



Notification Regarding Eligibility to Receive Tier I Rates

(Application must be received on or before last working day of the month in which you wish to qualify.)

Name of Child Care Provider: _____

Names and Ages of Provider's Own Children age 12 or younger:

_____	_____	_____	_____
Name of Child	Age	Name of Child	Age

_____	_____	_____	_____
Name of Child	Age	Name of Child	Age

For Office Use

This child care provider has been: Approved Denied

Effective Date _____ If denied, reason: _____

Your eligibility is effective through **June 30, 2011**.

You may apply or reapply for benefits at any time during the year. If you are not eligible now, but have a decrease in household income, an increase in household size, become unemployed, or begin to receive SNAP, TANF, or Commodity Assistance, fill out an application at that time.

The information you provide on this application will be treated confidentially and will be used only for eligibility determination.

A copy of this page will be returned to you informing you of approval or denial to receive Tier I rates. If denied, provider's own

children may not be claimed at all. You may request yellow applications for your child care parents. Refer to Section 2; Part B of this application.

Shirleen Piela, Executive Director Date

Date
Application
Received

In accordance with Federal law and the USDA policy, the Sponsoring Organization is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272, or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

***Social Security Number** - Section 9 of the National School Lunch Act requires that, unless you provide a SNAP, FDPIR or TANF case number for your child, or unless Head Start statement of income eligibility or income eligibility verification is provided for your child, you must provide the social security number of all adult members of your household in order for your child to be eligible for free or reduced price meals. This must be the social security number of the adult household member signing the application. If the adult household member signing the application does not possess a social security number, he/she must indicate so on the application. Provision 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 application does not have one, the application cannot be approved. This notice must be brought to the attention of the household members whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP, Indian tribal organization, welfare, or Head Start office to determine current certification for receipt of SNAP, FDPIR or TANF benefits or participation in Head Start, contacting the State Job Service office to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. These efforts may result in loss or reduction of benefits, administrative claims or legal action if incorrect information is reported.



Application to Receive Tier I Rates For All Children, Including Provider's Own Children

This application, **along with appropriate verification**, must be in the Heartland office at the address listed above by the last working day of the month in which you want your eligibility to begin.

Name of Child Care Provider: _____ Provider Number: _____

Address of Child Care Facility: _____

City, Zip Code: _____ Phone Number: _____

Email address: _____

Section 1

Does your household receive any of the following?

Yes No Supplemental Nutrition Assistance Program (SNAP)

If yes, what is your case number? _____

Yes No TANF (Temp. Assist. For Needy Families) If yes, what is your case number? _____

Yes No FDPIR (Food Distribution Program on Indian Reservations)

If you checked "No" to all three of the questions above, skip the remainder of this section and go to Section 2 on the following page.

If you checked "Yes" to any of the questions above, complete this entire page AND the top of page 4 only, and return this application to the address listed above – along with a copy of your **Benefit Letter** which indicates you are eligible for these benefits. This application will be returned to you if a copy of the **Benefit Letter** is not included.

Record the Names of the Children living in your household and their ages:

_____	_____	_____	_____
Name of Child	Age	Name of Child	Age

_____	_____	_____	_____
Name of Child	Age	Name of Child	Age

_____	_____	_____	_____
Name of Child	Age	Name of Child	Age

I certify that all of the above information is true and correct. I understand that this information is being given for the receipt of Federal funds and Heartland Child Nutrition officials may verify the information on this application. The deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Child Care Provider Date

I have included a copy of my **Benefit Letter**, which indicates I am eligible for the benefits listed above.

