



Dear 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 Confidential Income Statement.

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 Confidential Income Statement.
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 Confidential Income Statement. 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: Nutrition First, 2475 Center St NE, Salem, OR 97301**
3. **What kind of records should I submit with my Confidential Income Statement?** 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 Confidential Income Statement, 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 Federal Income Guidelines, 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), 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 formally placed by a State child welfare agency 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 Nutrition First, 503-581-7563. 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, 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 the CACFP, 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 **503-581-7563**.

Sincerely,

Carmen Romero, Program Director

Nutrition First CACFP

2024-2025 CONFIDENTIAL INCOME STATEMENT – Child Care Centers/Family Day Care Providers

INSTRUCTIONS:

- If your household received SNAP, TANF or FDPIR, complete parts 1-3, and 5; part 6 is optional.
If you do not receive these benefits and your income is below the guidelines (back) complete parts 1, 2, 4, and 5; part 6 is optional.
If you are applying for a FOSTER CHILD only, complete parts 1, 2, and 5; 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 HOUSEHOLD INFORMATION

Print name of person completing this application (Last name, First name)
Home Phone or Cell Phone (Circle One)
Name Print
Mailing Address - Apt #
City State Zip
Work Phone
Number living in this household
(Write names of all household members on part 2 and/or part 4 of this form)

2 CHILD INFORMATION - (Names of Your Children Enrolled in Child Care)

Table with 4 columns: Child's Name (Legal Last name, First name), Birth Date, Age, Check if Foster Child (placed by welfare agency or court) If only foster care child(ren) see instructions above. Rows 1, 2, 3.

3 PUBLIC BENEFITS 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 on Indian Reservations)

4 HOUSEHOLD MEMBERS & GROSS MONTHLY INCOME - if not monthly, see back for conversions

Table with 6 columns: Column 1 (List all household members, including children not attending school, and income), Column 2 (MONTHLY INCOME), Column 3 (MONTHLY CHILD SUPPORT, WELFARE, ALIMONY RECEIVED), Column 4 (MONTHLY PENSIONS, SOCIAL SEC., RETIREMENT, SSI, VA), Column 5 (OTHER MONTHLY INCOME -Including unemployment and workers comp), Column 6 (Check if No Income). Rows 1-7.

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

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Signature of Adult Household Member, Date Signed, Social Security Number, I do not have a Social Security Number.

6 RACIAL OR ETHNIC GROUP (OPTIONAL)

Mark one ethnic identity: Hispanic or Latino, Not Hispanic or Latino
Mark one or more racial identities: Asian, American Indian & Alaskan Native, Native Hawaiian or Other Pacific Islander, Black or African American, White, Other

SPONSOR USE ONLY - DO NOT WRITE BELOW THIS LINE

Total Income: Number in Household:
Centers Eligibility: Free, Reduced Price, Above Scale
FDCH Tier 1, Tier 2
Eligibility based on: SNAP, TANF, FDPIR, Household Income, Foster Child
Notes:
Determining Official's Signature: Date
Second Check Signature: Date Elem. Mid. High

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.*

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

Participants 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 and OTHER INFORMATION

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, unless you tell us not to. The information, if disclosed, will only be used to identify eligible participants and seek to enroll them in Medicaid.

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/oascr/how-to-file-a-program-discrimination-complaint>, 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 **fax:** (833) 256-1665 or (202) 690-7442; or **email:** program.intake@usda.gov. This institution is an equal opportunity provider.