



### 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: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Would you like to be informed of approval or denial for your children to receive Tier I rates? Yes  No

For Office Use	
This application has been:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Effective Date _____	If denied, reason: _____

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

treated confidentially and will be used only for eligibility determination.

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 assistance through one or more of the programs listed in Section 1, fill out an application at that time.

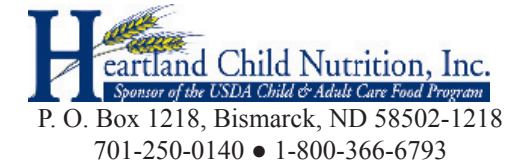
\_\_\_\_\_  
Shirleen Piela, Executive Director Date

Date  
Application  
Received

The information you provide on this application will be

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.



### Parent/Guardian Application to Qualify Children For Tier I Rates

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. Do not give this application to your child care provider. This information is confidential. **If you know you will not qualify, it is not necessary to send this application.**

Name of **Child Care Provider**: \_\_\_\_\_ Provider Number: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

City, State, Zip Code of Parent/Guardian: \_\_\_\_\_

Home Phone Number of Parent/Guardian: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Email Address of Parent/Guardian: \_\_\_\_\_

#### Section 1

Does your household receive any of the following program benefits?

- Yes  No  FDPIR (Food Distribution Program on Indian Reservations)
- Yes  No  Free or Reduced-Price Meals at School (School-age children must be listed below.)
- Yes  No  Special Supplemental Nutrition program for Women, Infants, and Children (WIC)
- Yes  No  Income Eligible Federally Funded Head Start
- Yes  No  Even Start Program
- Yes  No  Child Care Assistance (Must receive at least 40% or more assistance. A copy of your **Benefit Letter** must be attached to this application.)
- 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? \_\_\_\_\_

If you checked "No" to all of the benefits above, skip the remainder of this section and go to Section 2 on the following page. ☞ If you checked "Yes" to any of the benefits 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 Adult Household Member

\_\_\_\_\_  
Date

