Adults' & Children's Alliance
10 Yorkton Court
St. Paul MN 55117

Dear Family Child Care Provider,

Thank you for your participation in the Child and Adult Care Food Program (CACFP).

If you are a provider living in a **Tier 2 area** (lower reimbursement rates), you may be eligible to receive **Tier 1 reimbursement rates** (higher rates) for the Program meals you serve. You may also be eligible to receive reimbursement for Program meals served to your own children under 13 years of age.

If you live in a **Tier 1 area** and are already receiving higher reimbursement rates, you may still be eligible to receive reimbursement for Program meals served to your own children under 13 years of age.

Please read the enclosed **"Instructions for Completing CACFP Provider Household Income Statement."** If you believe your family qualifies—either because you participate in a qualifying program (Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP), or Food Distribution Program on Indian Reservations (FDPIR)), or because your household income is at or below the listed income limits—please complete and return the **Provider Household Income Statement** to Adults & Childrens Alliance (ACA).

Income Statements become effective no earlier than the **first day of the month,** in which ACA receives and approves all required documents. *For example: If your information is received and approved on June 3, the effective date would be June 1.*

If Your Household Participates in SNAP, MFIP, or FDPIR

Complete **Sections 1, 2, and 4** of the Provider Household Income Statement.

Please note: **Medical Assistance is not a qualifying program.**

Submit your completed form along with one of the following:

- A SNAP, MFIP, or FDPIR certification notice showing the beginning and end dates of the certification period;
- A letter from SNAP or the Minnesota Department of Human Services showing you currently receive SNAP or MFIP; or
- A letter from the Tribal Office showing you currently receive FDPIR benefits.

Local (651) 481-9320 • TOLL FREE (800) 433-8108 • FAX (651) 481-4919
E-MAIL: (general) info@acainc.org • E-MAIL (food program) cacfp@acainc.org • WEB SITE: www.acainc.org

If You Qualify Based on Household Income

Complete **Sections 1, 3, and 4** of the Provider Household Income Statement, if you live in a **Tier 1 area** and are applying only to claim meals for your own children, no additional documentation is needed beyond the completed form.

If you live in a **Tier 2 area** and are applying to receive Tier 1 reimbursement rates, submit your completed form along with:

- A copy of last year's IRS tax return (Form 1040), including **Schedule C**, **Schedule 8829**, and **Schedule 1**.
- A copy of the previous month's pay stubs for each wage earner in your household. Pay frequency must be shown.
    - If pay stubs are not available, request an **Income Employer Documentation Form** from ACA.

If last year's tax return does not accurately reflect your current income (for example, you were not a childcare provider last year, or your childcare income changed significantly), in place of taxes submit:

- A completed **Tier 1 Verification Documentation Worksheet** based on income and expenses from the prior month.
- Documentation supporting all amounts listed on the worksheet (e.g., receipts, invoices, mortgage statements, bills).

A Provider Household Income Statement that is incomplete or missing required documentation will be returned for correction.

If you have any questions about completing your Provider Household Income Statement, please contact our office.

Child and Adult Care Food Program – Homes
Household Income Eligibility Guidelines for Tier I Eligibility
July 1, 2025–June 30, 2026

Household Size	$ Per Year	$ Per Month	$ Twice Per Month	$ Per 2 Weeks	$ Per Week
1	28,953	2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
Add for each additional household member	10,175	848	424	392	196

Conversion to annual income: If a Household Income Statement (HIS) form has incomes that are received at different frequencies, multiply each income by the appropriate number shown below. Add the annual incomes to determine the total annual household income.

To convert to annual income:

- Multiply *monthly* income times 12.
- Multiply *twice-per-month* income times 24.
- Multiply *bi-weekly* income times 26.
- Multiply *weekly* income times 52.

How to Complete the Household Income Statement Form for Providers

Complete the Household Income Statement form if any of the following apply to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR), or
- The household includes one or more children in foster care (a welfare agency or court has legal responsibility for the child), or
- The total income of household members is within the guidelines shown below (gross earnings before deductions, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments or value of assistance received from SNAP; Women, Infants and Children (WIC) or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2025–June 30, 2026.

Maximum Total Income

Household Size	$ Per Year	$ Per Month	$ Twice Per Month	$ Per 2 Weeks	$ Per Week
1	28,953	2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
Add for each additional person	10,175	848	424	392	196

1. Children

List all infants and children in the household and their birthdates. Attach an additional page if needed to list all children. Fill in circles to show which children are enrolled at the child care. If any children are in foster care (a welfare agency or court has legal responsibility for the child), fill in the circle.

If any children have regular earnings, write in the amount of income and frequency. Do not write in an hourly wage. Do not include occasional earnings like babysitting or lawn mowing.

2. Case Number

If you or any other household member currently participates in SNAP, MFIP or FDPIR assistance programs, write in the case number and check the box to indicate which assistance program. Then go to number 4. If no one in your household participates in SNAP, MFIP or FDPIR, leave number 2 blank and continue to number 3.

Note: Benefits received from Child Care Assistance, Medical Assistance (MA), WIC and Person Master Index (PMI) numbers *do not* qualify for this purpose and cannot be reported on the Household Income Statement in number 2.

3. Adults / Incomes / Last 4 Digits of Social Security Number (SSN)

- List all adults living in the household (everyone not listed in number 1) whether related or not, such as grandparents, other relatives or friends. Include any adult who is temporarily away from home, like a student away at college. Attach another page if necessary.
- List gross incomes before deductions, not take-home pay. Do not list an hourly wage rate. For adults with no income to report, enter a "0" or leave the section blank. This is your certification (promise) that there is no income to report for these adults.
- For each income, fill in a circle to show how often the income is received: each week, every other week, twice per month or monthly.
- For farm or self-employment income only, list the net income per year or month after business expenses. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
- Last four digits of the SSN – The adult household member signing the form must provide the last four digits of their SSN or check the box if they do not have an SSN.

4. Signature and Contact Information

The provider must sign the form.

Provider Name:_____

Number:_____

Child and Adult Care Food Program – Homes

Provider Household Income Statement

DEPARTMENT OF EDUCATION

1 List all infants, children and students through grade 12 in the household, even if they are not related. If more space is needed, attach another sheet.

Child's First Name	MI	Child's Last Name	Birthdate	Enrolled in this child care? If yes, fill in the circle	Child in Foster Care? (An agency or court has legal responsibility for the child.) If yes, fill in the circle.	Regular Income Earned by Children List any regular incomes earned by children. Do not include occasional earnings like babysitting or lawn mowing.				
						Regular Income	Weekly	Bi-Weekly	2X Month	Monthly
				○	○	$	○	○	○	○
				○	○	$	○	○	○	○
				○	○	$	○	○	○	○
				○	○	$	○	○	○	○
				○	○	$	○	○	○	○

2 Do any household members currently participate in any of these programs: SNAP, MFIP or FDPIR? (MA and WIC do not qualify.) If no, go to number 3.

If yes, write in the **case number** here and check the program:_____ ☐ SNAP ☐ MFIP ☐ FDPIR. Then go to number 4.

3 A. List **all** adult household members, including yourself, and report all incomes. (Skip number 3 if you completed number 2 or if all participants are in foster care.)

Adults – Full Name For the purpose of meal benefits, the members of your household are "Anyone who is living with you and shares income and expenses, even if not related." List the full name of each household member not listed in number 1 and their income(s) in whole dollars. If a person has no income, write in 0 or leave the section blank. This is your certification (promise) of no income to report. Include any college students temporarily away from home.	Gross Pay from Work Do not write in an hourly wage					Farm or Self-Employment	Public Assistance, Child Support, Alimony					All Other Incomes				
	Gross pay before deductions (not take-home pay)	Weekly	Bi-Weekly	2X Month	Monthly	Net Income after business expenses. State if annual or monthly.	Payments received	Weekly	Bi-Weekly	2X Month	Monthly	Pension, retirement, disability, unemployment, Veterans benefits, etc.	Weekly	Bi-Weekly	2X Month	Monthly
	$	○	○	○	○	$	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	$	○	○	○	○	$	○	○	○	○

B. Last four digits of signer's Social Security Number (SSN) or no SSN (required): X X X – X X – ☐ ☐ ☐ ☐ or ☐ I don't have a Social Security Number.

4 I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that this information is given in connection with receipt of federal funds and that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose benefits and I may be prosecuted under applicable federal and state laws.

Signature of provider (required): _____

Printed Name: _____ Date: _____

Address: _____

Phone: _____

Sponsor Use Only—Do Not Write Below

Total Household Members: _____ Total Income: $_____ per _____

☐ Approved Tier 1: ☐ Case Number ☐ Foster ☐ Income

☐ Denied Tier 1: ☐ Income ☐ Incomplete

Area Eligible: ☐ Yes ☐ No Verified: ☐ Yes ☐ No

Sponsor Signature _____ Date _____

Effective Dates: From _____ through _____

Farmer or Self-Employed

Income is your *net* income (after deducting business expenses) from farm or self-employment during the year, which is generally shown on Schedule C or F from the federal tax return. A loss from farm or self-employment must be listed as zero income and does not reduce other household income for the purpose of completing this form.

Seasonal Worker

Income is your expected *average gross income* before deductions (*not* take-home pay) from seasonal work during the year. List your *average gross income* from seasonal work per month or other frequency.

Privacy Act Statement / How Information Is Used

The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give this information but, if you do not, we cannot approve your child for free or reduced-price school 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 child in foster care, or you provide a Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservation (FDPIR) assistance number, or 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 your household meets program eligibility guidelines and for administration and enforcement of the program.

Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and teletypewriter [TTY]) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or 2. **fax:** (833) 256-1665 or (202) 690-7442; or 3. **Email:** program.intake@usda.gov

This institution is an equal opportunity provider.

Adults' & Children's Alliance

TIER 1 VERIFICATION DOCUMENTATION WORKSHEET

As you are self-employed, the calculation of you income is based on your business income minus your business expenses to arrive at your net income. Use the worksheet below to determine your monthly income and expenditures.
Remember, documentation must be submitted to verify your income and expenses.

INCOME: Determine your current monthly income from your child care business.	
Child Care Fees from Parents:	**$**
CACFP Reimbursement:	**$**
Other: (List specific income)	**$**
TOTAL MONTHLY INCOME	**$**

EXPENSES: (Child Care Business only)					
Mortgage or Rent	$	Office Supplies	$	Other (List specific expenses):	$
Food	$	Toys & Supplies	$	Other	$
Utilities	$	Postage	$	Other	$
Insurance	$	Salaries & Wages	$	Other	$
Paper & Cleaning Supplies	$			Other	$
	$			Other	$
TOTAL MONTHLY EXPENSES: $					
TIME-SPACE PERCENTAGE BEING USED (see below):					

To calculate your Time-Space percentage, please see the following instructions: A percentage of your home expenses may be claimed as a business expense. For example, if 1,500 square feet of your 2000 square foot home is used 10 hours per day 5 days per week for child care, you would calculate your business expense percentage as follows:
Time Factor Example:
10 hours/day of child care X 5 days/week X 50 weeks/year = 2500=28.53%
24 hours in day X 365 days in a year = 8760
Space Factor Example:
6 rooms used for family care = 75% OR 1500 square feet child care use = 75%
8 rooms in house 2000 square foot house

Space X times =% used for business 75% (space) X 28.53% (time) = 21.39%

To determine your net income from your business, use the following formula:
Subtract monthly expenses from monthly income = Net monthly income from child care business

NET MONTHLY INCOME FROM YOUR CHILD CARE BUSINESS: (This is the amount to record on your Provider Household Income Statement.)	$