

## [Insert FDCH Sponsor Letterhead]

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 the enclosed Provider Income Eligibility Statement (PIES).

**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 PIES.

**2. Who determines my eligibility as a Tier I day care home?** Our office will determine your eligibility status using the information you provide on the Provider Income Eligibility Statement. If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, you are eligible for Tier I reimbursement (attach current notice of eligibility or attach a copy of a letter from your case worker that verifies eligibility). If you do not receive any of these benefits, report all household income (not just your family day care home business income). If your household income is less than or equal to the levels shown on the reduced-price income eligibility guidelines effective July 1, 2021, until June 30, 2022, as shown below, you are eligible for Tier I reimbursement.

Family Size	Yearly Income	Monthly Income	Weekly Income
1	\$23,828	\$1,986	\$459
2	\$32,227	\$2,686	\$620
3	\$40,626	\$3,386	\$782
4	\$49,025	\$4,086	\$943
<b>For each additional family member add:</b>	\$8,399	\$700	\$162

Your family may be eligible to receive health insurance, called MICHild, through the State of Michigan. MICHild is a health insurance program for uninsured children of Michigan's working families. To determine if your family is eligible, call 1-888-988-6300 for an application or access an online application at the [MI Child website](http://www.michigan.gov/michild) (www.michigan.gov/michild). You can also access the MICHild brochure that briefly explains the insurance program.

Your family may be eligible to receive Women, Infants & Children (WIC), a health and nutrition program, that has demonstrated a positive effect on pregnancy outcomes, child growth and development. To determine eligibility, call 1-800-26-BIRTH or access online information at [Women, Infants, & Children \(WIC\) website](http://www.michigan.gov/wic) (http://www.michigan.gov/wic) to learn about WIC and locate a local WIC agency.

**Return the completed form and other documentation to: [FDCH name, address, phone number].**

**3. What kind of records should I submit with my Provider Income Eligibility 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 most recent tax return and Schedule C are 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 documentation you send must include 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 a PIES 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. You do not need to submit income documentation, but our office may request and 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 Provider Income Eligibility Statement, what are my options for reimbursement?** You will receive Tier II 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 and the frequency it is received. If recent income does not accurately reflect your circumstances, you may provide a projection of your 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 income eligibility guidelines, you will receive Tier I reimbursement. Once properly approved for Tier I reimbursement, whether through income or proof of benefits as supported by a current Food Assistance Program (FAP - formerly Food Stamps), Family Independence Program (FIP), 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 guidelines.

**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 are eligible for Tier I reimbursement regardless of their personal income or the income of the household with whom they reside. Households wishing to apply for such benefits for foster children should contact [name, address, phone number]. Additionally, foster children may be included as members of the household for determining the eligibility of other children in the household for Tier I and Tier II reimbursement.

**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 **[phone number]**.

Sincerely,

**[signature]**

### **Non-Discrimination Statement**

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) ([http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html)) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter 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; (2) fax: 202-690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.