



Notification Regarding Eligibility to Receive Tier I Rates for Provider's Own Children

(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.**

If this application is denied, provider's own children may not be claimed at all. A copy of this page will be returned to you informing you of approval or denial to claim your own children.

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.

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.



P. O. Box 1218, Bismarck, ND 58502-1218
701-250-0140 • 1-800-366-6793

Application for School Boundary and/or Census Eligible Providers to Claim Their Own Children

This application 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

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

Section 2

Qualifying By Income:

You may qualify to receive Tier I meal reimbursement rates for your own children age 12 or younger, if your household income is at or below the figures listed in the chart to the right. ☞

If you find you definitely do not qualify to claim your own children based on your household income, do not complete this form and do not claim your own children on your Meal Count/Menu Record.

If you think you may qualify to claim your own children based on your household income, continue by completing the section below. ☞ (If your household receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), and/or Commodity Assistance through the Food Distribution Programs on Indian Reservations (FDPIR), do not complete this section. Go back to Section 1.)

VERY IMPORTANT: In order to determine household size, list ALL adults and children who live in your home, whether related to you or not. Include yourself. Do not include anyone who lives in a separate apartment, unless they share living expenses with you. In addition, list income of anyone living in your home, whether related or not, who receives income. List any dependent college students who may live away from home. Do not include foster children when determining household size.

Gross Income Eligibility Chart
July 1, 2009 through June 30, 2011

Household Size	Annual Income	Monthly Income	Twice/Month Income	Every Two Weeks	Weekly Income
1	\$20,036	\$1,670	\$835	\$771	\$386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
For each additional household member, add	\$6,919	\$577	\$289	267	\$134

Name (Last, First) <small>List ALL household members, including children, except for foster children.</small>	Age	Occupation (if employed)	Gross Wages <small>Identify the Pay Period For example, "per month," "per 2 weeks" Do not list <u>Hourly Wages</u> or <u>Annual Income</u></small>	Child Support/Alimony <small>Identify the Pay Period For example, "per month," "per 2 weeks" Do not list <u>Hourly Wages</u> or <u>Annual Income</u></small>	Other Income <small>Identify the Pay Period For example, "per month," "per 2 weeks" Do not list <u>Hourly Wages</u> or <u>Annual Income</u></small>
<i>Sample: Doe, John</i>	45	<i>Accountant</i>	<i>\$1,875 per 2 weeks</i>		
ALL INCOME RECEIVED BY ANYONE LIVING IN THIS HOUSEHOLD MUST BE LISTED. SEE INSTRUCTIONS BELOW.					

Did you provide child care during the last calendar year? Yes No If yes, how many months? _____

Is anyone living in your home self-employed, farm, or do seasonal work, other than child care? Yes No

If you answered "Yes" to any questions above, use figures from last year's income tax 1040 form, and record that information on the lines below.

Line 12 \$ _____ Line 13 _____ Line 14 \$ _____ Line 17 \$ _____ Line 18 \$ _____ Total \$ _____

Line 7 \$ _____ (Seasonal workers only) (If this total is a negative figure, it is counted as 0.)

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

Signature of Adult Household Member _____ Date _____ Social Security Number* (See pg.4) _____

Instructions for Listing Income:

Only child care providers, farmers, seasonal workers, and self-employed individuals may use their last year's income tax return figures. All other income received by anyone in your household (including teenagers) must be listed above.

If you did not provide child care last year, use your current child care income.

If you or anyone in your household receives child support, social security benefits, alimony, dividends or interest on savings bonds, income from estates or trusts, unemployment compensation, government civilian employee or military retirement or pensions, veteran's payments, pensions, annuities, contributions from persons not living within the household, rental income and royalties, strike benefits, disability payments, and other cash income, that income must also be listed above.

After you have completed filling out this section, continue to the top of page 4.