

**Child Nutrition Program of Southern California
Provider living in a Tier 1 Area Meal Benefits for Own Children
Eligibility Application and Instructions**

A “*Provider living in a Tier 1 Area Meal Benefits for Own Children Eligibility Application*” is attached. Even though you have been classified as a provider living in a Tier 1 area, you must complete a “*Provider living in a Tier 1 Area Meal Benefits for Own Children Eligibility Application*” if you wish to claim your own children for meal reimbursement. If you are eligible, you may claim meals served to your own children only when other nonresidential children are present, eating, and claiming the same meals claimed for your own child(ren).

If you provide household size and income information, keep in mind the following:

OWN CHILDREN: All children living in your household (under 13 years of age) are considered "own" children (related or non-related).

To complete a Provider living in a Tier 1 Area Meal Benefits for Own Children Eligibility Application, if you receive CalFresh, CalWORKs, or FDPIR, you must provide information regarding the receipt of CalFresh (previously known as Food Stamps), California Work Opportunity and Responsibility for Kids (CalWORKS), Food Distribution Program on Indian Reservations (FDPIR), **or you must report all household income from all sources.**

A Foster child is eligible for Tier 1 reimbursement regardless of your household income. (A Foster child will not qualify your own children for CACFP benefits and a foster child is not to be listed as part of your household.)

The income to report, if working outside the home, is the Gross Monthly Income (before taxes or any deductions are taken out). For anyone self-employed (a Child Care Provider), the Net Monthly Income is reported. **Please see the back of the Eligibility Application for more instructions.**

Once approved for Tier 1, whether through income or proof of benefits as supported by a current case number CalFresh, CalWORKs, or FDPIR, you will remain eligible for those benefits for a period not to exceed 12 months.

The information included in this application is **confidential**. It may be made available only to designated representatives of our agency, USDA, or CDE/CACFP.

We will contact you if you are not eligible for Tier 1 meal benefits for your own child(ren) based on the information you submitted. If you have any questions about this form, please contact our office at 619.465.4500 or 800.233.8107.

INCOME ELIGIBILITY GUIDELINES
Effective July 1, 2025 to June 30, 2026

HOUSEHOLD SIZE	GROSS MONTHLY INCOME
1	2,413
2	3,261
3	4,109
4	4,957
5	5,805
6	6,653
7	7,501
8	8,349

For each additional family member, add..... \$ 848

This scale does not apply to households receiving CalFresh, CalWORKS, or FDPIR. Foster Children are automatically eligible for meal benefits.

GROSS MONTHLY INCOME CONVERSION:

SELF-EMPLOYED INCOME (Child Care business or other):

Calculate your business "net income". When self-employed, your "net income" is the income amount you use to determine eligibility.

Weekly Gross Income when not self-employed

Gross income multiplied by 52 (pay periods) divided by 12 (months) = Gross Monthly Income

Bi-weekly (every 2 weeks) Gross Income when not self-employed

Gross income multiplied by 26 (pay periods) divided by 12 (months) = Gross Monthly Income

Semi-monthly (twice a month) Gross income when not self-employed

Gross income multiplied by 2 = Gross Monthly Income

U.S. Department of Agriculture Nondiscrimination Statement

In accordance with Federal 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, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and 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.ocio.usda.gov/document/ad-3027>, 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:

mail:

U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442 or email: program.intake@usda.gov

This institution is an equal opportunity provider

**PROVIDER LIVING IN A TIER 1 AREA
MEAL BENEFITS FOR OWN CHILDREN
ELIGIBILITY APPLICATION**

PY 25 –26

(July 1, 2025– June 30, 2026)

(Instructions on back)

PRO # _____

PART 1 - OWN CHILDREN (If claiming a FOSTER CHILD: Complete Part 1, Part 3, and Part 4. (Complete a separate application for each Foster Child). Attach a copy of current Foster Placement Verification.

CHILDREN'S NAMES (LAST, FIRST) UNDER 13 YEARS OF AGE	BIRTH DATE	AGE	✓ if FOSTER CHILD
1.			
2.			
3.			
4.			

PART 2A - FOR HOUSEHOLDS RECEIVING CalFresh, CalWORKS, OR FDIPIR BENEFITS: Complete Part 2A, Part 3, Part 4 and ATTACH A CURRENT COPY OF ONE OF THE FOLLOWING: NOTICE OF ACTION, PASSPORT TO SERVICES, REQUEST BENEFIT VERIFICATION FORM, OR AN APPROVAL LETTER. DO NOT COMPLETE PART 2B.

CalFresh Case Number: _____ CalWORKS Case Number: _____
 FDIPIR Case Number: _____

PART 2B - HOUSEHOLDS MEMBERS AND INCOME: If you did not complete Part 2A, above, complete Part 2B, Part 3, and Part 4.

Current **Gross** Income (Monthly Income Conversion: **Weekly** x 52 divided by 12, **Every 2 Weeks** x 26 divided by 12, **Twice A Month** x 2)
If no income, indicate no income; do not leave blank, use a 0 or a _____ in each section

Names of All Other Household Members (including children 13 years and older) (do not include children listed in Part 1)	Earnings from Job 1 Employment, Child Care Business*	Payments from Welfare, Child Support, Alimony	Payments from Pensions, Retirement, Social Security	Earnings from Job 2 and/or any Other Income
(Last, First) (age of children)	Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$

PART 3 - SIGNATURE: An adult household member must sign the statement before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the CalFresh, CalWORKS, or FDIPIR case number is current, correct, or that all income is reported. I understand that this information is being given for the receipt of federal funds, that agency officials may verify the information on the Meal Benefit Form and deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Printed Name of Adult	Home Address	Telephone Number ()	Date
Signature of Adult	City	Zip	Last Four Digits of the Social Security Number If NO SS# Check Box <input type="checkbox"/>

PART 4 - RACIAL / ETHNIC IDENTITY: Identification is voluntary . Ethnic Identity: Hispanic or Latino Not Hispanic or Latino

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

PART 5 - FOR CCFP SPONSOR USE ONLY:

Income Eligible: Yes No Household Size _____ Household Income \$ _____

Categorically Eligible Program: CalFresh CalWORKS FDIPIR Foster Child

Determining Official Signature: _____ Certification Date: _____

**PROVIDER LIVING IN A TIER 1 AREA MEAL BENEFITS FOR OWN CHILDREN
ELIGIBILITY APPLICATION INSTRUCTIONS**

Please complete the *PROVIDER LIVING IN A TIER 1 AREA MEAL BENEFITS FOR OWN CHILDREN ELIGIBILITY APPLICATION* using the instructions below. Sign the statement and return it to the sponsoring organization. Call the Child Nutrition Program of Southern California at 619.465.4500 or 800.233.8107 for additional assistance.

PART 1 - Print Own Children, Foster Children's Name (See instructions for Foster Children), leave blank if none.

PART 2A - FOR HOUSEHOLDS RECEIVING CalFresh, CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY FOR KIDS (CalWORKS), FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) BENEFITS. Complete Part 2A, Part 3, and Part 4.

- (1) List your current CalFresh, case number or your CalWORKS, or FDPIR identification number for the participant and ATTACH A COPY OF YOUR NOTICE OF ACTION, PASSPORT TO SERVICES, REQUEST BENEFIT VERIFICATION FORM, OR AN APPROVAL LETTER.
 - (2) An adult household member must sign and date the statement in Part 3. If you listed a CalFresh, CalWORKS, or FDPIR number or if the application is for a foster child, a social security number is not needed.
 - (3) **FOSTER CHILD:** Complete Part 1, Part 3, and Part 4 for each foster child living in your home and enrolled for care. Complete one application for each foster child (CNFDD 3111)
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PART 2B - OTHER HOUSEHOLDS: If you did not complete Part 2A above, complete Part 2B, Part 3, and Part 4.

- (1) Write the names of everyone in your household.
 - (2) Write the amount of income (before taxes or anything else is taken out), received last month for each household member, and where it came from, such as earnings, pension, and other income (refer to examples below for types of income to report). If any amount last month was more or less than usual, write that person's usual income.
 - (3) You or another adult household member must sign and give his/her last four digits of their social security number.
 - (4) When reporting income, the adult household member who signs the statement must include his/her last four digits of their social security number. If he/she does not have a social security number, check box "none .
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PART 3 - SIGNATURE: ALL HOUSEHOLDS COMPLETE THIS PART. All Provider Eligibility Applications must have the signature of an adult household member and date signed. **(Include the last four digits of their social security number).**

PART 4 - RACIAL/ETHNIC IDENTITY: IDENTIFICATION OF CHILDREN IS VOLUNTARY.

You are not required to complete this Part to receive meal benefits. However, this information will help ensure that everyone is treated fairly.

Privacy Act Statement

The Richard B. Russell National School Lunch Act (NSLA) 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 SSN of the adult household member who signs the application. The last four digits of the SSN are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP, or CalFresh), Temporary Assistance for Needy Families (TANF, or CalWORKS) Program, or 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 an SSN. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for the administration and enforcement of the program.

The last four digits of the SSN may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits and investigations, and may include contacting employers to determine income, contacting a CalFresh, CalWORKS, or FDPIR office to determine current certification for CalFresh, CalWORKS, or FDPIR benefits, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The last four digits of the SSN may also be disclosed to programs as authorized under the NSLA and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain federal, state, and local education, and health and nutrition programs.

PART 5 - FOR SPONSOR USE ONLY: It is the sponsor's responsibility to complete all areas of Part 5 (certification, signature and date).

INCOME TO REPORT

Earnings from Employment

Wages, Salaries, Tips, Strike benefits, Unemployment Compensation, Worker's Compensation, Net income from self-employment (Child Care business or other).

Child Support/Alimony

Public assistance payments, Child Support payments, Alimony payments.

Military Households

All Entitlements, including Basic Pay, BAS, BAH (if living off base), Uniform allowances, etc. Do NOT include Imminent Danger Pay (Hazardous Duty Pay), or BAH amount if shown as an Entitlement and also as a Deduction.

Pensions/Retirement/Social Security

Pensions, Supplemental Security income, Retirement income, Veteran's payments, Social Security.

Other Income

Disability benefits, Cash withdrawn from savings, Interest dividends, Income from Estates/Trusts/Investments, Regular contributions from persons not living in household, Net royalties/annuities/net rental income, Any other.