Day Care Home Provider Application

Institution Information		
Institution Name	**Agreement Number**	**Program Year**
1.	**2.**	**2013-2014**

Action: (select one)	**3.** O **Add**	O **Drop**	O **Change**

Day Care Home Provider Information								
4. Provider Name:	First	Middle	Last	**11. SSN:** 999-99-9999				
5. Street Address:				**12. Registration Type:** (select one)	**License** O	**Military** O	**Alternate Approval** O	
6. Mailing Address :				**13. Registration/ License No:**				
7. City:				**14. Effective Date:** (MM/DD/YYYY)	Month	Day	Year	
8. State:		**9. Zip Code:**		**15. Phone: ( )**				
10. County:				**16. Email:**				

Meal Times (check all that apply √)									
Meal	**17. Begin**	**18. End**	**19. Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**
Breakfast			☐	☐	☐	☐	☐	☐	☐
Morning Snack			☐	☐	☐	☐	☐	☐	☐
Lunch			☐	☐	☐	☐	☐	☐	☐
Afternoon Snack			☐	☐	☐	☐	☐	☐	☐
Supper			☐	☐	☐	☐	☐	☐	☐
Evening Snack			☐	☐	☐	☐	☐	☐	☐

20. Provider Name _____

Provider's Eligibility	
21. ○ Yes ○ No	Provider eligible to claim own children?

Months Approved for the Fiscal Year (check all that apply √)											
22. Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Tier Information (select only one)

23. Tier Level:	○ Tier 1	○ Tier 2 Low	○ Tier 2 Mixed	○ Tier 2 High

24. Date of DCH Provider's tier classification:	Month	Day	Year	

Circle Source of Tier Data (A, B, C, D)

Tier I	A.	**25.** Name of elementary school:
		26. % Needy
		27. Year of school data
	B.	**28.** Provider Income: or Food Stamp # **29.** / year / month / week
		30. Family Size:
	C.	**31.** Census Data (year 2010)
Tier II	D.	**32.** Does the Day Care Home Provider request that the Sponsoring Organization obtain eligibility applications from participants' families in order to document Tier status and possible higher reimbursement rates? ☐ Yes ☐ No

I certify that this Day Care Home Provider Application is true and correct, and that it is in accordance with the terms of existing Agreement(s). I further understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes.

Sign Here ▶ 33. _____ **34.**_____

Keep Original for your records.

Signature of Sponsoring Organization Authorized Representative — Date of Preparation

35. _____

Printed Name of Sponsoring Organization Authorized Representative

Instructions for Completing the Day Care Home Provider Application

This document can be completed in NC CARES. If completing the document in NC CARES, ensure you are in the correct program year before completing the application. The information should be entered in Program Year 2014.

However, if you are completing the paper version of this form ensure you have the most current version of this form. The bottom left hand side should read CAC 7, Effective October 1, 2013.

1. Institution Name: Provide the name of the institution.
2. Agreement Number: Provide the 4 digit agreement number for the institution.
   Program Year: Should read 2013-2014.
3. Action: Check the appropriate action for the provider.
4. Provider Name: Provide the first, middle initial and last name of the provider.
   - If there are two providers on the license, provide the name of the provider whose social security number is listed in number 11.
5. Street Address: Provide the street address for the provider whose social security number is listed in number 11.
   - The street address must be the same as the address on the provider's license.
6. Mailing Address: Provide the mailing address for the provider whose social security number is listed in number 11.
7. City: Provide the city for the provider whose social security number is listed in number 11.
8. State: Provide the state for the provider whose social security number is listed in number 11.
9. Zip Code: Provide the zip code for the provider whose social security number is listed in number 11.
10. County: Provide the county for the provider whose social security number is listed in number 11.
11. SSN: Provide the provider's social security number.
12. Registration/License No: Select the appropriate response for the provider type.
    - **License:** The provider has a current license issued by North Carolina Division of Child Development and Early Education;
    - **Military:** The provider has a current license issued by a Branch of the Military ;
    - **Alternate Approval:** The provider has an approved CAC 8H alternate approval that has been approved by the state agency.
13. Registration/License No: Provide the license number or military number.
14. Effective Date: Provide the date that the license became valid.
15. Phone: Provide the providers telephone number including the area code.
16. E-mail: Provide the providers email address. Ensure this section is completed accurately and all letters/numbers are legible.
17. Provide the beginning time for each meal service in which the provider is requesting CACFP reimbursement.
18. Provide the ending time for each meal service in which the provider is requesting CACFP reimbursement.
19. Check each day of the week in which the provider will be requesting CACFP reimbursement.
20. Provider Name: Provide the provider's name.
21. Check the appropriate response. A provider is eligible to claim their own child only if the provider is income eligible.
22. Check all months in which the provider open and is requesting reimbursement.

23. Tier Level: Check the appropriate response
    - Tier I: By school data, provider income or census data
    - Tier II low: If the provider does not want to send out income eligibility applications to parents/guardians of enrolled children, the provider will be classified as tier II low.
    - Tier II Mixed: If the sponsor receives income eligibility applications from parents/guardians and some households did not qualify for free or reduced priced meals or if the income eligibility applications have not been returned by the parents, the provider is a tier II mixed.
    - Tier II high: If the sponsor sent out income eligibility applications to the parent/guardian of enrolled children and the sponsor determined that all of the income eligibility applications were received and all of the income eligibility applications were classified as free or reduced priced meals.
24. Date of DCH Provider's tier classification: Provide the date in which the provider was tiered.

For Tier 1 using School Data:

25. Provide the name of the school that is assigned to the provider's business address.
26. % Needy: Provide the percentage of free or reduced meals taken from the most recent school data for the school that was provided in number 25. The sponsor must confirm the percentage needy is 50% or greater.
27. Year of School Data: Provide the year of the most recent school data information.

For Tier 1 using Provider's Income:

28. Using the provider's income eligibility application (CAC 11B), enter the provider's income that has been verified by the sponsor.

    -If the provider is eligible by SNAP, TANF, or FDPIR enter the words, SNAP, TANF or FDPIR in the provider income box and provide the case number in the family size Box.
29. Circle the option that reflects the verified provider's income from the income eligibility application.
30. Provide the total household size for the provider based on the verified income eligibility application.

For Tier 1 using Census Data:

31. In order to tier a provider using census data and determine the eligibility of a provider, the following steps are required:
    - Go to www.fairdata2000.com.
    - On the left hand side, click on CACFP.
    - In the center of the page, click on Child and Adult Care Food Program Mapper.
    - A map of the United States will appear.
    - At the top of the page, click on "Find."
    - Enter the street address, state, and zip code.
    - Click on "Find"
    - Another map will appear that is colored pink and green. You will also see a blue star in the pink or green field. Green is yes, pink is no.
    - At the bottom of the map, the address provided will appear. It will also give the block group for the provider and state yes or no as well as other information. If it reads "Yes", the provider is eligibility for Tier 1 by census. If it reads " No", the provider is NOT eligible for Tier 1 by census.

Print the screen and submit the documentation along with your application for the provider.

32. Tier II Status: If the provider cannot be categorized as tier I, they must be categorized as tier II low. The sponsor must determine if the provider should be categorized as tier II high or tier II low, or tier II mixed.
    - Tier II high: the sponsor sent out income eligibility applications to the parent/guardian of enrolled children. The sponsor determined that all of the applications were received and all of the income applications met the tier I guidelines for free and reduced price meals. This question would be answered "yes".
    - Tier II low: If the provider does not want to send out income eligibility applications to parents/guardians of enrolled children, the provider will be categorized as tier II low. This question would be answered "no".
    - Tier II Mixed: If the sponsor receives income eligibility applications from parents/guardians and some did not qualify for free or reduced price meals or have not been returned by the parents. The provider is a tier II mixed. This question would be answered "yes".
33. Provide the signature of the sponsoring organization's authorized representative.
34. Provide the date that the sponsoring organization's authorized representative signed the form.
35. Print the name of the sponsoring organization's authorized representative.