PART 4 – SIGNATURE AND SOCIAL SECURITY NUMBER: All households complete this part.

- (1) All income eligibility statements must have the signature of an adult household member.
(2) The adult household member who signs the statement must include the last four digits his/her Social Security Number. If he/she does not have a Social Security Number, write "none". If you listed an ACCENT case number for Supplemental Nutrition Assistance Program or Families First cash assistance, or a case number for Families First Child Care Assistance, the last four digits of the Social Security Number are not needed.
(3) The income eligibility application is valid for one calendar year from the date of the signature of the Determining Official. You will be contacted by the staff of the CACFP Sponsoring Agency serving your child(ren) to update the information contained in this application before the close of the eligibility period. The staff of the CACFP Sponsoring Agency is required to verify and certify the eligibility of your household every 12 months. Section 9 of the National School Lunch Act requires that, unless the participant's Supplemental Nutrition Assistance Program or Families First case number is provided, you must include the last four digits of the Social Security Number of the household member signing the statement or an indication that the household member signing the statement does not possess a Social Security Number. Provision of the last four digits of a Social Security Number is not mandatory, but if a Social Security Number is not provided or an indication is not made that the adult household member signing the statement does not have a Social Security Number, the statement cannot be approved.

PART 5 - RACIAL/ETHNIC IDENTITY: You are **not required** to answer this question to receive meal benefits. However, this information will help ensure that everyone is treated fairly.

Definition of Ethnicity: *Hispanic or Latino* means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Definition of Race: *American Indian or Alaskan Native* means 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. *Asian* means 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. *Black or African American* means a person having origins in any of the black racial groups of Africa. *Native Hawaiian or Other Pacific Islander* means a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. *White* means a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

No person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the CACFP on the grounds of race, color, sex, age, disability, national origin, or any other classification protected by Federal, Tennessee State constitutional, or statutory law.

Child Care Homes

INCOME ELIGIBILITY GUIDELINES FOR TIER I QUALIFICATION EFFECTIVE THROUGH **JUNE 30TH, 2021**

Dear Karamu Provider: If your total household income is within the limits listed below, your childcare home or facility will qualify as a Tier I home for a period of 1 year. This means that you will be reimbursed at the higher Tier I rate for all the approved meals that you serve to all the children properly enrolled in your childcare. Approval of this application also means that your own children (or any children who live in your household) will also qualify to participate on the program for one year as long as they are under the age of 13. Please complete the attached Income Eligibility Application and return it to our office as soon as possible. Please remember that you must include proof of all reported income for all persons in the home. Proof of income includes a copy of the most recent paystub, a copy of the most recent tax return, or a copy of any official document showing that you participate on any of the public assistance programs shown in Part 2A of the application.

Household Size	Maximum Annual Household Income	Maximum Monthly Household Income
1	23,606	1,968
2	31,894	2,658
3	40,182	3,349
4	48,470	4,040
5	56,758	4,730
6	65,046	5,421
7	73,334	6,112
8	81,622	6,802
For Each Additional Household Member Add	\$8,288	\$691

Multiply Weekly income by 52, Bi-weekly income (received every two weeks) by 26, **Semi-monthly income (received twice a month) by 24**, Monthly income by 12. **Do not round up any numbers during the conversion.**

NOTE: The rates shown here are effective from July 1st, 2020 until June 30th of 2021. If you qualify under these rates your qualification will be good for 1 year.

If using your prior year income tax form as proof of income, you can find your total annual income by looking at:

Line 22 of IRS tax form 1040;

Line 15 of form 1040A;

Line 4 of form 1040EZ;

Guidelines For Providing Proof Of Reported Income

⇒ If Your Household Currently Receives Food Stamps Or Families First Cash Assistance...

If you or someone in your household are currently receiving Food Stamps or Families First Cash Assistance, you must provide your ACCENT case number in part 2A of the application. Be sure to provide the entire 10 digit case number. This number will be submitted to the Tennessee Department Of Human Services For Verification. **You DO NOT have to show any additional proof of income.**

⇒ If Your Household DOES NOT Currently Receive Food Stamps Or Families First Cash Assistance...

When reporting your income, you can report the entire household income for last year OR your entire household income for the last calendar month. To show proof of the amount of money your household receives, send copies of the following documents that pertain to the type of income you are reporting.

Total Household Income For Last Year

Submit copies of all IRS forms 1040, 1040A, or 1040EZ for each person who filed taxes last year. (Send a copy of the first two pages. (Do not send any attachments.) Also be sure that the 1040 is signed by the person(s) whose name appears on the front or by the person who prepared it). If there is any additional income that is not reported on the 1040, you must submit proof of that income also following the guidelines below.

Total Household Income For The Last Calendar Month (And Income Not Reported On The 1040)

All of the proof of income you receive must be for the last calendar month and must include (1) the amount of income received (2) the name of the person that received the income (3) the date the income was received and (4) how often the income is received.

Earnings From Childcare

If your 1040 does not include your income from daycare, Use the Enclosed *Income Verification Statement* to show proof of your income from Childcare payments. You Must Have This Form Notarized and send us the original. We cannot accept a copy of this form.

Earnings/Wages/Salary for each job: (If not reported on the 1040)

Current paycheck stub that shows how often pay is received
Letter from employer stating gross wages paid and how often they are paid
Business or farming papers, such as ledger or tax books

Social Security/Pensions/Retirement:

Social security retirement benefit letter
Statement of benefits received
Pension award notice

Unemployment Compensation/Disability or Worker's Compensation

Notice of eligibility from State employment security office
Letter from worker's compensation

Welfare Payments (TANF, General Assistance):

Benefit letter from welfare agency

Child Support / Alimony

Court decree, agreement, or copies of checks received

All other income:

If you have other forms of income (such as rental income) send documentation to show proof of the amount received.

Notice: To protect your privacy, the income application, and all supporting documents, will be processed and placed in your Karamu file and will not be disclosed to any unauthorized persons.

Income Verification Statement

THIS FORM MUST BE NOTARIZED

This is to verify that I, _____, Provide childcare for the following daycare children:

Write The Full Names Of Each Child That You Provide Care For. Include Children That Are Privately Paid As Well As Those That Are State Paid. Be Sure To Include Every Child, Even Those That May Not Be CACFP Participants.

I received a total amount of \$_____ in childcare income for the month of _____.

This includes all monies received from Federal and State childcare subsidy programs and payments made by childcare parents. My signature below certifies that the information submitted here is complete and accurate. I understand that this information is being given in connection with the receipt of federal funds; that the CACFP sponsor officials or Tennessee Department Of Human Services (TDHS) officials may, for cause, verify information; and that deliberate misrepresentation may subject me to CACFP termination and possible prosecution under applicable State and Federal criminal statutes.

Provider's Signature: _____

Date Signed: _____

THIS FORM MUST BE NOTARIZED

Notary Public Signature/Stamp: _____ Date Notarized: _____

FDCH - Two Tier Reimbursement Rates (2020-2021)

Tier Level	Breakfast	Lunch/Dinner	Snacks
Tier 1	\$1.39	\$2.61	\$0.78
Tier 2	\$0.50	\$1.58	\$0.21

USDA CACFP Meal Reimbursement Rates Effective July 1st, 2020 Through June 30th, 2021