



Mid Michigan Child Care Food Program  
 Mid Michigan Child Care Centers, Inc.  
 P.O. Box 610  
 Freeland, MI 48623  
 989-695-2683  
 1-800-742-3663  
 Fax: 989-695-5488  
 www.midmichigancc.com

Dear Provider:

To qualify for Tier I reimbursement, or if you wish to receive reimbursement for meals served to your own children under the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP), you must complete, sign, and return the enclosed Provider Income Eligibility Statement (PIES).

**1. How do I qualify for the Tier I reimbursement for meals served to children enrolled in my home?** You must either (a) live in an area that is eligible based on economic need as determined by school enrollment or census data, or (b) establish economic need through the information provided on the enclosed PIES.

**2. Who determines my eligibility as a Tier I day care home?** Our office will determine your eligibility status using the information you provide on the Provider Income Eligibility Statement. If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, you are eligible for Tier I reimbursement (attach current notice of eligibility or attach a copy of a letter from your case worker that verifies eligibility). If you do not receive any of these benefits, report all household income (not just your family day care home business income). If your household income is less than or equal to the levels shown on the reduced-price income eligibility guidelines effective July 1, 2024, until June 30, 2025, as shown below, you are eligible for Tier I reimbursement.

Family Size	Yearly Income	Monthly Income	Weekly Income
1	\$27,861	\$2,322	\$536
2	\$37,814	\$3,152	\$728
3	\$47,767	\$3,981	\$919
4	\$57,720	\$4,810	\$1,110
<b>For each additional family member add:</b>	\$9,953	\$830	\$192

Your family may be eligible to receive health insurance, called MICHild, through the State of Michigan. MICHild is a health insurance program for uninsured children of Michigan's working families. To determine if your family is eligible, call 1-888-988-6300 for an application or access an online application at the MI Child website ([www.michigan.gov/michild](http://www.michigan.gov/michild)). You can also access the MICHild brochure that briefly explains the insurance program.

Your family may be eligible to receive Women, Infants & Children (WIC), a health and nutrition program, that has demonstrated a positive effect on pregnancy outcomes, child growth and development. To determine eligibility, call 1-800-26-BIRTH or access online information at Women, Infants, & Children (WIC) website (<http://www.michigan.gov/wic>) to learn about WIC and locate a local WIC agency.

**Return the completed form and other documentation to: Mid Michigan Child Care Centers, P.O. Box 610, Freeland, MI 48623 Fax: 989-695-5488.**

**3. What kind of records should I submit with my Provider Income Eligibility Statement?** If you operated a family day care home business last year, attach a copy of your most recent tax return, including Schedule C. If your most recent tax return and Schedule C are no longer indicative of your income, you may submit documentation of your current income and expenses. To do so, include payment statements for work and other forms of income. The documentation you send must include the name of the person who received the income, the

date it was received, how much was received, and how often it was received.

**4. How do I get reimbursed for meals served to my own children?** You are required by law to complete a PIES if you wish to claim meals served to your own children. Even if you live in an area identified as one of economic need, or you have already been classified as a Tier I home, you must complete this form. You do not need to submit income documentation, but our office may request and verify the income information you submit.

**5. If I do not live in an area of economic need or don't want to submit the Provider Income Eligibility Statement, what are my options for reimbursement?** You will receive Tier II reimbursement for meals served to children enrolled in your family day care home.

**6. Will the information I give be verified?** Maybe. We may ask you to send written proof to verify the information you submitted on the form. **What if I disagree with the decision about the information I complete on this form?** You should talk to your sponsoring organization.

**7. Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you.

**8. How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member and the frequency it is received. If recent income does not accurately reflect your circumstances, you may provide a projection of your income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the income eligibility guidelines, you will receive Tier I reimbursement. Once properly approved for Tier I reimbursement, whether through income or proof of benefits as supported by a current Food Assistance Program (FAP - formerly Food Stamps), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) case number, you will remain eligible for those benefits for a period not to exceed 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility guidelines.

**9. May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens.

**10. What if I have foster children?** Foster children are eligible for Tier I reimbursement regardless of their personal income or the income of the household with whom they reside. Households wishing to apply for such benefits for foster children should contact [name, address, phone number]. Additionally, foster children may be included as members of the household for determining the eligibility of other children in the household for Tier I and Tier II reimbursement.

**11. We are in the military. Do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP), is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

In the operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age, or disability.

If you have other questions or need help, call **1-800-742-3663**.

Sincerely,

**Mid Michigan Child Care Center**

## Instructions for Providers Provider Income Eligibility Statement

### If you are applying for foster child(ren) only, follow these instructions:

- Part 1: Do not complete.  
Part 2: List name, age, and birth date of foster child(ren); check the box for foster child.  
Part 3: Sign and date the form. The last four digits of a Social Security number are not necessary.

### If your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, follow these instructions:

- Part 1: List the name and case number for any household member (including adults) receiving FAP, FIP, or FDPIR.  
Part 2: List the name, age, and birth date for all children enrolled in day care. Part 3: Sign and date the form. A Social Security number is not necessary.  
Note: If you are a current Tier II provider, you must include supporting documentation to verify your active case number.  
Note: Benefits received under Medicaid, Women Infant and Children (WIC), or Department of Health and Human Services (DHHS) Child Care Assistance Program (where DHHS pays a portion of your child care expense) does not automatically qualify for Tier I meal reimbursement to your provider.

### All other households, including households where some of the children are foster children, follow these instructions (not required if household is over the income limits and don't have any foster children):

- Part 1: Do not complete.  
Part 2: List the names and ages of everyone (related or not related) living in your household, including you, other adults and children (If you need more space, use a separate sheet of paper)

Place a X in the column for all children enrolled in childcare List  
household members' ages and dates of birth

Place a X in the next column if children in the household are foster children

If no case number is indicated in Part 1, list (by person) the amount and source of income that person receives and the frequency the income is received. List earnings **before** deductions, welfare benefits, child support or alimony or any other income including retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits, Worker's Compensation, unemployment, strike benefits, regular contributions of people who do not live in your household or any other income

Place a X in the box for those listed who do not have any income

If you are in the Military Housing Privatization Initiative or receive Combat Pay, do not include the housing allowance as income

Foster child payments received by the family from the placement agency are not considered income and do not have to be reported. The presence of a foster child in a family does not make all children in the household automatically eligible for Tier I meal reimbursement

If you are a farmer or self-employed, income is gross farm or business income received in the month prior to application minus farm or business expenses. Gross wages from other jobs or income from other sources must also be listed as income. A loss from self-employment must be listed as zero income and cannot reduce other income

If you are a current Tier II provider, you must include documentation to verify all reported household income

#### **Help Determining Annualized Income**

If your 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

- Part 3: Sign and date the form and list the last four digits of your Social Security number or check the Box indicating "I do not have a Social Security number."

## **USDA 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 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: USDA Program Discrimination Complaint Form, 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: **mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or **fax:** (833) 256-1665 or (202) 690-7442; or **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

USDA Civil Rights Complaint Link:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

## Provider Income Eligibility Statement

**Part 1 – Households Receiving Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPiR)**

If any member of your household receives FAP (SNAP), FIP (TANF), or FDPiR, provide the name and case number for the person who receives the benefits.

Name: \_\_\_\_\_ Program (circle): FIP FAP FDPiR Case Number: \_\_\_\_\_

First and Last Names of All Household Members, Related and Unrelated	Enrolled for Child Care (x)	Age	Birth Date	Foster Child (x)	Amount of Earnings from Work (before deductions)	How Often? (x)			How Often? (x)			Amount of Welfare, Child Support or Alimony	How Often? (x)			Amount of All Other Income (Indicate source and amount)	How Often? (x)			Mark if No Income (x)		
						Annually	Monthly	Bi-Weekly	Annually	Monthly	Bi-Weekly		Annually	Monthly	Bi-Weekly							

**Part 3 – All Households: Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date)**

I certify that all information on this form is true, and that all income is reported. I understand that federal funds are based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Last four digits of Social Security Number: XXX-XX-\_\_\_\_ I do not have a Social Security Number \_\_\_\_\_

**For Sponsor Use Only**

Total Household Members:	Total Income: \$	Annually Monthly 2x Month	Bi-Weekly Weekly
<b>APPROVED CATEGORY</b>			
Categorical Eligible: (Tier 1): Foster FIP FAP FDPiR			
Income Eligible: Tier 1 Tier 1 and provider's own Denied			

Institution Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Privacy Act Statement**

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 Social Security Number is not required when you apply on behalf of a foster child or you list a Food Assistance Program (FAP), Family Independence Program (FIP), 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.

### **USDA Nondiscrimination Statement**

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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 TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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# Income/Expense Sheet

**Provider's Name** \_\_\_\_\_

**License #** \_\_\_\_\_

**Month of** \_\_\_\_\_

**Year** \_\_\_\_\_

<b>Total Monthly Income From Day Care Business</b>		
<b>Payments from Parents</b>		
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<b>CACFP Reimbursement</b>	\$	
<b>Other Day Care Income</b>	\$	
<b>DHS</b>	\$	
	\$	
<b>Total Monthly Income</b>	<b>\$</b>	

<b>Total Monthly Expenses</b>	
<b>Expenditures – 100% Deductible</b>	
Accounting services	\$
Advertising	\$
Automobile mileage	\$
Baby furniture and equipment (costing under \$100)	\$
Bank charges for child care accounts	\$
Books and magazines for children or child care purposes	\$
Business association dues	\$
Education expenses (professional development)	\$
Field trips and projects	\$
Food expenses	\$
Gifts (limited to \$25 per child and each parent per year)	\$
Insurance (child care liability fees are 100% deductible)	\$
Interest on business debts	\$
Licensing fees and physicals	\$
Office supplies	\$
Substitute caregiver fees	\$
Toys (if used only in child care)	\$
Telephone (long distance calls related to business, call waiting, call forwarding, extra extension, custom ringing, extra line, etc.)	\$
	\$
	\$
	\$

<b>Partially Deductible Items*</b>	<b>Full Amount</b>	<b>Percent*</b>	<b>Deductible</b>
Appliance repair	\$		\$
Cleaning/laundry supplies	\$		\$
Home repairs/maintenance	\$		\$
Household supplies	\$		\$
Rent/Mortgage payment	\$		\$
Cable/Satellite TV costs	\$		\$
Utilities (excluding phone)	\$		\$
Tax preparation	\$		\$

<b>If separate from monthly payment</b>			
Household insurance	\$		\$
Mortgage interest	\$		\$
Property taxes	\$		\$

**Insert monthly totals from each table to determine NET INCOME**

<b>INCOME</b>	\$
<b>- EXPENSES</b>	\$
<b>NET INCOME</b>	<b>\$</b>

**\* Partially Deductible Items**  
 "Percent" from Federal tax form 8829  
 "Expenses for Business Use of Your Home" Part 1, Line 7

