CHILD AND ADULT CARE FOOD PROGRAM (CACFP) HOUSEHOLD LETTER

Family Day Care Home: For Establishing Tier 1 Eligibility for Children Enrolled in Tier 2 Homes FFY 2027, Rev. 6/26

Provider Name: _____ **Provider Number: _____**

Dear Parent or Guardian:

Your child(ren) is enrolled for child care services with the home provider listed above. This provider has been approved to receive CACFP funding for meals served to children through Western Dairyland EOC - Child Care Partnership
(Name of Sponsor)

This sponsoring organization is approved by WI Department of Public Instruction (DPI) for distributing CACFP meal reimbursement to providers issued from the United States Department of Agriculture (USDA). Higher meal reimbursement of Tier 1 rates may be paid to your provider for the meals they serve to your children when your household receives the specified benefits or meets the criteria listed below OR has a total income equal to or lower than the amount shown for your household size within the table below.

Please complete and return the attached Household Size-Income Statement form (HSIS) for the sponsoring organization to determine which meal reimbursement rate will be paid to your provider for the meals they serve to your child(ren). Only one completed HSIS is required for all children in your household. If your household does not meet the eligibility criteria, we would appreciate you returning the HSIS with "N/A" written on it along with your signature and date. If determined as eligible for Tier 1 meal rates, your children will remain eligible for a period not to exceed 12 months, regardless of any change in household size and/or income or termination from Benefits Programs during this 12-month period. This information will be kept confidential.

You are not required to complete this form if no one in your household receives benefits from FoodShare (Supplemental Nutrition Assistance Program (SNAP)), FDPIR (Food Distribution Program on Indian Reservations), Wisconsin Works (W-2) Programs, and your household income is higher than the amount shown for your household size within the table on the next page. In this case, however, we would appreciate you returning the HSIS to us with "N/A" written on it along with your signature and date. You are not required to return a completed HSIS for your children to participate in CACFP.

Completing the Form
In the table on page 1 of the HSIS, include Provider Name, Provider Number, and list all infants and children enrolled at the child care and specify their age. If any children are in foster care, check the box. If a member of the household does not currently participate in a benefits program listed in Part 1, provide the income children earn or receive and indicate frequency of pay. The "Sources of Income for Children" chart on page 3 will help you with this section.

Determining Eligibility based on Participation in Benefits Programs → *Complete Part 1 and Part 3 of the HSIS*
Your provider will receive Tier 1 meal reimbursement rates for meals they serve to your children if your household receives benefits from FoodShare Wisconsin (WI), FDPIR, Wisconsin Works (W-2) Programs, Women, Infants, and Children Supplemental Nutrition Program (WIC), Respite Care, or The Emergency Food Assistance Program (TEFAP). W-2 Programs is Wisconsin's Temporary Assistance for Needy Families (TANF) program. It provides employment preparation services, case management, and cash assistance to eligible families with the following programs: Trial Employment Match Program (TEMP), Community Service Jobs (CSJ), Case Management, W-2 Transitions (W-2T), Custodial Parent of an Infant (CMC), and At-Risk Pregnancy (ARP). **W-2 Programs ARE NOT the WI Child Care Subsidy Program.**

For eligibility based on receiving benefits from FoodShare WI, FDPIR, W-2 Works Programs, WIC, Respite Care, or TEFAP, you must include the following information on the HSIS:

a. The names of your enrolled children in the table on page 1.
b. Check box marked for the benefit your household receives and its case number. DO NOT list:
    - Case numbers for Medicaid, SSI, OR Wisconsin Child Care Subsidy program
    - The16-digit Quest Card number (starts with 5077) for FoodShare WI
c. Signature of an adult member in the household and signature date in Part 3.

Determining Eligibility by Household Size and Income → *Complete Part 2 and Part 3 of the HSIS*
If your household earns a total income that is less than or equal to the income levels listed within the table below, your children will be eligible for Tier 1 meal reimbursement rates.

For eligibility based on your household size and income, you must include the following information on the HSIS:

a. Full names of all household members who share income and expenses, including children, parents, and non-related people.
b. Income received by each household member, identified by source of income and its pay frequency.
c. The signature of an adult member of the household and signature date in Part 3.
d. The last four digits of the social security number of the adult household member signing the HSIS or an indication he/she does not have a social security number.

Disclosure of United States citizenship or immigration status is not required and is not a condition of eligibility for higher meal reimbursement rates.

Household-Size Income Scale (Effective July 1, 2026 to June 30, 2027)

Household Size	Annual Income Level (at or below)
1	$29,526
2	$40,034
3	$50,542
4	$61,050
5	$71,558
6	$82,066
7	$92,574
8	$103,082
For each additional Household Member, add:	+$10,508

Eligibilities of Foster, Runaway, Homeless, and Migrant Children, and Children enrolled in Head Start:
If your household does not meet the eligibility criteria specified within this letter, any child residing in your home who is a foster, runaway, homeless, or migrant children, enrolled in Head Start who reside in your household, or qualifies for Reduced Price School Lunch/Breakfast will qualify for Tier 1 meal reimbursement rates when you provide the respective documentation listed below. These children's eligibility for Tier 1 meal reimbursement does not extend to other children in your household.

- **Foster children:** The completed HSIS with the 'Foster Child' box checked next to your foster children's names. When including them on an HSIS completed for non-foster children, any income reported for your foster children must only be for their personal use. Your foster children will then be eligible at the "Free" meal rate. Your non-foster children's eligibility will be based on the benefits or income information provided on the completed HSIS form.
- **Children Enrolled in Head Start:** Written certification of your child's Head Start enrollment eligibility period from the Head Start administering agency.
- **Runaway, Homeless, and Migrant Children:** Written certification of the child's status from an official of the appropriate Runaway and Homeless Youth Program, Migrant Education Program, or school official
- **Free/Reduced-Price Eligible for National School Lunch or School Breakfast Programs:** Copy of Free/Reduced-Priced eligibility determination letter from school.

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The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

Sharing Eligibility Information: Children's eligibility information may be shared in accordance with disclosure protection requirements without prior notification, with education, health, and nutrition programs to assess their eligibility for benefits. The law allows us to share your children's eligibility information with programs such as Medicaid or BadgerCare for ensuring their access to free or low-cost health insurance, unless you tell us not to. This information may only be used for determining eligibility for their programs; if your children are eligible, they may contact you to offer their enrollment options. Filling out this HSIS does not automatically enroll your children in these programs. If you do not want your information to be shared with these programs, notify us in writing. This notification will not change whether your children's meals are eligible for meal reimbursement. Your eligibility information provided on the HSIS may also be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

USDA Non-Discrimination Statement and Complaint Filing Procedure (https://dpi.wi.gov/nutrition#discrimination).
This institution is an equal opportunity provider.

Submitting Completed HSIS for Eligibility Determination: You must submit the completed HSIS for the Sponsor to make an eligibility determination. Your provider may offer to collect the completed HSIS from the families of their enrolled children and then forward them to the Sponsor for eligibility determinations. If the provider offers to collect the completed HSIS, you may choose to submit the completed HSIS by either:

- Giving the completed HSIS to the provider with your consent (by initialing the household member consent statement in Part 3 of the HSIS) for them to forward the completed HSIS to the Sponsor on your behalf; OR
- Submitting the completed HSIS directly to the Sponsor by email, regular mail, or fax to the sponsor at:

Miriam Schwiebert
Name

cacfp@wdeoc.org
Email

418 Wisconsin St, Eau Claire, WI 54703
Address

Fax

If you have any questions or concerns call Becca Elbert, Assistant Director **with** Western Dairyland EOC **at** 715-831-1700

Rebecca Elbert
Signature of Sponsor Representative

Source of Income for Children

Sources of Child Income	Examples
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages
Social Security (Disability Payments, Survivors Benefits)	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	A friend or extended family member regularly gives a child spending money
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults

Earnings from Work	Public Assistance, Child Support, Alimony payments received	All other income: Pension, disability, retirement, unemployment, Veterans benefits, etc.
• Salary, wages, cash bonuses • Net income from self-employment (farm or business) **If you are in the U.S. Military:** • Basic pay and cash bonuses (do NOT • include combat pay, FSSA, or privatized • housing allowances) • Allowances for off-base housing, food, • and clothing	• Unemployment benefits • Workers compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	• Social Security (including railroad • retirement and black lung benefits) • Private Pensions or Disability Benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from • outside household

HOUSEHOLD SIZE—INCOME STATEMENT (HSIS)

Child and Adult Care Food Program - For Establishing Tier 1 Eligibility for Children Enrolled in Tier 2 Homes - FFY 2027, Rev. 6/26

An adult household member must complete this form and return it to the sponsor for establishing eligibility of own children, other children residing in your home, and/or residential foster children. Refer to the accompanying *Household Letter* for instructions on completing this form.

Sponsoring Organization: ________________________ **Provider Name:** ____________________ **Provider Number:** __________

In the table below, list all children enrolled at the child care and specify their age. If any children are in foster care, check the box. If a member of the household does not currently participate in a benefits program listed in Part 1 below, provide the income children earn or receive and indicate frequency of pay. The "Sources of Income for Children" chart in the *Household Letter* will help you with this section. If more space is needed, attach another HSIS.

Ethnicity and Race Questions: Providing ethnic and racial information is optional. This is required by Federal law to ask for this information. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. Complete for both ethnicity and race.

									Ethnicity: Choose Yes / No *Optional*	Race: Select all categories that apply to your child *Optional*				
Child Last Name	Child First Name	Age	Child in Foster Care?	Income child earns or receives	Weekly	Every 2 Weeks	2x Month	Monthly	Ethnicity: Hispanic or Latino?	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
			☐	$	☐	☐	☐	☐	☐ Yes ☐ No	☐	☐	☐	☐	☐
			☐	$	☐	☐	☐	☐	☐ Yes ☐ No	☐	☐	☐	☐	☐
			☐	$	☐	☐	☐	☐	☐ Yes ☐ No	☐	☐	☐	☐	☐
			☐	$	☐	☐	☐	☐	☐ Yes ☐ No	☐	☐	☐	☐	☐
			☐	$	☐	☐	☐	☐	☐ Yes ☐ No	☐	☐	☐	☐	☐

PART 1: BENEFITS

Do any household members currently participate in FoodShare Wisconsin (WI), Wisconsin (WI) Works Programs, or Food Distribution Program on Indian Reservations (FDPIR)? If yes, check the program and write the corresponding case number below; then go to Part 3. If no, go to Part 2 on the next page.

☐ **FoodShare WI (10-digit case number):** ____________________ *DO NOT list a 16-digit Quest Card number or number that starts with 5077.*

☐ **WI Works Programs (10-digit case number):** ____________________ *DO NOT list a WI Childcare Subsidy number. This is NOT a WI Works Program and does not qualify a child as free in CACFP.*

☐ **FDPIR (9-digit case number):** ____________________

☐ **WIC** ☐ **Respite Care** ☐ **TEFAP (case number):** ____________________

If you completed Part 1, go to Part 3 on the next page. If you did not complete PART 1, complete Part 2 and Part 3 on the next page.

HOUSEHOLD SIZE—INCOME STATEMENT (HSIS)

Child and Adult Care Food Program - Group Child Care and Outside of School Hours Centers - FFY 2027, Rev. 6/26

PART 2: HOUSEHOLD SIZE AND INCOME

If you did not complete PART 1, complete the table below then go to PART 3.

- List full names of all adults and children, not listed on page 1, who are living in the household, including yourself and people who do not receive income.
- List all income on the same line as the person who receives it. Record each income source only once. Check the box for how often income is received. The "Sources of Income for Adults" and "Sources of Income for Children" charts in the *Household Letter* will help you with this section.

Name of Other Household Members List all adults and children, not listed on page 1, who are living in the household and share income and expenses, even if not related.	**Check if No Income**	Earnings from Work, Gross pay before taxes (not take-home pay)	Weekly	Every 2 Weeks	2x Month	Monthly	Annually	Public Assistance, Child Support, Alimony payments received	Weekly	Every 2 Weeks	2x Month	Monthly	Annually	All other income: Pension, disability, retirement, unemployment, Veterans benefits, etc.	Weekly	Every 2 Weeks	2x Month	Monthly	Annually
	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐

Last four digits of signer's Social Security Number (SSN) (or check 'None' if you do not have a SS#): ***-**-__ __ __ __ Check if no SSN ☐

PART 3: SIGNATURE

I CERTIFY that all information on this form is true. I understand that this information is given in connection with the receipt of Federal funds and that CACFP officials may verify the information. I am aware that if I purposely give false information, my children may lose benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of Adult Household Member ______________________ **Date (Mo/Day/Year)** ______________ **Address** ______________________

Daytime Phone Number ______________________ **Email** ______________________

_____Initial here if you have provided consent to your provider for collecting and forwarding your completed HSIS to the sponsor with the understanding that the provider is not allowed to review your completed HSIS. If you choose not to provide this consent, email, mail, or fax your completed HSIS directly to the sponsor using the contact information listed in the Household Letter provided with this form.

FOR SPONSRING ORGANIZATION USE ONLY

Basis for Eligibility (complete one):

- **Benefits/Foster:** ☐ **Receives one or more of the 6 Qualifying Benefits** ☐ **Foster Child(ren)**
- **Total Household Size (children and adults): _____ Total Income (children and adults): _____ / _____**
  Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, 2x Month x 24, Monthly x 12 Amount Frequency

Eligibility Determination: ☐ **Tier 1 Eligible** ☐ **Tier 2 Eligible**

Determining Official's Initials/Approval Date (Mo/Day/Year): _____ Effective Month of Determination (Month/Year): _____
Form expires one year from the Effective Month of Determination