**Child and Adult Care Food Program**

**Determination of Tier I or Tier II Eligibility**

**Sponsor Name**

Provider Name

Address

|  |
| --- |
| **TIER I** |

[ ]  Census Data Census map attached [ ]  Yes [ ]  No

 Census map dated

|  |
| --- |
| Provider approved to claim own children:  Income application date:       [ ]  Yes [ ]  No        [ ]  Yes [ ]  No       [ ]  Yes [ ]  No       [ ]  Yes [ ]  No       [ ]  Yes [ ]  No  |

[ ]  School Data OSPI public school data from October

County      \_\_\_\_\_

 Name of school district

 Name of public school

 Percent of free and reduced-price

 School data verified [ ]  Yes [ ]  No

 School attendance area verified by map [ ]  Yes [ ]  No

School attendance area verified by website [ ]  Yes [ ]  No

 If yes, print supporting documents.

School attendance area verified by telephone with

 NAME

on       Telephone number

 DATE

[ ]  Provider’s Income Documentation on file [ ]  Yes [ ]  No

|  |
| --- |
| **TIER II** |

[ ]  Option 1 – All meals for children reimbursed at the Tier II rate.

[ ]  Option 2 – Reimbursement for meals served to children based on family income.

[ ]  Option 3 – Reimbursement for meals served to children based on expanded categorical eligibility.

Sponsor will inform providers of Tier II homes of the number (not by name) of Tier I and Tier II children that are enrolled in care.

 Signature of Authorized Representative Date of Determination