

**INSTRUCTIONS FOR  
NOTICE OF TIER DETERMINATION – DAY CARE HOMES (H1659)**

Contracting entities (CEs) use this form to notify a provider of the sponsor's determination that the Provider is Tier I or Tier II.

Enter the name and address of the Provider in the space provided.

Enter the date the notification is sent to the Provider.

Enter the Provider's license/registration number.

Indicate if the Provider's Tier status and the effective date (the date the tier determination was made).

If the Tier status is Tier II, indicate the reason for that determination, and provide the appeal procedures including the name and address of the person to whom the Provider's request for appeal must be sent.

Enter the name, title, and telephone number of the CE's representative, as well as the name of the CE.

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Date	License/Registration No.
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**Notice of Tier Determination – Day Care Homes**

Based on the information you provided and on the results of our verification efforts, we have determined that you are:

**Eligible for TIER I effective on** .....

**Eligible for TIER II effective on** .....

You are **not eligible for TIER I status** for the following reason(s):

- Your day care home is not located in a low-income area.**
- Your reported household income exceeds the allowable limit.**
- Income that you reported for \_\_\_\_\_ could not be verified.**
- Your Supplemental Nutrition Assistance Program (SNAP)/Temporary Assistance for Needy Families (TANF) participation or your child’s Early Head Start, Head Start, or Even Start participation could not be verified.**
- You have not submitted a *CACFP Meal Benefit Income Eligibility Form* for Tier I Eligibility.**

If you did not qualify for Tier I, you may request a redetermination if there is a decrease in household income or if there is a change in the number of household members. If you have any questions about the information contained in this letter, please call our office at the telephone number listed below.

You have the right to appeal a **Tier II determination**. Your request for an appeal must be received within 15 days of your receipt of notification. Send your request for an appeal hearing to:

Sincerely,

Name of Contracting Entity Representative	Title	Telephone No.
Name of Contracting Entity		

**NONDISCRIMINATION:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**DECLARACIÓN de NO-DISCRIMINACIÓN:** De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el [Formulario de Denuncia de Discriminación del Programa del USDA](#), (AD-3027) que está disponible en línea en: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:

- (1) correo: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; o
- (3) correo electrónico: [program.intake@usda.gov](mailto:program.intake@usda.gov).

Esta institución es un proveedor que ofrece igualdad de oportunidades.