



Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled at a family day care home. **[Name of day care home]** offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Confidential Income Statement.

- 1. Am I required to complete a Confidential Income Statement in order for my child(ren) to receive CACFP Benefits?** No, 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, **Nutrition First**. If you would like to provide your form directly to the sponsor, return the completed form to: **2475 Center St NE, Salem, OR 97301**. If you would like to give your form directly to the provider, initial the box in section 7 of the Confidential Income Statement and give the letter to the provider.  
If you consent to allowing your provider to collect your form and provide it to the Sponsor, initial the statement of consent in section 7 of the Confidential Income Statement. The provider will not review your form.
- 2. Do I need to fill out a Confidential Income Statement for each of my children in day care?** You may complete and submit one CACFP Confidential Income Statement for all children enrolled in child care in your household **only** if the children in child care are enrolled in the same home. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information.
- 3. Who qualifies for the higher reimbursement without providing income information?** Your provider will receive a higher reimbursement for meals served to foster children and children in households getting Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) benefits. Children in households participating in the Oregon Health Plan, or Head Start, or are eligible for free or reduced-price meals at school also qualify for the higher reimbursement. Children in households participating in WIC also may qualify for the higher reimbursement.
- 4. Who qualifies for the higher reimbursement based on income?** Your provider may receive a higher reimbursement for the meals served to your children if your household income is within the reduced price limits on the Federal Income Guidelines, shown on this application.
- 5. 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 to qualify for meal benefits offered at the day care home.
- 6. 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. You also may include any foster children living with you.
- 7. 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 Federal Income Guidelines, the family day care home will receive a higher level of reimbursement. Once properly approved for the higher reimbursement rate, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income unemployment causes your household income to be within the eligibility standards.
- 8. What if my income is not always the same?** List the amount that you normally earn. For example, if you normally earn \$1000 each month, but you missed some work last month and only earned \$900, put down that you earn \$1000 per month. If you normally earn overtime, include it, but not if you only earn it sometimes.
- 9. What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court automatically qualify for the higher reimbursement. Any foster child in the household qualifies regardless of income. Households may include foster children on the Confidential Income Statement, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact [name, address, phone number].
- 10. We are in the military; do we include our housing and supplemental allowances 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, in regard to 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 child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability. If you have other questions or need help, call **phone number**.

Sincerely,

Carmen Romero, Program Director

Nutrition First CACFP

This Institution is an equal opportunity provider.

Tier 2 Family Income Letter



**2024- 2025 CONFIDENTIAL INCOME STATEMENT - Family Day Care Tier 2 / Family Income**

**INSTRUCTIONS**

- If your household receives SNAP, TANF, WIC, OHP, Head Start, Free/Reduced Price Meals on National School Lunch Program (NSLP) or FDPIR, complete parts 1-3, and 7; part 6 is optional.
- If you do not receive these benefits and your income is below the guidelines, complete parts 1-5 and 7; part 6 is optional.
- If you are applying for a FOSTER CHILD, complete parts 1, 4 & 7; part 6 is optional.  
*Any income fields left blank will be counted as zeros. Please be careful that you meant to leave income fields blank.*

**1 DAY CARE PROVIDER INFORMATION**

Name of Day Care Provider (Last name, first name): \_\_\_\_\_  
 Yes  No The information on this form may be shared with the above-mentioned day care provider. I understand that my children may participate in this day care program if I do not choose to have this information shared.

**2 HOUSEHOLD INFORMATION**

Print name of person completing this application (Last name, First name) \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Street Address – apt # \_\_\_\_\_ Work Phone \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_ Total Number of persons living in this household \_\_\_\_\_  
 (Write names of all household members on parts 4 and/or 5 of this form)

**3 PUBLIC BENEFITS INFORMATION** Indicate which **benefits** your household currently receives, and list case number, if any:

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
 SNAP (Supplemental Nutrition Assistance Program) (Oregon Trail Card number not acceptable)  
 TANF (Temporary Assistance to Needy Families) (*Employment Related Day Care does not qualify*)  
 FDPIR (Food Distribution Program on Indian Reservations)  Head Start  Oregon Health Plan (OHP)  
 WIC case number \_\_\_\_\_  Free/Reduced Price School Meals on National School Lunch Program (NSLP)

**4 CHILD INFORMATION (names of your children enrolled in child care)**

Child's Name (Legal Last Name, First Name)	Birth Date	Age	Check if Foster Child (placed by welfare or court)
1. _____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>

**5 HOUSEHOLD MEMBERS & GROSS MONTHLY INCOME – if not monthly see back for conversions**

Include the names of <b>all</b> household members not listed in section number 2, even if they don't have income. (Last name, first name)	Monthly Income Total earnings & wages before deductions	Monthly Child Support, Welfare, Alimony	Monthly Pensions, Social Security, Retirement, SSI, VA	Other Monthly Income -including unemployment and workers comp.	Check if No Income
1. _____	_____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	_____	<input type="checkbox"/>
5. _____	_____	_____	_____	_____	<input type="checkbox"/>
6. _____	_____	_____	_____	_____	<input type="checkbox"/>

**6 RACIAL OR ETHNIC AND IDENTITY (Optional)**

Please check your child's racial and ethnic identity:  
Mark one ethnic identity: Mark one or more racial identities, if any:  
 Hispanic or Latino  American Indian & Alaskan Native  Native Hawaiian or Other Pacific Islander  
 Not Hispanic or Latino  Asian  White  
 Black or African American  Other:

**7 SIGNATURE, DATE and Last four numbers of SOCIAL SECURITY NUMBER (Adult must sign)**

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds; that state officials may verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

\_\_\_\_ Initial if you consent to allowing the child care provider to collect your form and provide it to the Sponsor. Your provider will not review your form.

Signature of Adult Household Member \_\_\_\_\_ Date Signed \_\_\_\_\_ Social Security Number \* (See privacy statement) \_\_\_\_\_  I do not have a Social Security Number.  
 X \_\_\_\_\_ Month/day/year XXX-XX-\_\_\_\_

**SPONSOR USE ONLY - DO NOT WRITE BELOW THIS LINE**

Total Income: \_\_\_\_\_ Number in household: \_\_\_\_\_  
 Eligibility :  Tier 1  Tier 2  
 Eligibility based on :  SNAP  TANF  FDPIR  Head Start  OHP  WIC  NSLP  Household Income  Foster Child  
 Notes: \_\_\_\_\_  
 Determining Official's Signature : \_\_\_\_\_ Date \_\_\_\_\_  
 2<sup>nd</sup> Check (initial) \_\_\_\_\_ Date \_\_\_\_\_

## DETERMINING MONTHLY INCOME FOR EARNINGS & WAGES

**Monthly income** for all household members must be reported in Section 4 of this application. Income means any money regularly received from work, child support, alimony, pensions, retirements, social security or any other source. Exclude student/school loans. Money received from a business or farm owned by you should be reported as "net income". *Net Income is defined as the total income left after business and farm operating expenses are subtracted from gross receipts.*

WIC participants may be eligible for free or reduced price meals. Homeless, migrant and runaway youth are categorically eligible for free meals.

Household members who are not paid monthly should change earnings into monthly income by doing the following:

**Household members who are paid every week:** Multiply total earnings and wages for one pay period, before deductions, by 52. Then divide by 12. The resulting amount is the total monthly income.

**Household members who are paid every 2 weeks:** Multiply total earnings and wages for one pay period, before deductions, by 26. Then divide by 12. The resulting amount is the total monthly income.

**Household members who are paid twice a month:** Multiply total earnings and wages for one pay period, before deductions, by 24 then divide by 12. The resulting amount is the total monthly income.

**Household members who are seasonal workers or work less than 12 months:** Project annual rate of income to accurately represent actual circumstances then divide by 12. The resulting amount is the projected monthly income.

## FEDERAL INCOME GUIDELINES

Your children may qualify at least for reduced price meals if your household income falls within the limits of this chart.

Household Size	Reduced Price Meals				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
-1-	27,861	2,322	1,161	1,072	536
-2-	37,814	3,152	1,576	1,455	728
-3-	47,767	3,981	1,991	1,838	919
-4-	57,720	4,810	2,405	2,220	1,110
-5-	67,673	5,640	2,820	2,630	1,302
-6-	77,626	6,469	3,235	2,986	1,493
-7-	87,579	7,299	3,650	3,369	1,685
-8-	97,532	8,128	4,064	3,752	1,876
For each additional family member add	9,953	830	415	383	192

## PRIVACY STATEMENT - SOCIAL SECURITY NUMBERS

The Richard B. Russell 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 your child for free or reduced price meals. You must include the last 4 digits of the social security number of the adult household member who signs the application. The last 4 digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program case number or Food Distribution Program on Indian Reservations (FDPIR) identifier for your child 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 your child is eligible for free or reduced price meals and for administration and enforcement of the lunch and breakfast programs. We **may** share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them look into violations of program rules. We may share the information on this form with Medicaid or the State Children's Health Insurance Program (SCHIP), unless you tell us not to. The information, if disclosed, will only be used to identify eligible children and seek to enroll them in Medicaid or SCHIP.

## NON-DISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. **mail:** U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or 2. **fax:** (833) 256-1665 or (202) 690-7442; or 3. **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.