

TIER NOTIFICATION FORM

Provider Name _____ Date _____

Provider Address: _____

Instructions: Your CACFP tier determination is marked in the appropriate column. Please complete and sign both forms. Return one form to the sponsoring organization and keep the other on file.

<input type="checkbox"/> TIER 1	<i>or</i>	<input type="checkbox"/> TIER 2
<p>Your home has been determined to be Tier 1 due to:</p> <p><input type="checkbox"/> School¹ Name of Elementary School: _____ Effective: _____ Expires: _____</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Census¹ Census Block Number: _____ Effective: _____ Expires: Until next census data available</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Household Income Effective: _____ Expires: _____</p> <p>Meals will be reimbursed at Tier 1 rates for children in care. I understand the method of determination and the rates at which meals will be reimbursed.</p> <p>_____ <i>Signature of Provider</i> _____ <i>Date</i></p>	<p>Your day care home has been determined to be Tier 2 because it is not located in an eligible area and it has not been determined eligible by income. As a Tier 2 provider, you must select one of the following options:</p> <p><input type="checkbox"/> I choose to receive Tier 2 reimbursement for meals served to all children in my care.²</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> I request the sponsoring organization to collect income forms from ALL families who have children in my care. Meals will be reimbursed at Tier 1 rates for eligible children and Tier 2 rates for all other children.²</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> I will provide documentation to the sponsoring organization for children who are eligible for SRS child care subsidies. Meals will be reimbursed at Tier 1 rates for eligible children and Tier 2 rates for all other children.²</p> <p>I understand the method of determination and the rates at which meals will be reimbursed.</p> <p>_____ <i>Signature of Provider</i> _____ <i>Date</i></p>	

¹Providers who are Tier 1 by School/Census may only claim their own children if eligible by household income.
 Providers own? **Y** **N** **N/A**

²Tier 2 provider's own children cannot be claimed for reimbursement in the CACFP.

Effective Date	Expiration Date
Year 1: _____	to _____
Year 2: _____	to _____
Year 3: _____	to _____
Year 4: _____	to _____
Year 5: _____	to _____

(continue on reverse side, if necessary)