



**Alaska Child and Adult Care Food Program
Family Day Care Home Program**

Tier Determination Application

July 1, 2011-June 30, 2012

Complete only the sections that apply to your family day care home (FDCH). It is not necessary to complete all sections but signature is required on second page.

Name of Provider

Last 4 digits of SS#

PART I SCHOOL ATTENDANCE AREA

If your family day care home is located in the attendance area of one of the identified low-income schools in your area, or if you do not know if your local school is a low-income school, complete the following:

Names of local elementary, middle and high schools _____

Street address of your family day care home _____

For sponsor use only:

School and home location verified: _____ Sponsor Signature _____ Date _____

Approved for Tier I: Yes No

Effective dates of approval: From _____ to _____

PART II HOUSEHOLD INCOME ELIGIBILITY

If your family day care home is not located in a low-income school attendance area, you may qualify for Tier I if your gross household income is at or below the income listed for your household size. Complete the attached **CACFP Confidential Statement** and return with this form. You must also complete the **CACFP Confidential Statement** in order to receive reimbursement for meals served to your own children. Your family size and income must be verified prior to approval of Tier I status or reimbursement of meals served to your eligible children.

Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	25,160	2,097	1,049	968	484
2	34,003	2,834	1,417	1,308	654
3	42,846	3,571	1,786	1,648	824
4	51,689	4,308	2,154	1,989	995
5	60,532	5,045	2,523	2,329	1,165
6	69,375	5,782	2,891	2,669	1,335
7	78,218	6,519	3,260	3,009	1,505
8	87,061	7,256	3,628	3,349	1,675
For each additional family member add:					
	8,843	737	369	341	171

CACFP Confidential Income Statement attached. Please verify and notify me of my eligibility.

For sponsor use only:

Household size and income verified _____ Sponsor Signature _____ Date _____
Approved for Tier I: Yes No Approved to claim own children: Yes No
Effective dates of approval : From _____ to _____

PART III SPECIAL ELIGIBILITY BY CENSUS DATA

Under special conditions, school data may not accurately reflect the economic conditions of the neighborhood in which a family day care home is located. If you feel this is true in your case, please explain your circumstances below. You may be asked for more information before your request is evaluated.

Street address of your family day care home _____
Explanation of special circumstances: _____

For sponsor use only:

Census Block Group _____ Verified low income area: Yes No
Approved for Tier I: Yes No _____ Sponsor Signature _____ Date _____
EED Approval: _____ Date Effective dates of Approval: From _____ to _____

PART IV Tier II Determination

If none of the above situations apply to your family day care home, your home is a Tier II home. Review the Tier II packet carefully and attach your completed **Tier II Option Selection Sheet**. If your circumstances change, you may submit another application for Tier I status at any time during the year.

_____ My family day care home does not qualify as a Tier I home. **The Tier II Option Sheet is attached.**

For sponsor use only:

Tier II Option I: Option II: Option III:

_____ Sponsor Signature _____ Date _____

I certify that all of the above information is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of Federal funds; that Department officials may, for cause, verify information; and that deliberate misrepresentation may subject us to prosecution under applicable State and Federal criminal statutes.

Provider Signature _____ Date _____