Child and Adult Care Food Program
Determination of Tier I or Tier II Eligibility

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