



Food and Nutrition

3E'S OF HEALTHY LIVING

Education, Exercise and Eating Right

Child Care

CACFP

Child Enrollment

Child Eligibility

Reimbursement

Projection

Chapter 5

Required Child Enrollment Information

The Texas Department of Family and Protective Services (DFPS) requires that each child in a child care center be enrolled. You must maintain documentation of enrollment for each child that receives care at your center. *F&N requires enrollment information to be updated annually.* All children for whom meals are claimed in the CACFP must have a *valid* enrollment form that includes the following required elements:

- Child's name;
- Child's date of birth;
- Enrollment/withdrawal dates;
- Days and hours child is normally in care;
- Meals/snacks usually served to the child while in care;
- Parent/guardian's signature;
- Date of signature.

F&N does not have a mandatory enrollment form. However, whatever enrollment form or forms you use must contain all the required elements listed above and be completed *before* meals are claimed. The parent or guardian must complete the enrollment documentation. Particularly the days and hours the child is normally in care and the meals/snacks normally served to the child while in care. The enrollment documentation must provide spaces for the parent/guardian to indicate each of the required enrollment elements.

The center must not complete any of the information after the parent/guardian has signed and dated the document.

If you do not have an enrollment form for a child that receives care at your center, or if the child's enrollment form is incomplete, you still include the child in your enrollment mix on the claim for reimbursement. Enrollment Mix is the count of children in the Free, Reduced and Paid categories.

A child is not eligible for CACFP reimbursement whose enrollment form is missing, over a year old, is incomplete or does not contain all the required elements and you must not claim reimbursement for meals served to that child.

Enrollment forms are updated yearly.

Program Exceptions

Emergency Shelters - Children must reside in the Emergency Shelter with or without their parent(s) or guardian(s) and be marked in attendance on a roster/list. The roster/list must include child's name, arrival and withdrawal date, date of birth (DOB), and parents or guardian(s) name. There is no enrollment requirement.

At-Risk Afterschool Care Centers - Children have to be marked in attendance on a daily roster/list each time they participate in the enrichment component offered through the At Risk Afterschool Care Center. The roster/list must include the child's name and DOB. There is no enrollment requirement. You may also use the Form H1535-AT Daily Meal Count and Attendance Record (At-Risk) for the attendance (remember to add DOB).

Eligibility Determination for Free, Reduced-Price and Paid Meal

As a CACFP CE, you must properly determine the eligibility category of each enrolled child as a condition of receiving reimbursement for the meals you provide.

Eligibility status determines whether the enrolled child falls into the ***free, reduced-price, or paid*** meal category. Eligibility status must be determined up front because eligibility determinations affect payments, which are based on the "**Blended Rate**" method of reimbursement.

CEs receive higher reimbursement for children in the *free and reduced-price* categories. The greater the percentage of children in the free and reduced-price categories, the higher the blended rate.

Exceptions

Emergency Shelters – Shelters are not required to conduct eligibility determinations. Eligible meals are claimed in the *Free* category for reimbursement.

At Risk Afterschool Care Center – There is no eligibility determination. Eligible meals/snacks are claimed in the *Free* category for reimbursement.

CACFP eligibility category is NOT related to Child Care Management System (CCMS) eligibility.

It is common practice for centers to determine eligibility at the time of a child's enrollment and to include forms necessary to document eligibility as part of their enrollment package.

Free, Reduced-Price and Paid Eligibility Determination

In order to determine which category the enrolled child is in and to correctly document eligibility the following forms are reviewed:

- CACFP Meal Benefit Income Eligibility Form;
- Documentation of enrollment for Head Start, Early Head Start or Even Start Programs (children enrolled in a Head Start, Early Head Start or Even Start programs); or
- Form 4504 - Income Eligibility Guidelines for Determining Free and Reduced-Price Benefits.

Free and Reduced-Price Meals

You will determine whether children enrolled at your site(s) are eligible for *free* or *reduced-price* meals. All other enrolled children are considered to be in the *paid* category. Remember, you cannot claim meals on children whose enrollment form is over a year old, incomplete or missing.

For a child to be eligible for *free* or *reduced-price meals*, you must have either:

- A completed CACFP Meal Benefit Income Eligibility Form; or
- Documentation of enrollment in a *Head Start* or *Early Head Start Program*; or *Even Start Program*

Head Start Programs

A child is automatically eligible for the free category while enrolled in a Head Start Program (HSP).

See the handbook for details of requirements of centers that operate HSP and centers that do not operate HSP but serve HSP children.

Even Start Family Literacy Programs

A child is automatically eligible for free category while enrolled as a participant in the Even Start Family Literacy Program (ESP), if they have not yet entered kindergarten.

See the handbook for details of requirements of centers that operate ESP and centers that do not operate ESP but serve ESP children.

Early Head Start Programs

A child is automatically eligible for the free category while enrolled in an EHSP.

See the handbook for details of requirements of centers that operate EHSP and centers that do not operate EHSP but serve EHSP children.

CACFP Meal Benefit Income Eligibility Form

On the next two pages is the CACFP Meal Benefit Income Eligibility Form. This form must be filled out for every child that you claim in the Free or Reduced Price category for reimbursement. **The form is updated annually.**

I will review the instructions as you follow along with the form. You can find the form and instructions at www.snptexas.org.

CACFP - Child Care Centers – New Contracting Entity Training



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

| | |
|--|---|
| Part 6. Participant's ethnic and racial identities (optional) | |
| Mark one ethnic identity: | Mark one or more racial identities: |
| <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| Part 7. Sharing Information With Other Programs: OPTIONAL | |
| The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility. | |
| <input type="checkbox"/> I do elect to allow my household information to be disclosed. | |
| <input type="checkbox"/> I do not elect to allow my household information to be disclosed. | |
| Don't fill out this part. This is for official use only. | |
| Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12 | |
| Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____ Categorical Eligibility: ____ Date Withdrawn: _____ Eligibility: Free ____ Reduced ____ Denied ____ Tier I ____ Tier II ____ Reason: _____ | |
| Determining Official's Signature: _____ Date: _____ | |
| Confirming Official's Signature: _____ Date: _____ | |
| Follow-up Official's 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 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

CACFP - Child Care Centers – New Contracting Entity Training

Texas Department of
Agriculture

Form H4504
June 2011

INCOME ELIGIBILITY GUIDELINES FOR DETERMINING FREE & REDUCED-PRICE BENEFITS JULY 1, 2011- JUNE 30, 2012

| FAMILY SIZE | ANNUALLY | | MONTHLY | | TWICE PER MONTH | | EVERY TWO WEEKS | | WEEKLY | |
|--|----------|----------|---------|---------|-----------------|---------|-----------------|---------|---------|---------|
| | FREE | REDUCED | FREE | REDUCED | FREE | REDUCED | FREE | REDUCED | FREE | REDUCED |
| 1 | \$14,157 | \$20,147 | \$1,180 | \$1,679 | \$590 | \$840 | \$545 | \$775 | \$273 | \$388 |
| 2 | \$19,123 | \$27,214 | \$1,594 | \$2,268 | \$797 | \$1,134 | \$736 | \$1,047 | \$368 | \$524 |
| 3 | \$24,089 | \$34,281 | \$2,008 | \$2,857 | \$1,004 | \$1,429 | \$927 | \$1,319 | \$464 | \$660 |
| 4 | \$29,055 | \$41,348 | \$2,422 | \$3,446 | \$1,211 | \$1,723 | \$1,118 | \$1,591 | \$559 | \$796 |
| 5 | \$34,021 | \$48,415 | \$2,836 | \$4,035 | \$1,418 | \$2,018 | \$1,309 | \$1,863 | \$655 | \$932 |
| 6 | \$39,987 | \$55,482 | \$3,249 | \$4,624 | \$1,625 | \$2,312 | \$1,500 | \$2,134 | \$750 | \$1,067 |
| 7 | \$43,953 | \$62,549 | \$3,663 | \$5,213 | \$1,832 | \$2,607 | \$1,691 | \$2,406 | \$846 | \$1,203 |
| 8 | \$48,919 | \$69,616 | \$4,077 | \$5,802 | \$2,039 | \$2,901 | \$1,882 | \$2,678 | \$941 | \$1,339 |
| 9 | \$53,885 | \$76,683 | \$4,491 | \$6,391 | \$2,246 | \$3,196 | \$2,073 | \$2,950 | \$1,037 | \$1,475 |
| 10 | \$58,551 | \$83,750 | \$4,905 | \$6,980 | \$2,453 | \$3,491 | \$2,264 | \$3,222 | \$1,133 | \$1,611 |
| 11 | \$63,817 | \$90,817 | \$5,319 | \$7,569 | \$2,660 | \$3,786 | \$2,455 | \$3,494 | \$1,229 | \$1,747 |
| 12 | \$68,783 | \$97,884 | \$5,733 | \$8,158 | \$2,867 | \$4,081 | \$2,646 | \$3,766 | \$1,325 | \$1,883 |
| For each additional family member add: | | | | | | | | | | |
| | \$4,966 | \$7,067 | \$414 | \$589 | \$207 | \$295 | \$191 | \$272 | \$96 | \$136 |

The following rates of reimbursement are effective beginning July 1, 2011.

| RATES PER MEAL SERVED IN CHILD CARE CENTERS | | | |
|--|------------------|---------------------|--------------|
| <u>Reimbursement Category</u> | <u>Breakfast</u> | <u>Lunch/Supper</u> | <u>Snack</u> |
| Free | \$1.51 | \$2.77 | \$0.76 |
| Reduced Price | \$1.21 | \$2.37 | \$0.38 |
| Paid | \$0.27 | \$0.26 | \$0.07 |

Cash-in-lieu of commodities (lunch/supper): \$0.2225

| RATE PER MEAL SERVED IN AT-RISK AFTERSCHOOL CARE CENTERS | | |
|---|--------------|---------------------|
| All are considered in the Free Category | | |
| <u>Breakfast</u> | <u>Snack</u> | <u>Lunch/Supper</u> |
| \$1.51 | \$0.76 | \$2.77 |

CACFP Reimbursement Projection Procedure

The amount of the monthly CACFP reimbursement is based on the number of meals served to eligible children and the ratio of the children in each eligibility category (free, reduced or paid). To project your CACFP reimbursement, you will need the following:

- Claiming percentage – This is the ratio of eligible children in each category (free, reduced-price, paid) to the total enrollment;
- Current per meal rates – These are the maximum amounts TDA pays for each meal type; and
- Projected number of meals by type.

The eligibility category is based on family size and income or on receipt of certain benefits. In general,

Free Category – Children from families receiving SNAP or TANF, or from households with incomes at or below 130% of the federal poverty guidelines. Foster children are considered a family of one and are free.

Reduced Price Category – Children from households with incomes at or below the federal poverty guidelines.

Paid – Children from households that exceed 185% of the federal poverty guidelines, or from households that do not submit CACFP Meal Benefit Income Eligibility Form.

To arrive at the most reliable estimate of reimbursement, collect the forms for all enrolled children in your center. You may choose not to collect the forms if you feel you can estimate the number of children in the free, reduced and paid categories from your knowledge of the children enrolled.

For estimation purposes only: At Risk Afterschool Care Centers, Emergency Shelters, Head Start, Early Head Start, and ESP participants are counted as free.

Calculations

To *estimate* the amount of reimbursement, follow these steps.

Step 1. Compute the claiming percentage.

Example: you have 50 enrolled children –30 are *free*, 15 are *reduced-priced* and 5 are *paid*.

Free – 30 divided by 50 = .6

Reduced Price – 15 divided by 50 =.3

Paid – 5 divided by 50 =.1

Step 2. Calculate the revised rates: Multiply the claiming percentage by the current rates. This gives a revised rate. When you calculate the claiming percentages, use the reimbursement rates currently in effect. The current rates may be found on the TDA website. Calculate to the third decimal, and then round down.

Step 3. Determine the blended rates. Multiply the claiming percentage by the current rates. This gives a revised/blended rate for the meal type. Add the revised rates together.

Step 4. Multiply the blended rate times the estimated number of meal types served in one month. Multiply the Cash-in –Lieu of Commodities rate times the estimated number of Lunch/Supper meal types served in one month. This gives the estimated monthly amount of reimbursement for the meal type.

Step 5. *Estimate the yearly reimbursement:* Multiply the estimated monthly amount by 12 to arrive at the estimated yearly amount.