

**LETTER TO PARENT/GUARDIAN - DAY CARE HOMES
FOR CHILDREN ENROLLED IN TIER II HOMES**

2015 - 2016

Dear Parent/Guardian:

This letter is for parents/guardians who have children enrolled in the home of _____, who is a provider that participates in the federal Child and Adult Care Food Program (CACFP) through an agreement with our agency. The CACFP is a program under the U.S. Department of Agriculture and, like the National School Lunch Program (NSLP), it assists licensed child care providers in providing healthy and nutritious meals to your children. One of the most important resources your provider receives from the CACFP is reimbursement for the nutritious meals and healthy snacks they feed your child.

Since July 1997, the CACFP has used a "geographical area" or a "household income eligibility" to determine the provider's reimbursement level. Your provider's home is located in a Tier II geographical area. **You may be able to help your provider!**

If your family or child participates in a qualifying program, or your household meets the income eligibility guidelines included with this letter, your provider will receive a higher level of reimbursement. If you meet the income eligibility guidelines, have a foster child, or are participating in a qualifying program, please take a few moments to complete the Meal Benefit Form (MBF). It will be placed in our files and kept confidential. Please note that your children will participate in the CACFP whether or not the form is returned.

When you have completed the MBF, you have **two** options:

1. Mail the MBF directly to our agency using the pre-printed return envelope
2. Return the MBF to your provider **sealed** in the pre-printed return envelope

If you choose option 2, please sign below, and enclose this letter with your MBF. Your signature certifies that you have agreed for your provider to transmit your MBF on your behalf to our agency.

Printed Name of Parent/Guardian

Signature

Date

Thank you.

Sincerely,

**BEANSTALK FOOD PROGRAM
1771 Tribute Road, Suite A
Sacramento, CA 95815
916-344-6259**

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MEAL BENEFIT FORM FOR PARENTS (TIER II HOMES)

Complete, sign, and return this form to the day care home sponsor listed below or your child care provider. See cover letter to give permission.

If you need assistance completing this form, call: _____

Name of day care home provider:

Part 1—Children’s Information: Enter the name(s) of all children from your household enrolled in your care.

Last Name	First Name	Birthdate	Foster Child *	NSLP, HS, Early HS, Even HS**
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

* If the foster child receives personal-use income, please enter the amount, and the frequency it is received, in the last column in Part 3.

** If any child in your household participates in Head Start, Early Start or Even Start Programs or is receiving free or reduced price meals in the National School Lunch program, indicate above.

Part 2—Categorical Eligibility (Household): If anyone in your household receives CalFresh (formerly Food Stamps), California Work Opportunity and Responsibility to Kids (CalWORKs), Food Distribution Program on Indian Reservations (FDPIR), or Kinship Guardianship Assistance Payment Program (Kin-GAP), enter that person’s name below, check the appropriate program box and enter the program case number.

Last Name, First Name	Check One	Case Number
	<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR <input type="checkbox"/> Kin-GAP	

Part 3—Income Eligibility (Not required if you reported qualifying program in Part 2.)

Check this box if no one in the household receives income.

Household Members’ Names (List all household members not listed in Part 1. If you have foster children in your care, list personal use income of the foster child.)	List Gross Income and how often it was received (e.g., weekly, every 2 weeks, twice a month, monthly, or annually)			
	Earnings from Work Before Deductions	Alimony, Child Support	Retirement, Pensions, Social Security	All Other Income (include foster child’s personal-use income here)
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Enter the total number of household members (Children listed in Part 1 + other household members listed in Part 3): _____ (Go to Part 4.)

Part 4–Signature and Certification		
<p>PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the CalFresh, CalWORKs, FDPIR, or Kin-GAP, or other eligible program case number is current, correct, or that all income is reported. I understand that this information is being given for the receipt of federal funds, that agency officials may verify the information on the Meal Benefit Form and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.</p>		
Printed Name of Adult:		Date:
Signature of Adult:		
Last four digits of Social Security Number (SSN):		<input type="checkbox"/> I do not have a Social Security Number
Address:	City/State/Zip Code:	Daytime Phone Number:

Privacy Act Statement

The Richard B. Russel National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP, or CalFresh), Temporary Assistance for Needy Families (TANF, or CalWORKS) Program, Kinship Guardian Assistance Payment Program (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for the administration and enforcement of the program.

The last four digits of the SSN may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits and investigations, and may include contacting employers to determine income, contacting a CalFresh, CalWORKs, FDPIR, or Kin-GAP office to determine current certification for CalFresh, CalWORKs, FDPIR, or Kin-GAP benefits, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The last four digits of the SSN may also be disclosed to programs as authorized under the NSLA and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain federal, state, and local education, and health and nutrition programs.

Part 5–Racial/Ethnic Identity (Optional)			
Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	
Race (select one or more):	<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	

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

“USDA is an equal opportunity provider and employer.”

Note: The protected classes for the Child and Adult Care Food Program are race, color, national origin, age, sex, and disability

Day Care Home Sponsor Use Only	
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12	
Enter Total Gross Income below, and check the frequency it is received: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR <input type="checkbox"/> Kin-GAP </div> Categorical Eligibility: <input type="checkbox"/> Foster Child <input type="checkbox"/> National School Lunch Program <input type="checkbox"/> Head Start <input type="checkbox"/> Early Start <input type="checkbox"/> Even Start	
Child(ren) eligible for <input type="checkbox"/> Tier I <input type="checkbox"/> Tier II reimbursement.	
Printed Name:	Certification Date:
Signature: <i>This form must be signed and dated by the agency's official</i>	

INSTRUCTIONS FOR COMPLETING THE MEAL BENEFITS FORM FOR PARENTS (TIER II HOMES)

If you need help, please call: _____

Name of Day Care Home Provider

- a) Print your name.

Part 1—Children’s Information

- a) Print the name(s) of your child(ren) enrolled in care and their birthdate(s).
- b) If your child is a foster child, check the box to the right of the child’s birthdate in the column marked “Foster Child.”
- c) If your child(ren) participate(s) in Head Start, Early Start, or Even Start programs; or receive(s) free or reduced meals in the National School Lunch Program, check the appropriate box in the column marked “HS/ES/EvS/NSLP.” These children qualify for Tier I reimbursement. It does not qualify the provider as a Tier I home.

Part 2—Categorical Eligibility (Household):

If anyone in your household receives CalFresh (formerly Food Stamps), CalWORKs, Kin-GAP, or FDPIR; complete Part 2, and sign the form in Part 4. Do not complete Part 3.

- a) Print the benefit recipient’s name. Only one benefit recipient is needed.
- b) Check the box corresponding with the program that qualifies the household for higher reimbursement.
- c) Write the CalFresh, CalWORKs, Kin-GAP, or FDPIR case number.
- d) Skip Part 3. Complete Part 4. Part 5 is optional.

All children in the household are categorically eligible for Tier I reimbursement if any member of the household receives CalFresh, CalWORKs, Kin-GAP, or FDPIR benefits.

Part 3—Income Eligibility:

Complete this section if you do not receive benefits listed in Part 2.

- a) Print the names of all household members not listed in Part 1. Do not list the children in care. Include household members even if they do not have income. Include yourself, your spouse, or your significant other, and all other household members such as your grandmother, etc. if they are part of your household.
- b) Write the amount of income each person received before taxes or any other deductions were made, and how often it was received. If no income, indicate no income. Do not leave blank. Each income amount should be entered in the appropriate column on the form. If you have foster children in your care and are completing this section to qualify other children for higher reimbursement, list any personal use income of the foster child. Foster payments you receive from the placing agency for the care of the child do not need to be reported.
- c) If anyone is self-employed, write the amount of income that person earns from self-employment. Call the number listed at the top of the form if you need assistance.
- d) If your household currently has no income, check the box marked, “Check here if no household income.”
- e) Enter the total number of household members. Count the children in Part 1 and the household members in Part 3.
- f) Go to Part 4.

INCOME TO REPORT		
<p>Earnings from Work Wages/salaries/tips Strike benefits Unemployment Compensation Worker's Compensation Net income from self-owned</p> <p>Alimony/Child Support Alimony/child support payments</p>	<p>Pensions/Retirement/Social Security Pensions Supplemental security income Retirement income Veteran's payments Social Security</p>	<p>Other Monthly Income/Self-Employment Disability benefits Cash withdrawn from savings Interest dividends Interest from: Estates/trusts/investments Regular contributions from persons not living in household Net royalties/annuities/net income rental Military allowance for off-base housing Foster child(ren)'s personal use income (may include income from child's family for personal use or income earned by child) Any other income</p>

Part 4—Signature and Certification

a) Print the name of the household member signing this form.

b) The form must have the signature of an adult household member.

c) The adult household member who signs the statement must include the last four digits of his/her Social Security Number. If (s)he does not have a Social Security Number, check the "I do not have a Social Security Number" box. A Social Security Number is not needed if you listed a CalFresh, CalWORKs, Kin-GAP, or FDPIR case number.

Part 5—Racial/Ethnic Identity: You are not required to answer this question to get meal benefits, but completion of this information will assist with the fair and equitable treatment of all participants.

a) Ethnicity:

- 1) **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."
- 2) Not Hispanic or Latino.

b) Race: Select one or more.

- 1) **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.
- 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.