



Nutrition for North Dakota Day Care Children, Inc (NDC)
1408 20th Ave SW Suite #5 Minot, ND 58701-6494

Dear Provider:

Thank you for your participation in the USDA Child and Adult Food Care Program through NDC. As a participant you receive Tier I reimbursement for meals served to children and there is no charge to any child for meals or snacks served in your home. You may also be eligible to claim your own children for meals/snacks. Please submit the attached application form to the NDC office if your income falls at or below the following guidelines, or if you receive Food Stamps, TANF, or Commodity Assistance through the Food Distribution on Indian Reservations. An approved application will allow you to claim meals for your own children, when other enrolled day care children are present and eating. Please complete, sign, and return the enclosed application **by 4:30 p.m. on the last working day of this month.** We cannot approve an application with missing information. A new application must be completed each year.

HOW TO APPLY:

If you receive Commodity Assistance, Food Stamps or TANF, complete Section 1 of the attached application and submit it to NDC, 1408 20th Ave SW, Suite 5, Minot ND 58701-6494.

If you do not receive Food Stamps, TANF, or Commodity Assistance, complete Section 2. The application must have the names of all household members, the frequency and the amount of income each household member now receives, the social security number of the household member who signs the application, and the signature of an adult household member.

INCOME CHART (EFFECTIVE JULY 01, 2009 TO JUNE 30, 2010)			
Household Size	Yearly	Monthly Income	Weekly Income
1.....	\$ 20,036	\$ 1,670	\$ 386
2.....	26,955	2,247	519
3.....	33,874	2,823	652
4.....	40,793	3,400	785
5.....	47,712	3,976	918
6.....	54,631	4,553	1,051
7.....	61,550	5,130	1,184
8.....	68,469	5,706	1,317
For each additional member , add :			
	6,919	577	134

AVAILABILITY OF BENEFITS:

You may apply for benefits at any time during the year. If you are not eligible now, but have a decrease in household income, an increase in household size, become unemployed, or begin to receive Food Stamps, TANF, Head Start or Commodity Assistance, fill out an application at that time.

CONFIDENTIALITY:

The information you provide on the application will be treated confidentially and will be used only for eligibility determinations.

NONDISCRIMINATION:

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

If you have any questions or need help in completing the application, please contact me at 838-6709 or 1-800-422-0326.

Sincerely yours,
 Pat Anderson, LRD
 Executive Director, NDC

Explanations:

SOCIAL SECURITY NUMBERS: If completing Section 1, a Social Security Number is not required. If completing Section 2, you are required to include a social security number on the application. This should be the social security number of the adult household member signing the application, or an indication that the household member does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the application does not have a social security number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through the program reviews, audits, and investigations and may include contacting employers to determine income, contacting the State Job Service office to determine the amounts of benefits received and checking the documentation produced by the household member to prove the amount of benefits received and checking the documentation produced by the household member to prove the amount if income received. These efforts may result in a loss of or reduction in benefits, administrative claims, or legal actions if incorrect information is reported.

CALCULATIONS OF FARM OR SELF-EMPLOYMENT INCOME: Persons engaged in farming or who operate other types of private business, including child care, where cash flows varies throughout the year, making it difficult to predict income with any accuracy, may use their most recent income tax records and adjust for the current year. The income to be reported is income derived from venture less operating costs incurred in the generation of that income. The income for arriving at allowable income from a private business operation may be taken from the Federal Tax Form (1040).

If you have additional income from other sources, this income must be treated as separate and apart from the income generated from your business or farm venture.

Add together the amounts reported on the following lines of your 1040 Form.

Line 12 \$ _____ Line 13 \$ _____ Line 14 \$ _____ Line 17 \$ _____ Line 18 \$ _____ Total \$ _____

Transfer this total to the front of the application under Farm or Self – Employment income. If the total is negative, it must be transferred to the front of the application as \$ 0. A negative number cannot be used to offset other income.

WHAT IS INCOME? Income reported must be gross income and is generally considered to be any monies received on a recurring basis. Income includes the following: wages, tips, salaries, commissions, social security benefits, dividends or interest on savings or bonds, income from estates or trusts, supplemental security income (SSI), public assistance or welfare payments (not food stamps), unemployment compensations, government civilian employee or military retirement or pensions, veteran’s payments, pensions, annuities, child support, alimony, regular contributions from persons not living within the household, rental income and royalties, net income for farmers and self-employed, strike benefits, disability payments, interest income, and other cash income.

FOR OFFICE USE ONLY		
Date Received	Approved	Denied
	Date of Determination _____	
	Date of Re-verification _____	
	Signature of Determining Official	



Nutrition for North Dakota Day Care Children, Inc., (NDC)
1408 20th Ave SW Suite #5, Minot ND 58701-6494
Application for School Boundary and/or Census Eligible Providers
To Claim Own Children

Elementary School _____

<p>Section 1</p> <p>Complete this section ONLY if you receive Food Stamps, TANF, and/or Commodity Assistance</p>	<p>If your household receives Food Stamps, Temporary Assistance to Needy Families (TANF), and/or Commodity Assistance through the Food Distribution Programs on Indian Reservations (FDPIR), list names and ages of children, sign the application and return it to NDC.</p>			
	Does your household receive Food Stamps ?	<input type="checkbox"/> YES	Case Number _____	<input type="checkbox"/> NO
	Does your household receive TANF?	<input type="checkbox"/> YES	Case Number _____	<input type="checkbox"/> NO
	Does your household receive FDPIR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Name of Child	Birth Date	Name of Child	Birth Date

<p>Section 2</p> <p>Complete this section ONLY if you do not receive Food Stamps, TANF, or Commodity Assistance.</p> <p>Sign and return to NDC.</p>	<p>List <u>all</u> income received, by source, I.e. , \$550/week. Do not list hourly wage or annual wage unless you are self-employed. Instructions for calculating self-employment income are included on the back side of this form.</p>			
	FIRST and LAST names of <u>all</u> household members.		<u>Current Income/Frequency</u>	
	Name	Birth Date	Gross Wages before deductions	Child Support/ Alimony
			Farm or Self Employment Income <small>(Complete back of application)</small>	Other Income
	1. _____	_____	\$ _____ per _____	\$ _____ per _____
	2. _____	_____	\$ _____ per _____	\$ _____ per _____
	3. _____	_____	\$ _____ per _____	\$ _____ per _____
	4. _____	_____	\$ _____ per _____	\$ _____ per _____
	5. _____	_____	\$ _____ per _____	\$ _____ per _____
	6. _____	_____	\$ _____ per _____	\$ _____ per _____
<p>Social Security Number of Person Signing this Form _____ - _____ - _____</p>				

Can NDC inform you of your eligibility determination by e-mail? If so, print your e-mail address _____

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 for the receipt of Federal funds and NDC officials may verify the information on the application, and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult Household Member _____ Date _____ Home Phone _____ Work Phone _____

Print Name _____ Street Address _____ City _____ State _____ Zip Code _____