**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