Child and Adult Care Food Program (CACFP) Monthly Participant Eligibility Tips—Adult Care

Monthly Participant Eligibility

Participant eligibility information is collected on the Income Eligibility Application (IEA). Institutions are responsible for making an eligibility determination for each participant based on income or benefits received. Completed IEAs and monthly attendance are used to develop each site's unique reimbursement rate for claimed meals and snacks. The monthly reimbursement rate will fluctuate depending on monthly attendance. Errors in participant eligibility determination or reporting may result in fiscal action.

Participant Eligibility

Income Eligibility Applications (EIEAs)

- ✓ Evaluate IEAs for completeness as they are submitted to ensure:
 - All sections are legible.
 - o The adult/guardian has signed/dated the form.
 - o If income is reported:
 - Social Security Number (SSN) is included or box is checked indicating "no SSN".
 - Annual income is reported (not monthly/weekly).
 - The Case number is listed and accurate.
 - A case number is **not** the same as an authorization number.
 - A Medicaid number is **not** the same as a Medicare number.
 - A Social Security Number is not a case number except in some cases in the Food Distribution Program on Indian Reservations (FDPIR).
 - Documentation is on file for verification when assistance listed here is received.
 - Medicaid document Washington DSHS Social Service Notice or Electronic Funds Transfer Remittance Advice from Social Service Payment System (SSPS).
 - SSI document Award Letter.
 - **Basic Food** Signed Income Eligibility Application (IEA).
 - **FDPIR** Signed IEA.
- ✓ **Incomplete IEAs should be returned** to the adult/guardian to be completed.
- ✓ A **new IEA should be completed by the adult/guardian** when corrections are needed. Institutions may not alter a returned EIEA in any way.
- ✓ The IEA must be completed by the adult/guardian. Institutions may only complete the "center use only" section

Income Eligibility Applications (IEA)

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PART 1—ADULT PARTICIPANT'S	✓ Adult participant's name
INFORMATION	✓ Age
PART 2—HOUSEHOLD MEMBER RECEIVING	✓ Household member or participant's name
BASIC FOOD OR FDPIR OR PARTICIPANT	✓ Circle the type of benefit received.
RECEIVING SSI OR MEDICAID	✓ Case number or identification number
PART 3—TOTAL HOUSEHOLD INCOME FROM	✓ List the participant(s), spouse, and
LAST MONTH	dependent children of participant(s).
	✓ List the amount of income received by
	each person listed, identified by source. If
	the household member has no income,
	put "0" or "zero."
	✓ List the last 4 digits of the adult
	participant's Social Security Number or
	check the box indicating the eligible adult
	participant does not have one.
PART 4—SIGNATURE AND CERTIFICATION	✓ Signature of Adult
	✓ Date
	✓ Address
	✓ Relationship to Adult Participant
	✓ Daytime Phone Number
PART 5—PARTICIPANT'S ETHNIC AND RACIAL	If the eligible adult participant or household
IDENTITY (You are not required to answer	member or legal guardian has not completed
this.)	PART 5, this data must be collected by the
	center staff. Submit this data on each site
	application (online in WINS).
CENTER USE ONLY section	The institution's representative must
	complete this section. Enter the total income
	if income was listed in PART 3. Select the
	appropriate eligibility category, sign, and
	date the form.

Additional IEA Reminders

- ✓ List "zero" or "0" on the IEA, in Part 3, if the household has no income.
- ✓ Clarify, if needed, the frequency of reported income.
- ✓ When other people are living in the adult participant's household and depend on the adult for economic support, their income must be included in the total monthly income reported. This is usually the adult participant's spouse and dependent children. Functionally impaired adults living with their parents are considered a "family" separate from their parents.
- ✓ The IEA may be signed and dated by:
 - The adult participant, or
 - A household member/relative who has power of attorney (adult household member) for the individual listed in Part 1, or
 - A court assigned "guardian" (authorized representative or legal guardian). If the court has declared the individual listed in Part 1 of the IEA to be incompetent, a legal guardian may be assigned to oversee his/her business and legal affairs. A court-assigned guardian need not list his/her Social Security Number on this form. However, the last four digits of the eligible adult participant's social security number must be listed in Part 3.

Determining Participation Eligibility Effective Dates

IEAs

- ✓ When using the **Institution Signature Date**, IEAS are effective in the month that the institution signs the form.
- ✓ When **Adult/Guardian Signature Dates** are used, IEAs are effective in the month that the Adult/Guardian signs the form only if the institution signs the IEA in the same month or the immediately following month.
 - o If the institution does not sign the IEA within this timeframe, the IEA will default to the institution signature date as the effective date.
- ✓ Institutions must choose only one of these two methods for their effective dates that must apply to all IEAs.
- ✓ IEAs are effective for 1 year, through the last day of the effective month

Compiling the Monthly Participation Eligibility Totals

- ✓ All participants in attendance must be included in monthly participation reporting totals, even if the participant only attended on one day during the month.
- ✓ Monthly participation totals are compiled by site.
- ✓ If an institution has more than one center, adults that are in attendance at more than one site during the month should be included with each site's monthly participation totals.
- ✓ If an IEA is completed for an adult who was not in attendance during the month, do not include the adult with monthly participation totals.

For Profit Eligibility

- ✓ To be eligible to claim meal reimbursement, proprietary (for-profit) institutions must ensure monthly that at each site at least 25 percent of those who attended (based on total attendance or license capacity, whichever is less) are eligible for free and reduced-price meals.
- ✓ When sponsors have one or more sites that do not qualify in a month, they must **NOT CLAIM MEALS** at that site. Once the site qualifies again, meals may be claimed.

Monthly Participant Reporting

- ✓ Enter monthly participant eligibility totals into WINS for each site when entering your monthly claim.
- ✓ Keep documentation of monthly participant eligibility on file for 3 years plus the current fiscal year. This documentation does not need to be submitted to OSPI; however, a sample of this documentation will be requested when OSPI conducts an Administrative Review.

Reference

CFR Part 226-CACFP

Resources

- Income Eligibility Application
- Sample Income Eligibility Participant Letter
- Monthly Participant Eligibility Reference Sheet-Adult <u>Monthly Participant Eligibility dropdown</u>
- Participant Eligibility Roster-Adult
- Participant Eligibility Report-Adult

Acronym Reference

- CACFP Child and Adult Care Food Program
- CFR Code of Federal Regulations
- CNS Child Nutrition Services
- OSPI Office of Superintendent of Public Instruction
- WINS Washington Integrated Nutrition System