

4C: Community Coordinated Child Care

155 North Third Street, Suite 300

DeKalb, Illinois 60115

HOUSEHOLD ELIGIBILITY APPLICATION FOR PROVIDERS APPLYING FOR TIER I STATUS BY INCOME OR 149 or (800) 848-8727 FOR CLAIMING MEALS FOR CHILDREN RESIDING WITH THE PROVIDER: (815) 758-5652

Dear Day Care Home Provider:

As a participant in the Child and Adult Care Food Program (CACFP), you have been determined as a Tier II day care home. This indicates your day care home is not eligible for the Tier I reimbursement by school or census. You may change your Tier II status to a Tier I status if your household income meets or falls below the Household Eligibility Guidelines - or if a member of your household is eligible to receive Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits. If you have children (under the age of 13 and living in your home), completing an approved application will allow you to claim those children's meals while other children are in attendance. The information you provide on the application will be used to determine your eligibility for meal benefits. The information will be confidential and available to staff in our office directly connected to administering the CACFP. Please contact me at 815-758-8149, ext. 234 or suew@four-c.org with any questions.

Please note that by signing Number 4 on the enclosed HEA for the Illinois All Kids Health Insurance, you're 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, 2020, to June 30, 2021

Reduced-Price Meals 185% Federal Poverty Guideline

Household Size	Annual	Monthly	Per Month	Every Two Weeks	Weekly
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
or each additional amily member, add	8,288	691	346	319	160

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

Sincerely,

Sue Worley, CACFP Director

This institution is an equal opportunity provider and employer.

ISBE 67-56B Provider (6/20) Effective July 1, 2020

Celebrating over 35 Years of Service to Children and Families

1 LIST EVERYONE IN PROVIDER'S HOUSEHOLD (Children and Adults)				FOSTER CHILD		SNAP or TANF CASE NUMBER Skip if foster child.			
(Children and Adults) NAME (First, Middle and Last)		Check Date of		Ages of Provid-	Check box for all foster children that are a legal	Provide one SNAP or TANF case number for any child or adult in your household. Do NOT use LINK card number. It completed, skip to Number 6. Do not list foster child.			
		Income	Birth	n ers Children	responsibility of DCFS or the court		Name of Child or Adult:		
			1 1			Case Num	Case Number:		
			1 1	-					
		H	1 1				NAL—SHARING CE PROGRAM	INFORMATION	WITH ALL KIDS
			1 1			May we sl Kids Insur	nare your informa ance Program, the or every child in I	ation on this appl ne complete hea	ication with All Ith insurance
		닏吕	program for every chile No, I do not want my in			or every child in I ot want my inforn	in Illinois? If yes, do not sign below. formation from this application for arrance Program.		
		H	1 1				·		
6 HOUSEHOLD MEMBERS WITH INCOME— job, list that income in the last column. After	-List only the n	ames of i	ndividuals liv	ing in the hous	ehold, their gross in	ncome, and how	often it is receive	ed. If a person h	as a second
NAMES (List only individuals with income)	Earni	Earnings from Work (Gross before Deductions)		Income from Welfare, Child Support, Alimony		Income from Retirement, Pensions, SSI, Social Security		Income Received From Savings, Investments, Trust Accounts, and Other Resources	
(List only individuals with income)	How Muc	ch? H	low Often?	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?
	\$	1		\$	1	\$	1	\$	/
	\$	1		\$	1	\$	1	\$	/
	\$	\$ /		\$	\$ /		1	\$	<i>I</i>
\$		<i>I</i>		\$ /		\$ /		\$	/
I am a provider applying to claim my ow	syn children and	/ qualify fo	or Tier I statu	s. own children.	/	\$ er with no childre	/ en applying for Tie	,	/
I am a provider applying to claim my ow I am a Tier I provider based on school of Signature and Social Security Number (A An adult household member must sign the apsigning the form must also list the last four digit I do not have a social security number. I certify all information on this application is truinstitution. Illinois State Board of Education, or	on children and or census data adult must sign plication. If Nurs of his or her sign of his or her sign of his or	qualify for applying mber 5 a ocial section	to claim my on the comparity number	s. own children. oleted the adul or mark the box	X X X =	er with no childre X X ial Security Num	ber	er I status.	ave a social umber.
I am a provider applying to claim my ow I am a Tier I provider based on school of Signature and Social Security Number (A An adult household member must sign the apsigning the form must also list the last four digit I do not have a social security number. I certify all information on this application is truinstitution, Illinois State Board of Education, or me to prosecution under applicable state and forms.	on children and or census data adult must sign plication. If Nurs of his or her some and all income Office of Inspected laws.	qualify for applying mber 5 a ocial section Gen	to claim my of bove is com- urity number orted. I under neral, may ve	s. bwn children. cleted the adult or mark the box stand the amounty this information	X X X Socurit of federal funds	X X _ ial Security Num received will be alion. Deliberate	ber e based on the in e misrepresentati	I do not h security no formation I give on of the inform	ave a social umber.
I am a provider applying to claim my ow I am a Tier I provider based on school of I signature and Social Security Number (A An adult household member must sign the apsigning the form must also list the last four digit I do not have a social security number. I certify all information on this application is truinstitution, Illinois State Board of Education, or me to prosecution under applicable state and formation and the Indian I state I should be I should b	on children and or census data adult must sign plication. If Nurs of his or her sign of his or	qualify for applying n) mber 5 a ocial security	bove is com urity number orded. I under leral, may ve ignature of A requires the intecurity number (SNAP), Temp adult househol forcement of the uditors for prog	s. Sown children. Deleted the adult or mark the box stand the amounting this information on this a of the adult house orany Assistance at member signing e Child and Adult ram reviews, and	X X X Z Socunt of federal funds attion on the application on the application on the application. You do no ehold member who signor Needy Families (Tr. the application does to Care Food Program.	X X =	ber be based on the interpresentation ess of Adult House aformation, but if you The social security cod Distribution Presentity number. We be a eligibility information ook into violations o	I do not h security no formation I give, on of the information on the information on the information on the information on Indian on Indian on with education, I program rules.	ave a social umber. I understand the ation may subject the approve your chill ired when you approper servations (FDPIR ation to determine the alth, and nutrilion
I am a Tier I provider based on school of Signature and Social Security Number (A An adult household member must sign the apsigning the form must also list the last four digit. I do not have a social security number. I certify all information on this application is truinstitution, Illinois State Board of Education, or me to prosecution under applicable state and for Date Printed Name of Adult House PRIVACY ACT STATEMENT: The Richard B. Russell for tree or reduced-price meals. You must include the I	on children and or census data adult must sign plication. If Nurs of his or her sign plication assistance when you indicate and for administration of administration of the programs are programs are programs are programs are programs with disability the program of the programs are programs.	qualify for applying n) mber 5 a ocial security and a cocial secur	to claim my or to claim my or to claim my or to community number or to claim may very figure the integration of the community number of the community	s. Sown children. Deleted the adult or mark the box and the amounting this information on this and the adult house or any Assistance of the adult and Adult ram reviews, and artment of Agricu go based on race, ive means of conare deaf, hard of nglish. To file a p. A office, or write a cutton of the cutton of	X X X X Socurat of federal funds attion on the application on the application on the application. You do no ehold member who signor Needy Families (Tr. Ithe application does to Care Food Program. Haw enforcement officulture (USDA) civil right, color, national origin, munication for prograf hearing or have spee rogram complaint of diletter addressed to Unait USD. Department.	ar with no children or with no children or with no children or will be a security Number of the security Number of the security Number of the security Number of Security Number of Security Number of Name of	e based on the inseries of Adult House of Adult House of Security. The social security of the inseries of the USDA, or reprisal or retail, Braille, large print contact USDA throplete the USDA Propiete the USDA Propiete the USDA throplete the USDA throplete the USDA throplete of the Assistant Security and the USDA throplete of the Assistant Security and the security of the cold the Assistant Security and the Insert all of the cold the Assistant Security of the cold the Assistant Security of the cold the Assistant Security of the Insert of the cold the Assistant Security of the Insert	I do not h security not seen of the information I give on of the information I give on of the information of the information is not required by the security of program on local information for prior civil audiotape, Ameriugh the Federal Regram Discrimination requirements.	ave a social amber. I understand the stion may subject the subject that it approve your chilling when you applies ervations (FDPIF sation to determine the alth, and nutriliones, and employees rights activity in an can Sign Language elay Service at (800 on Complaint Form sted in the form. The sted in the form.
I am a provider applying to claim my ow I am a Tier I provider based on school of Signature and Social Security Number (A An adult household member must sign the apsigning the form must also list the last four digit I do not have a social security number. I certify all information on this application is truinstitution, Illinois State Board of Education, or me to prosecution under applicable state and for the prosecution under applicable state and for the or reduced-price meals. You must include the for free or reduced-price meals. You must include the for health of a foster child or you list a Supplemental N case number or other FDPIR identifier for your child is eligible for free or reduced-price meals, an programs to help them evaluate, fund, or determine by NON-DISCRIMINATION STATEMENT: In accordance and institutions participating in or administering USDA program or activity conducted or funded by USDA. Peetc.), should contact the Agency (State or local) where 877-8339. Additionally, program information may be r (AD-3027) found online at: http://www.ascr.usda.gov/orequest a copy of the complaint form, call (866) 632-94 dence Avenue, SW Washington, D.C. 20250-9410; (2)	on children and or census data adult must sign plication. If Nuns of his or her sign plication of his or her sign plication of his or her sign place of Inspectation of his or her sign programs are programs with disability programs are programs are programs with disability programs are programs with disability programs are programs are programs with disability programs with disability programs are programs with disability programs with disability programs with disability programs are programs with disability programs with disability programs are programs with disability programs with disability programs with disability programs with disability programs are programs with disability programs with disa	qualify for applying n) mber 5 a ocial sector Genetor	bove is com urity number orded. I under leral, may ve ignature of A requires the intecurity number (SNAP), Temp adult househol forcement of the uditors for prog and U.S. Dep m discrimination require alternal require alternal so other than E and at any USD form or letter remail: program.	s. Sown children. Sown children. Soleted the adult or mark the box stand the amounting this information on this a commation on this and the adult house or any Assistance of member signing a Child and Adult ram reviews, and artment of Agricung based on race, ive means of con are deaf, hard of onglish. To file a p. o USDA by: (1) n intake@usda.gov	I X X X Socurat of federal funds attion on the application on the application on the application on the application. You do not shold member who signar has a few for feather of the application does to Care Food Program. I law enforcement official ture (USDA) civil right, mounication for program complaint of do a letter addressed to Unait: U.S. Department of this institution is an or the same of the control o	ar with no childre X X - ial Security Num a received will be altion. Deliberate Addre thave to give the ir ms the application. ANF) Program, or F not have a social se We MAY share you isls to help them le ts regulations and sex, disability, age am information (e.g. ch disabilities may iscrimination, com SDA and provide i of Agriculture Offic equal opportunity p	e based on the ine misrepresentation of the initial east of Adult House of the social security food Distribution Procurity number. We are disjubility information of the violations of policies, the USDA, or reprisal or retain contact USDA through the USDA Pron the letter all of the of the Assistant Strovider.	I do not h security not seehold Member and do not, we cannot number is not requested and in the document of the information of the information of program rules. Its Agencies, officiation for prior civil, audiotape, Amenugh the Federal R. Gyram Discrimination information requesecretary for Civil R.	ave a social amber. I understand the stion may subject the subject that it approve your chilling when you applies ervations (FDPIF sation to determine the alth, and nutriliones, and employees rights activity in an can Sign Language elay Service at (800 on Complaint Form sted in the form. The sted in the form.
I am a provider applying to claim my ow I am a Tier I provider based on school of Signature and Social Security Number (A An adult household member must sign the apsigning the form must also list the last four digit I do not have a social security number. I certify all information on this application is truinstitution, Illinois State Board of Education, or me to prosecution under applicable state and for Date Printed Name of Adult House Printed Name of Adult House PRIVACY ACT STATEMENT: The Richard B. Russell for free or reduced-price meals. You must include the house behalf of a foster child or you list a Supplemental N case number or other FDPIR identifier for your child or your child is eligible for free or reduced-price meals, apprograms to help them evaluate, fund, or determine be NON-DISCRIMINATION STATEMENT: In accordance and institutions participating in or administering USDA program or activity conducted or funded by USDA. Peetc.), should contact the Agency (State or local) where 877-8339. Additionally, program information may be refused a copy of the compilaint form, call (866) 632-93 dence Avenue, SW Washington, D.C. 20250-9410; (2) SPONSOR REPRESENTATIVE USE ONLY—I. Mark one of the boxes below to show how you SNAP/TANF Household	on children and or census data adult must sign plication. If Nurs of his or her sign plication. If Nurs of his or her sign pederal laws. Sehold Member National School I ast four digits of the utrition Assistant of the administration of the administration of the programs are programs are programs are programs are programs are programs and programs are programs are programs and programs are pr	qualify for applying on) mber 5 a ocial sector fer a ocial sector for a ocial sector fer	to claim my or to claim my or to claim my or to claim my or to claim my very control of the cont	s. S. S. Sown children. Sown children. Sown children. Sown children. Stand the amounting this information on this of the adult household commation on this of the adult household and the child and Adult ram reviews, and artment of Agricular	I X X X Socurat of federal funds attion on the application on the application on the application on the application. You do not shold member who signar has a few for feather of the application does to Care Food Program. I law enforcement official ture (USDA) civil right, mounication for program complaint of do a letter addressed to Unait: U.S. Department of this institution is an or the same of the control o	x x ial Security Num s received will be alion. Deliberate thave to give the irms the application. AAF) Program, or for have a social se We MAY share you islast to help them kets regulations and sex, disability, age am information (e.g. ch disabilities may iscrimination, com SDA and provide i of Agriculture Office aqual opportunity phe Household Ir	e based on the ine misrepresentation of the initial east of Adult House of the social security food Distribution Procurity number. We are disjubility information of the violations of policies, the USDA, or reprisal or retain contact USDA through the USDA Pron the letter all of the of the Assistant Strovider.	I do not h security no formation I give, on of the information I give, on of the information on the information on Indian Relation, for program rules. its Agencies, officiation for prior civil audiotape, Ameriugh the Federal Regram Discrimination information requirectary for Civil Res.	ave a social amber. I understand the stion may subject the subject that it approve your chilling when you applies ervations (FDPIF sation to determine the alth, and nutriliones, and employees rights activity in an can Sign Language elay Service at (800 on Complaint Form sted in the form. The sted in the form.
I am a provider applying to claim my ow I am a Tier I provider based on school of I am a Tier I provider based on school of I am a Tier I provider based on school of I am a Tier I provider based on school of I am a Tier I provider based on school of I am a Tier I provider based on school of I advantage the provider of I and I and I am a social security Number. I certify all information on this application is truinstitution, Illinois State Board of Education, or me to prosecution under applicable state and for I be I am a propriet on I be I am a provider of I am a provider by I am a programs to help them evaluate, fund, or determine by I am a program or activity conducted or funded by USDA. Petel.), should contact the Agency (State or local) where 877-8339. Additionally, program information may be request a copy of the complaint form, call (866) 632-93 dence Avenue, SW Washington, D.C. 20250-9410; (2) SPONSOR REPRESENTATIVE USE ONLY—I was a program of the boxes below to show how you SNAP/TANF Household CONVERSION TABLE	on children and or census data adult must sign plication. If Nurs of his or her sign plication of his or her sign plication of his or her sign plication of his or her sign place of last four digits of the utrition Assistance when you indicate of the programs are programs are programs are programs with disable in programs are programs with disable in programs are programs with filing currently applied for made available in omplaint filing currently submit your fax: (202) 690-74	qualify for applying n) mber 5 a ocial securate is reported to fee is reported for a social securate is social securate. The social site a Program e that the a company is a social site a Program e that the a company is a language sist. html, and completed 42; or (3) e securate is social site in the company is a social securate in the company i	to claim my or to claim my or to claim my or to come. Tot come. Tot come.	s. S. Sown children. Deleted the adult or mark the box stand the amounty this information on this a of the adult house or any Assistance of the adult house or any Assistance of Child and Adult ram reviews, and artment of Agricular based on race, ive means of conglish. To file a p. A office, or write a ou USDA by: (1) in intake@usda.gov ollow the instru	I X X X Socurat of federal funds atton on the application on the application on the application on the application. You do not the application of the application does to Care Food Program. It law enforcement officulture (USDA) civil right, color, national or program complaint of do natice and the application of program complaint of do natice. This institution is an electric addressed to Unait: U.S. Department of the institution is an electric addressed to Unait: U.S. Department of the institution is an electric addressed to Unait: U.S. Department of the institution is an electric addressed to Unait: U.S. Department of the institution is an electric addressed to Unait: U.S. Department of the institution is an electric addressed to Unait: U.S. Department of the institution is an electric addressed to Unait: U.S. Department of the institution is an electric addressed to Unait: U.S. Department of the institution is an electric addressed to Unait: U.S. Department of the institution is an electric addressed to U.S. Department of the institution is an electric addressed to U.S. Department of the institution is an electric addressed to U.S. Department of the institution is an electric addressed to U.S. Department of the institution is an electric addressed to U.S. Department of the institution is an electric addressed to U.S. Department of the institution is an electric addressed to U.S. Department of the institution is an electric addressed to U.S. Department of the institution is an electric addressed to U.S. Department of the institution is an electric addressed to U.S. Department of the institution is an electric addressed to U.S. Department of the institution is an electric addressed to U.S. Department of the institution is an electric addressed to U.S. Department of the institution is an electric addressed to U.S. Department of the institution is an electric addressed to U.S. Department of the institution is an electric addressed to U.S. Department of the institution is an electric addressed to U.S. Department of	ar with no children is received will be alion. Deliberate thave to give the irrust the application. AMF) Program, or that have a social so the program, or the than the same and the second social so the program, or the second social so the program, or the second social so the program information, com SDA and provide in of Agriculture Office and opportunity public than the Household Irrust that the second social	ber be based on the inseries of Adult House of Adult House of Adult House of Control of the Second Security of the Second Distribution Procurity number. We are eligibility information of the USDA, or reprisal or retail of Braille, large print contact USDA throplete the USDA Propiete Total USDA Propiete Tot	I do not h security no formation I give, on of the information I give, on of the information on the information on Indian Relation, for program rules. its Agencies, officiation for prior civil audiotape, Ameriugh the Federal Regram Discrimination information requirectary for Civil Res.	ave a social amber. I understand the ation may subject the approve your chill ired when you apple activities to determine the atth, and nutriliones, and employees rights activity in an can Sign Language lay Service at (800 m Complaint Form Sted in the form. Tights 1400 Independent.
I am a provider applying to claim my ow I am a Tier I provider based on school of I am a Tier I provider based on school of I am a Tier I provider based on school of I am a Tier I provider based on school of I am a Tier I provider based on school of I am a Tier I provider based on school of I am a dult household member must sign the apsigning the form must also list the last four digit I do not have a social security number. I certify all information on this application is truinstitution, Illinois State Board of Education, or me to prosecution under applicable state and for I am a provider by Interesting I am a provider of I am a provider by I am a provider of I am a provider by I am a p	on children and or census data adult must sign plication. If Nurs of his or her sign plication. If Nurs of his or her sign plication. If Nurs of his or her sign plication of the defeat laws. Sehold Member National School I ast four digits of the utrition Assistance when you indicated for administration programs are programs are programs are programs with field for made available in omplaint, filing on the program of the content of hour programs of hour programs are programs are programs are programs. (202) 690-74 are going to defeat the conversion of the content of the	qualify for applying n) mber 5 a ocial securate is reported to fee is reported for a social securate is social securate. The social site a Program e that the a company is a social site a Program e that the a company is a language sist. html, and completed 42; or (3) e securate is social site in the company is a social securate in the company i	to claim my or to claim my or to claim my or to come. Tot come. Tot come.	s. S. Sown children. Deleted the adult or mark the box stand the amounty this information on this a of the adult house or any Assistance of the adult house or any Assistance of Child and Adult ram reviews, and artment of Agricular based on race, ive means of conglish. To file a p. A office, or write a ou USDA by: (1) in intake@usda.gov ollow the instru	X X X Socurat of federal funds attion on the application on the application on the application of the application. You do no shold member who signar Needy Families (Tr.) the application does in the application of the color, national origin, munication for program complaint of the atting or have spee rogram complaint of a letter addressed to Unait: U.S. Department in this institution is an outtions provided in the color of the attinguishment of the attinguish	ar with no children is received will be alion. Deliberate thave to give the irrust the application. AMF) Program, or that have a social so the program, or the than the same and the second social so the program, or the second social so the program, or the second social so the program information, com SDA and provide in of Agriculture Office and opportunity public than the Household Irrust that the second social	ber be based on the inseries of Adult House of Adult House of Adult House of Control of the Second Security of the Second Distribution Procurity number. We are eligibility information of the USDA, or reprisal or retail of Braille, large print contact USDA throplete the USDA Propiete Total USDA Propiete Tot	I do not h security no formation I give, on of the information I give, on of the information on the information on Indian Relation, for program rules. its Agencies, officiation for prior civil audiotape, Ameriugh the Federal Regram Discrimination information requirectary for Civil Res.	ave a social amber. I understand the ation may subject the approve your child ired when you apply aservations (FDPIR ation to determine the alth, and nutriliouses, and employees rights activity in any can Sign Language lay Service at (800 on Complaint Form Sted in the form. To gights 1400 Independent
I am a provider applying to claim my ow I am a Tier I provider based on school of I am a Tier I provider based on school of I am a Tier I provider based on school of I am a Tier I provider based on school of I am a Tier I provider based on school of I am a Tier I provider based on school of I am a dult household member must sign the apsigning the form must also list the last four digit I do not have a social security number. I certify all information on this application is truinstitution, Illinois State Board of Education, or me to prosecution under applicable state and for the provider of I am a propriate based of I am a program of Adult House PRIVACY ACT STATEMENT: The Richard B. Russell for free or reduced-price meals, any programs to a foster child or you list a Supplemental N case number or other FDPIR identifier for your child or your child is eligible for free or reduced-price meals, any programs to help them evaluate, fund, or determine be NON-DISCRIMINATION STATEMENT: In accordance and institutions participating in or administering USDA program or activity conducted or funded by USDA. Petc.), should contact the Agency (State or local) where 877-8339. Additionally, program information may be request a copy of the complaint form, call (866) 632-93 dence Avenue, SW Washington, D.C. 20250-9410; (2) SPONSOR REPRESENTATIVE USE ONLY—I Mark one of the boxes below to show how you SNAP/TANF Household CONVERSION TABLE To convert all income to annual income use the following conversion calculations:	on children and or census data adult must sign plication. If Nurs of his or her sign plication. If Nurs of his or her sign plication. If Nurs of his or her sign plication of his or her sign program and for administration of his or administration of his or administration of their programs are programs. (202) submit your fax: (202) 690-74 ELIGIBILITY Down are going to deal income House to total and another of house to total and thousehold and thousehold	qualify for applying n) mber 5 a ocial securate is reported to fee is reported for a social securate is social securate. The social site a Program e that the a company is a social site a Program e that the a company is a language sist. html, and completed 42; or (3) e securate is social site in the company is a social securate in the company i	to claim my or to claim my or to claim my or to come. Tot come. Tot come.	s. S. Sown children. Soleted the adult or mark the boy stand the amounty this information on this a of the adult household ormation on this a of the adult household ormation on this a of the adult household ram reviews, and artment of Agricu go based on race, ive means of con are deaf, hard of agrish. To file a p. A office, or write a o USDA by: (1) mintake@usda.gov ollow the instruChild: Approchit Rate Signatur Date	X X X Socurat of federal funds attion on the application on the application on the application of the application. You do no shold member who signar Needy Families (Tr.) the application does in the application of the color, national origin, munication for program complaint of the atting or have spee rogram complaint of a letter addressed to Unait: U.S. Department in this institution is an outtions provided in the color of the attinguishment of the attinguish	ar with no children X X X = Lial Security Number of the control of	ber be based on the inseries of Adult House of Adult House of Adult House of Control of the Second Security of the Second Distribution Procurity number. We are eligibility information of the USDA, or reprisal or retail of Braille, large print contact USDA throplete the USDA Propiete Total USDA Propiete Tot	I do not h security no formation I give, on of the information I give, on of the information on the information on Indian Relation, for program rules. its Agencies, officiation for prior civil audiotape, Ameriugh the Federal Regram Discrimination information requirectary for Civil Res.	ave a social amber. I understand the ation may subject the approve your child ired when you apply aservations (FDPIR ation to determine the alth, and nutriliouses, and employees rights activity in any can Sign Language lay Service at (800 on Complaint Form Sted in the form. To gights 1400 Independent

100E 07 E0 1 1 (0100) E44-41-- 1-4-4 2000

Provider Name (please print):		Month & Year:	
Family Child Care "Net Income Worksheet"			
This worksheet is intended to be used to help family child eligible for the Tier I reimbursement rate for meals and state their IRS Schedule C tax form. The calculation of yearly not listed on this worksheet. Listed below are the most incur. Providers who want to learn more about all allows this worksheet.	nacks. The worksheet sho et income on the tax form common reoccuring mon	ould not be used by prosensions involves many othe this expenses most pr	roviders to fill out or business expenses oviders are likely to
Monthly Income RECEIVED in the month liste List child's last name and indicate the total \$ r			
	\$		
			\$(A)
Monthly Expenses PAID in the month listed a Utilities (gas, electric, water, garbage) Mortgage interest Apartment/house rent Household supplies (paper products, etc) Other items	sabove: \$		
Total	\$	%	
Multiply by the time-space percentage * Car mileage (enter the number of miles driver in which the primary purpose was for Multiply the total by \$.575 (2020 standard	or the business)	70	·
Total business miles x \$.575			
Monthly payments to day care assistants			
Yearly Expenses Property tax	\$		
House/renter's insurance Total	\$	%	
Multiply by the time-space percentage Yearly business expense Day care liability insurance		divided by 12 mths divided by 12 mths	

Yearly Expenses continued	
House depreciation \$	
Purchase price of home	
Minus value of land at time of purchase	
Plus home improvements after purchase	
(do not include home repairs)	
Total (basis of home) \$	
Multiply by the time-space percentage X %	
Business use of home	
Divide business basis by 30 years	
(This equals the yearly house depreciation expense)	
Divide above number by 12 months	\$
(This equals the monthly house depreciation expense)	
Furniture/appliance depreciation	
Total fair market value of furniture/appliances as of	
the month the business began	
Multiply by the time-space percentage X %	
Business basis of items	0
Divide business basis by 7 years	
(This equals the yearly furniture/appliance depreciation expense)	
Divide above number by 12 months	·
(This equals the monthly furniture/appliance depreciation expense)	
(Time equation with the state of the state o	
Total monthly expenses	\$ (B)
Monthly Net Income (Subtract B from A)	\$
Note: A monthly net income that results in a negative number (loss) must be reported	as \$0.00 on the Household Income
Eligibility Application for Day Care Home Provider.	
* Time-space percentage: The time-space % is used to determine the business portion	n of many household expenses.
The formula to calculate this number is:	
# hours home is used # square feet home is	
for business in a week regularly used for business =	time-space %

A provider who works 10 hours a day, 5 days a week would have a time-space % of 30%. Most providers use all of the rooms in their home for their business on a regular basis. A typical provider would therefore have a time-space of around 30-35%.

total # of square feet in home

168 hours in a week

Prepared by Tom Copeland. For more information, see The Basic Guide to Family Child Care Record Keeping for a listing of over 750 business deductions. Consult the annual Family Child Care Workbook for specific instructions on how to fill out your federal tax forms. Both books are available from Redleaf Press at 1.800.423.8309.

1-C: Community Coordinated Child Care is not engaged in rendering tax advice. If you require this type of assistance, please consult a tax professional to represent you.

PROVIDER INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD ELIGIBILITY APPLICATION

Once properly approved for meal benefits, a Household Eligibility Application (HEA) will remain in effect for 12 months. Complete the Household Eligibility Application (HEA) for one of the following areas.

FOR PROVIDERS UNABLE TO QUALIFY FOR TIER I BY SCHOOL OR CENSUS, APPLYING FOR TIER I STATUS BY INCOME ELIGIBILITY- REFER TO INSTRUCTIONS A AND B.

If anyone (child or adult) in your household receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or other qualifying benefits, follow Instruction A below. The information will be verified by the sponsor.

Instruction A—Households Receiving SNAP or TANF or other qualifying benefits.

- Number 1—List the names of ALL people residing in a provider's household (such as grandparents, other relatives, or friends who live with a provider) and the age(s) of the child(ren) enrolled in a provider's day care home.
- Number 3—Record a valid SNAP or TANF case number for any member (child or adult) of this household. The SNAP or TANF case number is on the letter of eligibility for benefits or the case number may be found on a medical card. Do not list an Illinois LINK card number. The SNAP or TANF information provided will require verification by the sponsoring organization. Providing documentation of the benefit is required.
- Number 4 (OPTIONAL)—Illinois All Kids Health Insurance Program.
- Number 6—Mark the box that best describes the purpose for the application.
- Number 7—Provide a signature of an adult household member and date the application.
- · The application is complete.

If no one in your household receives SNAP or TANF benefits and you want to apply for the higher reimbursement for your day care operation based on your household income, follow Instruction B.

It is not necessary to complete income information if SNAP or TANF information was provided above in Instruction A or if all the children residing with the provider are documented foster children (refer to Instruction D). The information will be verified by the sponsor.

Instruction B—Households Reporting Income

- Number 1— List the names of ALL people residing in a provider's household (such as grandparents, other relatives, or friends who live with a provider) and the age(s) of the child(ren) enrolled in a provider's day care home. (Foster child(ren) may be included on the HEA)
- Number 4 (OPTIONAL) Illinois All Kids Health Insurance Program.
- Number-5—List-total gross-income (before deductions), not take-home pay; and the frequency, how often the money is received, for each household member for the last month. If the income last month was not the usual amount normally receive, a projected amount may be provided that represents the gross income.
 - For ONLY the self-employed, list average monthly income after expenses. This is for a business, farm, or rental property.
 - If receiving Military Privatized Housing Initiative pay or receive combat pay, do not include these allowances as income.
- Number 6—Mark the box that best describes the purpose for the application.
- Number 7—The provider must sign and date the application.
- Also, provide the last four digits of the social security number of the provider signing the application. Refusal to provide the last four digits of the social security number will result in the application not being approved. If the adult does not have a social security number, mark the box, I do not have a social security number.
- The application is complete. Documentation must be provided to support all information (foster child documentation if applicable, check stubs, W-2's 1040 Schedule C, etc...)
- The sponsoring organization will verify the information contained on the HEA.

FOR PROVIDERS APPROVED TIER 1 STATUS BY SCHOOL OR CENSUS WANTING TO CLAIM CHILDREN, TO INCLUDE FOSTER CHILDREN WHEN **OUTSIDE CHILDREN ARE PRESENT:**

If you have been approved Tier I status by School or Census Data and would like to claim qualifying children, including foster children, residing with you when outside qualifying children are present, you must complete a HEA in order to claim the qualifying children, including foster children residing with you. Refer to Instruction C. The application may be verified by the sponsor.

Instruction C—Provider approved Tier I status by School or Census and would like to claim children residing with the provider. Follow the instructions provided in Instruction B, Numbers 1 through 7. The sponsoring organization may verify the information.

FOR PROVIDERS IDENTIFIED AS TIER II STATUS WANTING TO CLAIM FOSTER CHILDREN WHEN OUTSIDE CHILDREN ARE PRESENT:

A foster child(ren) residing with you is(are) eligible for Tier I reimbursement for eligible meals, when outside qualifying children are present, regardless of you tier status (Tier I or Tier II) when a HEA is submitted by the provider. The eligibility for the foster child does not transfer to the household. In order to document a child as a foster child, legal document from DCFS or the DCFS appointed representative must be submitted for each foster child with the Household Eligibility Application. In lieu of a document a provide may request DCFS or its representative to complete form 50-73 (Homeless, Runaway, Migrant, Head Start, and Foster Child Certification Form) that can be found on the following ISBE website: https://www.isbe.net/Documents/50-73 hmls cert mm.pdf#search=form%2050%2D73.

Instruction D—For the foster child(ren) residing in a providers home, please provide the following information on the HEA:

- Number 1—List the name(s) and age(s) of the foster child(ren) residing in the provider's day care home.
- Number 2—Check the box(es) indicating the child(ren) is a foster child(ren).
- Number 4 (OPTIONAL)— Illinois All Kids Health Insurance Program.
- Number 6—Mark the box that best describes the purpose for the application
- Number 7—Provide a signature of the provider and date the application.
- The application is complete.



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 <u>application</u> today.

All Kids Hotline 1-866-ALL-KIDS (1-866-255-5437)