



Child and Adult Care Food Program Eligibility Determination

September 2016



Delaware
Department of Education

CACFP Eligibility Determination

- Importance of accurate eligibility determination
- Inaccurate/incomplete determination may result in the State Agency recouping reimbursement



CACFP Eligibility Determination

- Regulations, CACFP Handbooks, and Operational Memos
- Child Income Eligibility Form
- Notification of Households

CHILD INCOME ELIGIBILITY FORM

PART 1 - (Complete one application per household. Print name of parent, not a parent.)

Definition of Household: Members: Persons who live together and share the same household, even if not related.

Children in household will attend one center for education, enrichment, or enrichment program. Eligible for the month. Total household income. Read for more information.

Child's First Name	MI	Child's Last Name	Date of Birth	Male	Female	White	Black	Hispanic	Asian	Other	Other	Other	Other	Other	Other
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 2 - ENROLLMENT

Start Date: _____ Arrival Date: _____ Address: _____ Departure Date: _____ AM/PM: _____ Birth Week: _____ Teacher: _____

Normal days of week Participant(s) takes in care (circle all that apply): _____

Meals eaten at Provider/Center: _____ (circle all that apply) _____

PART 3 - HOUSEHOLD INCOME

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP or EBT? Yes No

PART 4 - CONTACT INFORMATION AND ADULT SIGNATURE

Printed Name of adult completing the form: _____

Signature of adult completing the form: _____

Date: _____

SPONSOR USE ONLY:

Category of Eligibility (If you check "Other", see PROGRAMS/REGIONS): _____ DATE: _____

Eligibility: Approved FREE Approved RECOVERED Denied - The meals will be claimed in the PAD category.

Determining Official Signature: _____ Review/Effective Date: _____

CACFP Eligibility Determination Regulations and Handbooks

- Regulations
 - 7 CFR 226.23 Free and reduced price meals
- CACFP Handbooks
 - USDA's 2014 *Independent Child Care Centers, A Child and Adult Care Food Program Handbook*
 - USDA's 2012 *Family Day Care Homes Monitor Handbook, A Child and Adult Care Food Program Handbook*
 - USDA's 2015 *At Risk Afterschool Meals, A Child and Adult Care Food Program Handbook*
 - USDA's 2014 *Adult Day Care, A Child and Adult Care Food Program Handbook*
- Eligibility Manual for School Meals (2016)

Eligibility Determination and Durations

- USDA Memo CACFP 07-2014, “Guidance on Income Eligibility Determinations and Durations – REISSUED”:
 - *“Income eligibility forms should be considered current and valid until the last day of the month in which the form was dated one year earlier.”*
 - *“Sponsors now have flexibility concerning the effective date of certification for Program benefits. The date to be used to make this determination may be either the date the parent or guardian signed the income eligibility form or the date on which the sponsor or independent center official signs the form to certify eligibility of the participant. This flexibility applies only to eligibility determinations made through the application process of complete applications containing all required information at the time of submission...Sponsors must decide which date they will rely on as the effective date and apply this date to all income eligibility forms submitted on behalf of all participants in all sponsored centers and homes.”*

Income Eligibility Forms

- Individual eligibility information must be collected for all enrolled participants (children and/or adult participants) once each year.
- Overt Identification Prohibition
 - Information submitted on income eligibility forms and the eligibility status of participants is confidential.
 - 7 CFR 226.23(c)(5)

Income Eligibility Forms

- Household income must be compared to the USDA Income Eligibility Guidelines to determine eligibility.
 - Income Eligibility Guidelines are updated yearly and are in effect from July 1 through June 30
 - Household income
 - Total number of household members
- CACFP Operational Memo #17 – Income Eligibility Guidelines (income scales)

2016-2017 Income Eligibility Guidelines



Effective Date: July 1, 2016 - June 30, 2017

These are the income scales used by Child Nutrition Programs to determine eligibility for free and reduced price meals.

Household Size	FREE MEALS – 130%					REDUCED MEALS – 185%				
	Yearly	Monthly	Twice per Month	Every two weeks	Weekly	Yearly	Monthly	Twice per Month	Every two weeks	Weekly
1	\$15,444	\$1,287	\$644	\$594	\$297	\$21,978	\$1,832	\$916	\$846	\$423
2	\$20,826	\$1,736	\$868	\$801	\$401	\$29,637	\$2,470	\$1,235	\$1,140	\$570
3	\$26,208	\$2,184	\$1,092	\$1,008	\$504	\$37,296	\$3,108	\$1,554	\$1,435	\$718
4	\$31,590	\$2,633	\$1,317	\$1,215	\$608	\$44,955	\$3,747	\$1,874	\$1,730	\$865
5	\$36,972	\$3,081	\$1,541	\$1,422	\$711	\$52,614	\$4,385	\$2,193	\$2,024	\$1,012
6	\$42,354	\$3,530	\$1,765	\$1,629	\$815	\$60,273	\$5,023	\$2,512	\$2,319	\$1,160
7	\$47,749	\$3,980	\$1,990	\$1,837	\$919	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$53,157	\$4,430	\$2,215	\$2,045	\$1,023	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
For each additional household member, add:	\$5,408	\$451	\$226	\$208	\$104	\$7,696	\$642	\$321	\$296	\$148

Child Care Automatic Eligibility

Instances in which child care participants are automatically eligible for free meals, regardless of income:

- A child who is a member of a household where someone in the household receives SNAP (Supplemental Nutrition Assistance Program) or TANF (Temporary Assistance for Needy Families). One case number certifies all children in the household to receive free meals.
- A foster child - **Definition of a FOSTER child: a child whose care and placement is the responsibility of the State or who is placed by a court with a caretaker household.**
- Any child enrolled in Head Start.
- A child who is homeless.
- Residential children in participating emergency shelter's food service.

Child Care Mixed Applications

Mixed Application: Presence of a foster child and other participating children in the Institution:

- The Sponsor would certify the foster child for free meals, and then make an eligibility determination for the remainder of the household based on the household's income. "Households must report any personal income received by the foster child on their household application....foster payments received by the family from the placing agency are not considered income and do not need to be reported." (USDA's May 2014 *Independent Child Care Centers – A Child and Adult Care Food Program Handbook*.)

- Please note that the presence of a foster child in a household does not automatically certify non-foster children living in the household as free.

Child Income Eligibility Form



Delaware Department of Education
Child and Adult Care Food Program (CACFP)

CHILD INCOME ELIGIBILITY FORM

PART 1 (Complete one application per household. Please use a pen, not a pencil.)

Definition of Household Member: "Anyone who is living with you and whose income and expenses, even if not related." Children in foster care and children who meet the definition of Homeless, Migrant/Runaway are eligible for free meals. Please check boxes to apply for Free and Reduced Priced School Meals for more information.	Child's First Name	MI	Child's Last Name	Date of Birth	Resident Label?	Race (check one or more)												
					Yes No	Black	White	Hispanic	Asian	Other	Native American	Other	Other	Other	Other	Other	Other	Other
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 2 - ENROLLMENT

Start Date:	Arrival Time:	AM/PM	Departure Time:	AM/PM	Shift Work:	Yes/No		
Normal days of week Participant(s) takes in care (check all that apply):								
		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Meals eaten at Provider/Center: (Check all that apply. CACFP provides reimbursement for up to 2 approved meals and one snack per day/participant)								
Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack			

PART 3 - HOUSEHOLD INCOME

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF? Yes / No
 If you answered NO - Complete STEP 3. If you answered YES - Write a case number below, then go to STEP 4. Yes / No

A. Child Income		Child Income		How Often?							
Sometimes children in the household earn income. Please include the TOTAL income earned by all Child Household Members listed in PART 1 here.		\$	Yearly	At least	Monthly						
B. All Adult Household Members (including yourself)		All Other Income		How Often?							
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.		\$	Yearly	At least	Monthly						
Name of Adult Household Member (Print/Last, First, Middle Initial)	Earnings from (Print/Last, First, Middle Initial)	Weekly	Bi-Weekly	Bi-Monthly	Monthly	Other	Weekly	Bi-Weekly	Bi-Monthly	Monthly	Other
1	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (Children and Adults)	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member * * * - * * *	Check if No SSN <input type="checkbox"/>
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PART 4 - CONTACT INFORMATION and ADULT SIGNATURE

An adult household member must sign and date this form before it can be approved.
 I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available)	City	State	Zip	Daytime Phone and Email (optional)
Printed Name of adult completing the form	Signature of adult completing the form	Today's Date		

SPONSOR USE ONLY:

Categorical Eligibility (If Yes, Check One): <input type="checkbox"/> SNAP (Food Stamp) Household	DATE
<input type="checkbox"/> TANF Household <input type="checkbox"/> Head-Start <input type="checkbox"/> ESCAP <input type="checkbox"/> Foster Child(ren) <input type="checkbox"/> Homeless/Migrant/Runaway Participant(s)	WITHDRAWN:
Total Family Income: _____ Family Size: _____ (Include all Participants)	
Yearly Income Conversion: <input type="checkbox"/> Weekly x 52, <input type="checkbox"/> Every Two Weeks x 26, <input type="checkbox"/> Twice a Month x 24, <input type="checkbox"/> Monthly x 12	
ELIGIBILITY - Based on the information provided this application will be:	
<input type="checkbox"/> Approved FREE <input type="checkbox"/> Approved REDUCED <input type="checkbox"/> Denied - The meals will be claimed in the PAID category.	
Determining Official Signature: _____ Review/Effective Date: _____	

Child Income Eligibility Form

Part 1 -

PART 1 (Complete one application per household. Please use a pen, not a pencil.)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.	Child's First Name	MI	Child's Last Name	Date of Birth	Ethnicity Hispanic or Latino?		Race (check one or more)					Foster Child	Homeless, Migrant, Runaway
					Yes	No	American Indian or Alaska Native	Asian	Black Or African American	Native Hawaiian or Other Pacific Islander	White		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

We are required to ask for race and ethnicity information; however, responding to this section does not affect child's eligibility.

If Foster Child box or Homeless, Migrant, Runaway box is checked, child is automatically qualified for free meals.

Child Income Eligibility Form (cont.)

Part 2 -

PART 2 - ENROLLMENT											
Start Date:		Arrival Time:		AM/PM	Departure Time:		AM/PM	Shift Work:	Yes/No		
Normal days of week Participant(s) is/are in care (circle all that apply):					Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Meals eaten at Providers/Center: (Circle all that apply. CACFP provides reimbursement for up to 2 approved meals and one snack per day/participant):											
Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack						

Start date, arrival and departure times, normal days and normal meals *must* be completed at the time of enrollment and/or renewal.

Child Income Eligibility Form (cont.)

Part 3 -

PART 3 – HOUSEHOLD INCOME																							
Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF?																							
Check one: <input type="checkbox"/> Yes / <input type="checkbox"/> No																							
If you answered NO – Complete STEP 3.						If you answered YES – Write a case number below, then go to STEP 4																	
						Case Number: _____ (Write only one case number in this space)																	
A. Child Income Sometimes children in the household earn income. Please include the TOTAL income earned by all Child Household Members listed in PART 1 here.												Child Income		How Often?									
												\$ _____		Weekly		Bi-Weekly		2x Month		Monthly			
														<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is not income to report.																							
Name of Adult Household Members (First/Last)	Earnings from Work (Before Deductions)	How Often?				Public Assistance/ Child Support/ Alimony	How Often?				Pensions/SSI/ Retirement/ All Other Income	How Often?											
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly								
1	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
2	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
3	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
4	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
5	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Total Household Members (Children and Adults)		Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household										Check if No SSN <input type="checkbox"/>											
		* * * - * * - _____																					

- If anyone in the household receives SNAP or TANF, the applicable box should be checked and the case number should be provided where noted. Applicant can skip to Part 4.
- If no one in the household receives SNAP or TANF benefits:
 - A. All income received by children must be reported here. If there is no child income, the adult *should* write "0". Frequency of income received must be reported. Any income field left blank is a positive indication that there is no income to report.
 - B. All adult household members must be listed, and income must be listed for all adults. If an adult has no income, the adult filling out the form should write "0". Frequency of income received must be reported. Any income field left blank is a positive indication that there is no income to report.
 - The total number of household members should be provided.
 - The last four digits of Social Security Number (SSN) of primary wage earner or other adult household member must be listed in order for the form to be processed. If no SSN, then the box must be checked if no SSN.
 - *Please note: All income reported should be gross income, which is before taxes and deductions.

Child Income Eligibility Form (cont.)

Part 4 -

PART 4 – CONTACT INFORMATION and ADULT SIGNATURE					
An adult household member must sign and date this form before it can be approved.					
"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."					
Street Address (if available)	City	State	Zip	Daytime Phone and Email (optional)	
Printed Name of adult completing the form	Signature of adult completing the form			Today's Date	

- ALL income eligibility forms must have the signature of an adult household member.
- ALL income eligibility forms must be dated by the adult completing the form.

Child Income Eligibility Form (cont.)

Sponsor Use Only -

SPONSOR USE ONLY:	
Categorical Eligibility (If Yes, Check One): <input type="checkbox"/> SNAP (Food Stamp) Household <input type="checkbox"/> TANF Household <input type="checkbox"/> Head-Start <input type="checkbox"/> ECAP <input type="checkbox"/> Foster Child(ren) <input type="checkbox"/> Homeless/Migrant/Runaway Participant(s)	DATE WITHDRAWN: _____
Total Family Income: _____ Family Size: _____ (Include all Participants) Yearly Income Conversion: Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12	
ELIGIBILITY - Based on the information provided this application will be: <input type="checkbox"/> Approved FREE <input type="checkbox"/> Approved REDUCED <input type="checkbox"/> Denied – The meals will be claimed in the PAID category.	
Determining Official Signature: _____	Review/Effective Date: _____

Determining Official/Sponsor's Responsibility:

- If a child is determined to be categorically eligible, check appropriate categorical eligibility box, check Approved FREE, and sign and date form.
- If a form is to be processed using Income, convert each income to yearly income, total all incomes, and list under Total Family Income section. Total number of family members in household and list under Family Size. Refer to Income Eligibility Guidelines and determine eligibility based off of total income and family size. Once determined, check appropriate box.
- Sign and date the form.

Notification of Eligibility Determination For Income Eligibility Forms

Institutions that are Pricing Programs:

All households that submit an IEF must be notified of their eligibility Status (7 CFR 226.23):

- ✓ Households with children approved for free or reduced meal benefits must be notified in writing.
- ✓ When the information furnished by the family is not complete or application does not meet the eligibility criteria for free or reduced-price meals, the participants are determined eligible for “paid” meals. Households with children denied benefits must be given written notification. The written notification must include:
 - The reason for the denial;
 - Notification of the right to appeal;
 - Instructions on how to appeal; and
 - A statement that the family may re-apply for benefits at any time during the school year.

Disclosure of Children's Eligibility



USDA MEMO: SP 31 – 2010

Statutory and Regulatory Requirements

Section 9(b)(6) of the Richard B. Russell National School Lunch Act (NSLA) (42 U.S.C. 1758(b)(6)) delineates the restrictions on the disclosure and use of information obtained from an application for free and reduced price meals, as well as the criminal penalties for improper release of information. Note that while the law discusses applications, the disclosure requirements also apply to information obtained through the direct certification process. A copy of this section of the law is attached for reference. We recommend that State agencies and LEAs and, as applicable, CACFP institutions, sponsoring organizations and family day care home providers and SFSP sponsoring organizations, cite the law when responding to requests for release of information.

- Refer to Eligibility Manual for School Meals for guidance.

Area Eligibility- CACFP At Risk Afterschool Meals

- School data must be used to establish area eligibility for CACFP At Risk Afterschool Meal sites
- School data must indicate that the meal site is located in the attendance area of a school where at least 50 percent of children are eligible for free or reduced price school meals
- Area eligibility determinations must be re-determined every five years

Area Eligibility – Family Day Care Homes

- School data or Census data may be used to determine eligibility of a Family Day Care Home (Tier 1)
- School data must indicate that the meal site is located in the attendance area of a school where at least 50 percent of children are eligible for free or reduced price school meals
- Census data must be most recent census data available
- Area eligibility determinations must be re-determined every five years

Questions, Comments, Concerns?

