SOLANO FAMILY & CHILDREN'S SERVICES
421 Executive Court North ♦ Fairfield, CA 94534-4019
Telephone: (707) 863-3950 ♦ Fax: (707) 863-3975 ♦ E-mail: info@solanofamily.org

DAY CARE HOME PROVIDER LETTER
July 1, 2026 – June 30, 2027

Dear Provider:

If you wish to receive reimbursement for meals served to your own children or residential children under the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP), you must complete, sign, and return the enclosed *Meal Benefit Form* to us.

Our office has determined if you reside in an area qualifying for Tier I or Tier II reimbursement. Follow the instructions listed next to the checked box.

Establishing Eligibility for Reimbursement for Meals Served to Your Own Children for Providers that live in a Tier II area:

☐ It has been determined that you live in an area that qualifies for Tier II reimbursement. In order to be eligible for meal reimbursement for your own children under individual economic need you must:

- Submit a completed and signed *Meal Benefit Form*.
- Ensure you report all household income, not just your day care home business income.
- Provide sufficient documentation of your income to determine your eligibility based on individual economic need.
- Check the box in Section 1 on the Meal Benefit Form, indicating that you are a day care home provider applying for Tier I benefits.

We are required by law to verify the income information you report on your *Meal Benefit Form*. Please include income documentation with your completed *Meal Benefit Form* *(See page 4 of the Meal Benefit Form)*. If you operated a day care home business last year, please attach a copy of your most recent tax return, including Schedule C. Income documentation may include:

- Payment statements from salaried work for all members of your household, including your spouse.
- A copy of your most recent tax return forms showing your accurate income.
- Statements from other forms of income for all household members.
- Proof of your gross household income for last month along with an income and expenses statement for that month.

Establishing Eligibility for Reimbursement for Meals Served to Your Own Children for Providers that live in a Tier I area:

☐ It has been determined that you live in an area that qualifies for Tier I reimbursement. If you wish to receive reimbursement for meals served to your own children, you must complete and sign the *Meal Benefit Form*. Our office **may** verify the income information you submit, but we are not required to do so in this circumstance. In this situation, do not submit income documentation unless we specifically ask you to do so.

For All Households

Any provider that is categorically eligible due to receiving benefits from CalFresh (formerly known as Food Stamps), the California Work Opportunity and Responsibility for Kids (CalWORKs), the Kinship Guardian Assistance Payment (Kin-GAP), or the Food Distribution Program on Indian Reservations (FDPIR), **must supply proof of benefits** as supported by a current case number and letter showing benefit particpant's name and dates of benefits.

USDA defines a household as a group of related or unrelated individuals (not residents of a boarding house or an institution) who are living as one economic unit (i.e., sharing living expenses). Therefore, the income reported on the Meal Benefit Form must include the gross income of all members of your household, by source.

The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection.

Once properly approved for Tier I, whether through income or proof of benefits, you will remain eligible for those benefits for a period not to exceed 12 months.

If you are not approved to claim your own children, you should notify us if a member of your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

Confidentiality of Information on the Meal Benefit Form:

We will use the information on the form to decide if you qualify for Tier I reimbursement or if you are eligible to claim reimbursement for meals served to your own children. We may inform officials of other child nutrition, health and education programs of the information on your form to determine benefits for those programs.

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 based on 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/ad-3027.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 the 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 Ave, SW, Washington DC , 20250-9410;
2) Fax: (833) 256-1665 or (202) 690-7442;
3) email: program.intake@usda.gov

This institution is an equal opportunity provider

Sincerely,

Cinda-Rae Clemente

Cinda-Rae Clemente, Resource and Referral Manager
Solano Family & Children's Services
421 Executive Court North
Fairfield CA 94534-4019
707-864-4620
cclemente@solanofamily.org

Income Eligibility Guidelines

For Day Care Home Providers Qualifying as Tier I
Effective from July 1, 2026 through June 30, 2027

Recipients of the following programs are automatically eligible for Tier I reimbursement rates:

- CalFresh Program (formerly known as Food Stamps)
- California Work Opportunity and Responsibility to Kids Program (CalWORKs)
- Food Distribution Program on Indian Reservations (FDPIR)

The scale below is for determining the participant's eligibility category for federal meal reimbursement if they are not recipients of any of the previous programs. Participants from households with total gross incomes at or below the following levels may be eligible for Tier I reimbursement rates.

Household Size*	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
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	$4,296	$3,965	$1,983
For each additional family member, add:	$10,508	$876	$438	$405	$203

* Household is synonymous with family and means a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit sharing housing and all significant income and expenses.