



**STATE OF MAINE**  
**DEPARTMENT OF EDUCATION**  
23 State House Station  
Augusta, ME  
04333-0023

**Janet T. Mills**  
Governor

**Pender Makin**  
Commissioner

**TIER I – Family Child Care Providers**  
**July 1, 2026 to June 30, 2027**

This form must be completed and provided to your CACFP Sponsor, along with proof of household income, to determine your eligibility to receive the Tier I level of reimbursement for meals and snacks being served to the children in your care.

The Welfare Reform Act of 1996 included a provision which allows Child Care providers who participate in the Child and Adult Care Food Program and who themselves have low-income households to be eligible to claim meals served to children who live as members of the Provider's household. If a Provider is determined eligible to receive the Tier I level of reimbursement for children enrolled in care due to household income being at or below the level of Reduced-price meals, that Provider is also eligible to receive the Tier I or Higher rate of reimbursement for those children who are members of the Provider's household.

To determine if you may qualify for this benefit, please complete the attached application form and return it to your CACFP Sponsor. Your Sponsor will compare your monthly household income to the current income guidelines to determine if you qualify for the Tier I rate of reimbursement.

By regulation, all listed incomes must be verified by your CACFP Sponsor. This means you must provide your Sponsor with copies of sever recent paycheck stubs for anyone in the household who is employed but not self-employed. If someone in the household receives benefits from Social Security, a pension or retirement, Unemployment Compensation, Life Insurance, or other such program, you must supply a copy of the most recent granting letter from that source showing the amount to be received monthly. If benefits are received from SNAP, TANF, or FDPIR, you must supply a copy of the most recent granting letter showing the amount to be received and the period of eligibility. You must also supply copies of checks to verify any other sources of income, including child support or alimony.

All Child Care Providers are considered to be self-employed. For this reason, you must either supply current records of your business income and expenses to show your current net income from self-employment or, if the net income from self-employment from the recent year is representative of your current level of income, you may supply a copy of your most recent IRS 1040 form.

**Instructions:**

1. Enter the name and age of child for whom you may be making application.
2. Include the name of each person living in the household. A household is any group of people who live together and share income and living expenses. These people may or may not be related to each other.
3. List the total income before deductions, from all sources, for all people living in the household.
4. Include the last four (4) digits of the Social Security Number of the household member or guardian who is signing the application. If this person does not have a Social Security Number, the word "Non" must be entered in the allotted space.
5. Include the signature, address, telephone number of the person completing the application along with the date the application was completed.
6. Be sure to provide, to your Sponsor, verification as described above, for each source of household income.
7. Return the completed form and documents to your Sponsor.

By regulation, if any of the above requested information is not provided with the application, your CACFP Sponsor may not determine you to be eligible to claim meals served to children who live as members of your household. A form will not be considered complete unless the applicable information listed above is provided. The person who signs the form must understand that if the household income section of the form is left blank, that person is certifying that the household has zero income; income must be reported and verified for day care home providers who qualify for the higher tier of reimbursement based on household income.

Your Sponsor will also have to determine if you meet either the Tier I School or the Tier I Census requirements before you may be declared automatically eligible to receive the Tier I rate for any of the other children in your childcare.

The following chart shows the upper income level for the Tier I category for the period of **July 1, 2026 to June 30, 2027**.

| <b>Family Size</b>                   | <b>Annual</b> | <b>Monthly</b> | <b>Twice Per Month</b> | <b>Every Two Weeks</b> | <b>Weekly</b> |
|--------------------------------------|---------------|----------------|------------------------|------------------------|---------------|
| 1                                    | \$29,526      | \$2,461        | \$1,231                | \$1,136                | \$568         |
| 2                                    | \$40,034      | \$3,337        | \$1,669                | \$1,540                | \$770         |
| 3                                    | \$50,542      | \$4,212        | \$2,106                | \$1,944                | \$972         |
| 4                                    | \$61,050      | \$5,088        | \$2,544                | \$2,349                | \$1,175       |
| 5                                    | \$71,558      | \$5,964        | \$2,982                | \$2,753                | \$1,377       |
| 6                                    | \$82,066      | \$6,839        | \$3,420                | \$3,157                | \$1,579       |
| 7                                    | \$92,574      | \$7,715        | \$3,858                | \$3,561                | \$1,781       |
| 8                                    | \$103,082     | \$8,591        | \$4,269                | \$3,965                | \$1,983       |
| <b>Each Additional Family Member</b> | \$10,508      | \$876          | \$438                  | \$405                  | \$203         |

If a member of your household becomes unemployed, you may become eligible for the above described benefits during the period of unemployment, provided the loss of income causes the household income to fall within the eligibility guidelines.

If a Foster Child is living as a member of your household, please indicate this on the application.

**Child and Adult Care Food Program  
Application for Tier I Income Providers**

**Child for whom the application is being made:**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**If you are applying for CACFP benefits on behalf of a foster child, please check this box:** ☐

**Instructions**

- (a) Household members: List the names of all persons living in your household. Be sure to include yourself and the child listed above. A household is any group of people who live together and share living expense. These people may or may not be related to each other.
- (b) Social Security Number: Per sections 9 and 17 of the National School Lunch Act, unless the child's SNAP, TANF or FDPIR ID number is provided, the last four (4) digits of the adult household member or guardian who signs the application. If the adult does not have a Social Security Number, that person must enter the word "None" in the allotted space.

Although the Social Security Number is not mandatory, if the last four (4) digits of the Social Security Number are not given, or the word "None" the application cannot be approved.

- (c) Income: List *all* income from *all* sources received last month for each person who received it. Income must be the amount received *before* deductions. List each amount under the correct column. As indicated previously, all income must be verified by your CACFP Sponsor, either through check stubs, copies of granting letters, copies of checks or the most recent IRS-1040 forms. If you are in the Military Privatized Housing initiative or receive combat pay, please do not include these allowances as income.

If you receive SNAP, TANF, FDPIR benefits, and the above named child is included in the grant, enter your SNAP, TANF, or FDPIR case number on the line below and you do not have to provide income. *If you do not receive SNAP, TANF, or FDPIR benefits complete the chart below.*

☐ Yes, this household currently receives SNAP, TANF, or FDPIR for the above named child.

SNAP ID# (not EBT) \_\_\_\_\_

TANF ID# \_\_\_\_\_

FDPIR ID# \_\_\_\_\_

| Name of Household Member                                   | Age | Monthly Gross Wages or Net Self-employment | Monthly TANF, Alimony, Welfare, Child Support | Monthly pensions, SSI, Social Security, Workers Comp Insurance & Retirement |
|------------------------------------------------------------|-----|--------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------|
|                                                            |     |                                            |                                               |                                                                             |
|                                                            |     |                                            |                                               |                                                                             |
|                                                            |     |                                            |                                               |                                                                             |
|                                                            |     |                                            |                                               |                                                                             |
|                                                            |     |                                            |                                               |                                                                             |
|                                                            |     |                                            |                                               |                                                                             |
| Weekly Income x 4.333 weeks; Bi-weekly Income x 2.15 weeks |     |                                            |                                               |                                                                             |
| Total Monthly Household Income:                            |     |                                            |                                               |                                                                             |

**Penalties for Misrepresentation:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and program officials may verify the information on the application and that deliberate misrepresentation of any of the information on this application may subject me to prosecution under applicable State and Federal criminal statutes.

\_\_\_\_\_  
Name of Adult (Printed)                      SSN                      Signature of Adult                      Date

Household Address: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

☐ I do not have a Social Security Number

**This Portion to Be Completed by the Day Care Home Sponsor**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Is the provider eligible for Tier I rate based on household income or direct certification?**

☐ Yes

☐ No

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

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

This institution is an equal opportunity provider.

## **State Non-Discrimination Statement**

The Maine Human Rights Act prohibits discrimination because of race, color, sex, sexual orientation, age, physical or mental disability, genetic information, religion, ancestry or national origin.

Complaints of discrimination must be filed at the office of the Maine Human Rights Commission, 51 State House Station, Augusta, Maine 04333-0051. If you wish to file a discrimination complaint electronically, visit the Human Rights Commission website at <https://www.maine.gov/mhrc/file/instructions> and complete an intake questionnaire. Maine is an equal opportunity provider and employer.