



Michigan Office  
139 W. Lake Lansing Rd., Suite 120 • East Lansing, MI 48823  
Telephone: (800) 234-3287 • FAX: (517) 332-5543

Illinois Office  
4415 W. Harrison St., Suite 535 • Hillside, IL 60162  
Telephone: (800) 284-5273 • FAX: (708) 391-8242  
Email: [Centers@acdkids.org](mailto:Centers@acdkids.org)

[www.acdkids.org](http://www.acdkids.org)

## Instructions for Child Care Institutions Household Income Eligibility Statement

Child care institutions claiming Category A (free) or B (reduced) meal/snack reimbursement rates are required to:

- Distribute the *Dear Parent/Guardian Letter*, Household Income Eligibility Statement (HIES), and *Instructions for Parents/Guardians* to the families in their facility(s).
- Review and determine the category for each completed HIES.
- Maintain all HIES on file. All HIES collected and categorized by the institution must be retained for three years *plus* the current fiscal year to fulfill the CACFP requirements or, if an audit is outstanding, until the audit is closed.

The current HIES and *Dear Parent/Guardian Letter* (dated 7/2015 in the lower right hand corner) must be used for all children (including foster children) who will be claimed in Category A (free) or B (reduced) for the period beginning July 1, 2015. If you charge separately for meals, use the *Dear Parent/Guardian Letter for pricing programs only*. Discard any blank HIES dated before 7/2015.

### BEFORE YOU PRINT

- Insert the name, address, and telephone number of the institution at the top of the *Dear Parent/Guardian Letter* and the HIES.
- Sign the *Dear Parent/Guardian Letter*.

Do not make any changes to the *Dear Parent/Guardian Letter* or HIES. Federal regulations and policies require the items and language that are used and prohibit the Category A (free) Income Eligibility Guidelines from being printed on the *Dear Parent/Guardian Letter* and HIES.

### Head Start Programs

Head Start Programs do not need to distribute or collect HIES. Children enrolled in Head Start are automatically categorically eligible for the Category A (Free) rate of reimbursement without further application. Documentation verifying that the child is enrolled in Head Start must be on file.

### At-Risk Afterschool Snack/Supper Programs and Emergency Shelters Serving Homeless Children

At-risk afterschool snack/supper programs and emergency shelters serving homeless children do not need to distribute or collect HIES. Children participating in afterschool programs in at-risk areas or in emergency shelters serving homeless children are automatically eligible for the Category A (Free) rate of reimbursement without further application. Page 2 of 4

---

*"Educating parents and caregivers about nutrition to promote the development of children and establish healthy eating habits to last a lifetime."*

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, 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) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov). This institution is an equal opportunity provider. (11/2015)

## How to Determine Eligibility for a Foster Child(ren)

A foster child is automatically categorically eligible for Category A (Free). A foster child can be added to the foster parent's Total Household Members size and Total Income in determining eligibility for Category A (Free) or Category B (Reduced) rate of reimbursement (see *How to Determine Eligibility for Non-FAP, Non-FIP, or Non-FDPIR Households with or without Foster Children* below).

If a household is **only** applying for benefits for a **foster child(ren)**:

- Review the HIES for completeness. If a HIES is not complete, return it to the foster family to complete. Otherwise, you cannot determine eligibility and the child must be classified as Category C (paid). A complete form for this household must include:
  - Part 1 Not applicable for foster child(ren).
  - Part 2 Enter the foster child's full name, age, and birth date. Enter a (X) under the enrolled in child care and foster child category boxes. *Income information is not required.*
  - Part 3 The signature of the adult household member. The last four digits of a Social Security Number *are not* required.
- "For Institution Use Only" section: The person determining the eligibility of the completed HIES must sign, date, and circle "Foster" on the Categorical Eligibility (A/Free) line. The form must be signed and dated to be valid.

## How to Determine Eligibility for FAP, FIP, or FDPIR Households

A child who is a member of a household receiving Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) benefits is automatically eligible for Category A (free) meals.

- Review the HIES for completeness. If a HIES is not complete, return it to the family to complete. Otherwise, you cannot determine eligibility and the child must be classified as Category C (paid). A complete form from these households must include:
  - Part 1 The name and case number for any household member (including adults) receiving FAP, FIP, or FDPIR. Only one case number per household is required. The case number configuration is nine (9) numbers that begin with a one (1) followed by eight numerals. Example: 101234567. The number on a household's Electronic Benefit Transfer (EBT) or Bridge Card for FAP *cannot be accepted* as a FAP case number. FDPIR numbers may vary according to each tribal organization.
  - Part 2 The name, age, and birth date for all children enrolled in day care, including foster children. Household income information is not required.
  - Part 3 The signature of the adult household member is required. The last four digits of a Social Security Number are not required.
- "For Institution Use Only" section: The person determining the eligibility of the completed HIES must sign, date, and circle "FIP", "FAP" or "FDPIR" on the Categorical Eligibility (A/Free) line.  
*Note: The form must be signed and dated to be valid.*

---

*"Educating parents and caregivers about nutrition to promote the development of children and establish healthy eating habits to last a lifetime."*

**Michigan Office** - 139 W. Lake Lansing Rd., Suite 120 • East Lansing, MI 48823 • Telephone: (800) 234-3287 • FAX: (517) 332-5543  
**Illinois Office** - 4415 W. Harrison St., Suite. 535 • Hillside, IL 60162 • Telephone: (800) 284-5273 • FAX: (708) 236-0872

## How to Determine Eligibility for Non-FAP, Non-FIP, or Non-FDPIR Households with or without Foster Children (Income Eligibility)

A household *not* receiving Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) benefits must report the income (gross) received by *each* household member, identified by source and frequency income is received, such as earnings, wages, welfare, pensions, support payments, unemployment compensation, social security, retirement, and other case income received or withdrawn from any other source, including savings, investments, trust accounts, and other resources. Financial aid for postsecondary education is not considered to be income.

A foster child can be included in Part 2 to make an eligibility determination for the remainder of the household children based on the household's income (including personal income earned by the foster child). Funds provided by the welfare agency that are specifically identified by category for personal use of the foster child for items such as clothing, school fees, and allowances are counted as income. Funds identified for shelter and care, and medical and therapeutic needs *are not* considered as income for the foster child. Where welfare funds cannot be identified by category, no portions of the provided funds are considered as income for the foster child. Funds personally received by the child such as funds received from trust accounts, monies provided by the foster child's family for personal use, and earnings from full-time and regular part-time employment are to be considered as income for the child. Occasional earnings by the child should not be considered as income. *The presence of a foster child in a family does not make all children in the household eligible for Category A (free) meals.*

- Review the HIES for completeness. If a HIES is not complete, return it to the family to complete. Otherwise, you cannot determine eligibility and the child(ren) must be classified as Category C (paid). A complete form from these households must include:

Part 1 Not applicable if no member of the family is receiving benefits.

Part 2 The full names of all household members, ages, and dates of birth. A (X) is marked under those children who are enrolled in child care and/or are foster children. The income received for each household member identified by source and frequency income is received.

Part 3 The signature and contact information of an adult household member and the last four digits of his/her Social Security Number or "None" checked.

- The person determining the eligibility of the complete HIES must determine the number of household members and total annual income (see *Help with Income* section below for assistance). Enter total annual income numbers in the "For Institution Use Only" section. Compare the total number of household members and the total annual income from the HIES to the current Income Eligibility Guidelines. This will determine the category of the child(ren). Identify the category of the child(ren) by circling A (free), B (reduced), or C (paid) on the "Other Household Children" line. The form must be signed and dated to be valid.

Children who are ineligible or who have an incomplete or missing HIES, must be claimed Category C (paid). However, if a complete and correct form showing Category A (free) or B (reduced) is collected by the end of the month in which a child is served meals, the child may be claimed in that category for the entire month. Eligibility statements are valid for 12 months from the date signed.

---

*"Educating parents and caregivers about nutrition to promote the development of children and establish healthy eating habits to last a lifetime."*

**Michigan Office** - 139 W. Lake Lansing Rd., Suite 120 • East Lansing, MI 48823 • Telephone: (800) 234-3287 • FAX: (517) 332-5543  
**Illinois Office** - 4415 W. Harrison St., Suite. 535 • Hillside, IL 60162 • Telephone: (800) 284-5273 • FAX: (708) 236-0872

## Help Determining Annualized Income

If the household receives income at different frequencies (i.e. one person may receive monthly retirement income and another may receive weekly pay checks) then all income must be annualized. Use the following chart to annualize income:

- If paid every week, multiply the total gross income by 52.
- If paid every two weeks, multiply the total gross income by 26.
- If paid once a month, multiply monthly income by 12.
- If paid twice a month, multiply the total gross income by 24.
- If paid once a year, enter yearly income amount.

Total all annual income values in the "Total Income" box under "For Institution Use Only" section and check the correct box for frequency of income.

---

*"Educating parents and caregivers about nutrition to promote the development of children and establish healthy eating habits to last a lifetime."*

**Michigan Office** - 139 W. Lake Lansing Rd., Suite 120 • East Lansing, MI 48823 • Telephone: (800) 234-3287 • FAX: (517) 332-5543  
**Illinois Office** - 4415 W. Harrison St., Suite. 535 • Hillside, IL 60162 • Telephone: (800) 284-5273 • FAX: (708) 236-0872