



4-C: Community Coordinated Child Care

155 North Third Street, Suite 300
DeKalb, Illinois 60115
(815) 758-8149 or (800) 848-8727
Fax: (815) 758-5652
www.four-c.org

HOUSEHOLD ELIGIBILITY APPLICATION PARENT/GUARDIANS LETTER

Dear Parent or Guardian:

Your day care home provider participates in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP) and receives Federal funds to offer healthy meals and snacks to all of the enrolled children. The amount of reimbursement the day care home provider receives is based on the information you provide on the attached Household Eligibility Application. To receive meal reimbursement payments, your day care home provider must follow menu planning guidelines, keep accurate meal records each day and agree to monitoring visits by our staff while children are in their care.

Your day care home provider will receive a higher rate of reimbursement if your household income meets or is below the Income Eligibility Guidelines listed in this letter or if a member of your family (child or adult) receives Supplemental Nutrition Assistance Program (SNAP); Temporary Assistance for Needy Families (TANF); Women, Infants, and Children (WIC); or other state or federal program benefits for your children. Also, if you care for a foster child that is the legal responsibility of the Department of Children and Family Services (DCFS) or the court, these children are eligible for meal benefits regardless of your household income.

If your income(s) is over the income guidelines on the following page, you are not required to complete this application; however, it would be helpful if you would write your child's name on the application and return it to our day care home provider or mail to the address provided on the enclosed envelope. Please notify us, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the income eligibility standards.

The information you provide on the application will be used to determine your child's eligibility for meal benefits. The information will be kept confidential and only available to staff directly connected with administering the CACFP.

Please note that by signing Number 4 of the enclosed HEA for the Illinois *All Kids* Health Insurance that you are stating you do not want your information shared with the Illinois Department of Healthcare and Family Services. If you agree to disclose the application information, it may be used to identify your child(ren) for the health insurance program. If you would like more information on *All Kids*, call toll-free 866/255-5437 or 877/204-1012 (TTY).

Income Eligibility Guidelines Effective from July 1, 2018, to June 30, 2019

Reduced-Price Meals 185% Federal Poverty Guideline

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
For each additional family member, add	7,992	666	333	308	154

If you have any questions or need help, please contact me at (815) 758-8149, ext. 234.

Sincerely,

Sue Worley
Sue Worley
Child and Adult Care Food Program Director

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, 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, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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. This Institution is an equal opportunity provider.

PARENT INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD ELIGIBILITY APPLICATION

Once properly approved for meal benefits, a child's Household Eligibility Application (HEA) will remain in effect for 12 months.

Complete the Household Eligibility Application (HEA) for one of the following areas:

- If anyone (child or adult) in your household receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) follows **Instruction A** below.
- If you or a child receives benefits from the Women, Infants, and Children Program (WIC); Low Income Home Energy Assistance Program; or free or reduced-priced meals from the National School Lunch and Breakfast Programs, please follow **Instruction B** below.
- If you have a foster child who remains the legal responsibility of the Department of Children and Family Services (DCFS) or the court, follow **Instruction C** below.
- If you receive income, follow **Instruction D** below.

Instructions A—Households Receiving SNAP or TANF

If any member (child or adult) of your household receives benefits from SNAP or TANF, provide the following information:

- **Number 1**—List the names of ALL people in your household (such as grandparents, other relatives, or friends who live with you) and the age(s) of the child(ren) attending the day care home.
- **Number 3**—Record a valid SNAP or TANF case number for any member (child or adult) of this household. Do not list your Illinois LINK card number. You may find your SNAP or TANF case number on your medical card or letter of eligibility for benefits.
- **Number 4 (OPTIONAL)**—*Illinois All Kids Health Insurance Program.*
- **Number 6**—Provide a signature of an adult household member and date the application.
- Your application is complete.

Instructions B—Individuals receiving WIC or Low Income Home Energy Assistance Program

If any member (child or adult) of your household receives benefits from WIC or Low Income Home Energy Assistance Program, provide the following information:

- **Number 1**—List the names of ALL people in your household (such as grandparents, other relatives, or friends who live with you) and the age(s) of the child(ren) attending the day care home.
- **Number 3**—Identify the individual that is receiving WIC and record a valid WIC case number for that member (child or adult) of this household. If an individual or household is receiving assistance from Low Income Home Energy Assistance Program; or free or reduced-priced meals from the National School Lunch and Breakfast Programs identify the individual that is receiving benefits and mark the Other Extended Categorical.
- **Number 4 (OPTIONAL)**—*Illinois All Kids Health Insurance Program.*
- **Number 6**—Provide a signature of an adult household member and date the application.
- Your application is complete.

Instructions C—Application for a Foster Child(ren). A foster child remains the legal responsibility of DCFS or the court.

- 1) If you have a legal document from DCFS or the court for your foster child, please provide a copy; you do not need to complete this application. If you don't have a legal document, follow Step 2 or 3 below.
- 2) If all children in your household (who attend this day care home) are foster children provide the following information:
 - **Number 1**—List the name(s) and age(s) of your foster child(ren) attending this day care home.
 - **Number 2**—Check the box(es) indicating the child is a foster child(ren).
 - **Number 4 (OPTIONAL)**—*Illinois All Kids Health Insurance Program.*
 - **Number 6**—Provide a signature of an adult household member and date the application.
 - Your application is complete.
- 3) If you have a foster child(ren) along with other children attending this day care home, please provide the following information:
 - **Number 1**— List the names of ALL household members including the foster child(ren) and the age(s) of the child(ren) attending the day care home.
 - **Number 2**—Check the box(es) identifying the foster child(ren).
 - **Number 4 (OPTIONAL)**—*Illinois All Kids Health Insurance Program.*
 - **Next Go to Instruction D—Households Reporting Income** below and complete Numbers 5 and 6.

Instructions D—Households Reporting Income

It is not necessary to complete income information if you provided SNAP or TANF information in Number 3. However, if no one in your household receives SNAP or TANF benefits, please report all household income. The Household Eligibility Application must include the following information:

- **Number 1**— List the names of ALL household members and the age(s) of the child(ren) attending the day care home.
- **Number 4 (OPTIONAL)**—*Illinois All Kids Health Insurance Program.*
- **Number 5**—List total gross income (before deductions), not your take-home pay; and the frequency, how often the money is received, for each household member for last month. If the income last month was not the usual amount you normally receive, you may provide a projected amount that better represents your gross income.
 - For ONLY the self-employed, list monthly income after expenses. This is for your business, farm, or rental property.
 - If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- **Number 6**—Provide the last four digits of the social security number for the adult household member signing the application. If you refuse to provide the last four digits of the social security number, the application cannot be approved. If the adult does not have a social security number, mark the box, *I do not have a social security number.*
- Your application is complete.



WIC is a federal nutrition program that provides

- Nutrition Education
- Nutrition Counseling
- Breastfeeding Support
- Nutritious Foods
- Referrals to Other Services

WIC may be able to help you if you....

- Are pregnant or breastfeeding
- Have an infant or children up to age 5
- Are working with limited income or have no income
- Want to improve your family's health with good nutrition

Illinois WIC - Income Guidelines

Effective July 1, 2018

Family Size	Weekly	Monthly	Yearly
1	\$432	\$1,872	\$22,459
2	\$586	\$2,538	\$30,451
3	\$740	\$3,204	\$38,443
4	\$893	\$3,870	\$46,435
5	\$1,047	\$4,536	\$54,427
6	\$1,201	\$5,202	\$62,419
For each additional family member add	\$154	\$666	\$7,992

Call your WIC clinic and schedule an appointment today!
To find a clinic near you, call the automated office locator line.

1-800-323-4769 (voice) 1-866-295-6817 (TTY)

WIC does not require proof of citizenship or alien status
"This institution is an equal opportunity provider."

For more information about the WIC program call the DHS Helpline at

1-800-843-6154 (Voice) 1-800-447-6404(TTY)



WIC es un programa federal de la nutrición que proporciona

- Educación De Nutrición
- Asesoramiento De la Nutrición
- Ayuda De amamantamiento
- Alimentos Nutritivos
- Remisiones a otros servicios

WIC puede ayudarle si usted....

- Embarazado o esta amamantamiento
- Tener un niño o niños hasta la edad 5
- Están trabajando con limitados o no tiene ingresos
- Querer mejorar la salud de su familia con buena nutrición

Pautas De la Renta De Illinois WIC

(Vigentes desde el 1 de julio de 2018)

Family Size	Weekly	Monthly	Yearly
1	\$432	\$1,872	\$22,459
2	\$586	\$2,538	\$30,451
3	\$740	\$3,204	\$38,443
4	\$893	\$3,870	\$46,435
5	\$1,047	\$4,536	\$54,427
6	\$1,201	\$5,202	\$62,419
For each additional family member add	\$154	\$666	\$7,992

¡Llamar tu clínica de WIC y programar una cita hoy!
Para encontrar una clínica cerca de ti, llamar la línea del localizador de la oficina automatizada.

1-800-323-4769 (Voz) 1-866-295-6817 (equipo/TTY)

WIC no requiere la prueba de la ciudadanía o prueba de residencia.
"Esta institución es igualdad de oportunidades."

Si necesitas más información sobre el programa de WIC llame a la línea de ayuda de las 24 horas a

1-800-843-6154 (Voice) 1-800-447-6404(TTY)



The All Kids program offers many Illinois children comprehensive healthcare that includes doctor visits, hospital stays, prescription drugs, vision care, dental care and medical devices like eyeglasses and asthma inhalers.

Some families pay monthly premiums for the coverage, but rates for middle-income families are significantly lower than they are on the private market. For example, a family of four that earns between \$50,700 and \$77,112 a year pays a \$40 monthly premium per child, and a \$10 co-pay per physician visit. Fill out the [application](#) today.

All Kids Hotline 1-866-ALL-KIDS (1-866-255-5437)
TTY: 1-877-204-1012