

Alaska Child and Adult Care Food Program Family Day Care Home Program

TIER II Provider Notification and Election of Reimbursement Option Form

Dear Provider:

As a Tier II home, you have three options for receiving reimbursement:

OPTION 1

You may elect to receive the lower Tier II reimbursement rates for meals served to all children enrolled in you day care home.

OPTION 2

You may elect to have our agency, as the sponsoring organization, collect free and reduced price information for **all** of the children enrolled in your day care home and make determinations regarding each enrolled child's eligibility for free or reduced price meals. This information would be collected via the use of a Family Application distributed to the parents/guardians of the children enrolled for care. Under this option, you will receive the higher Tier II reimbursement rates for meals served to enrolled children eligible for free or reduced price meals (either by income or categorical eligibility) and the lower Tier II reimbursement rates for meals served to enrolled children not eligible for free or reduced price meals. If you elect this option, you should be aware that our agency is prohibited by law from informing you regarding the individual eligibility status of any child enrolled for care. We can inform you of the number of children enrolled for care that are eligible for free or reduced price meals.

Election of this option does not prohibit you from submitting documentation of categorical eligibility directly to your sponsor, i.e. day care assistance contract for children in your care.

OPTION 3

You may elect **not** to distribute the Family Application to the parents of the children in your day care home and receive the higher Tier II reimbursement only for those children which you or our agency have documentation of their categorical eligibility. Categories for categorical eligibility include: National School Lunch Program free or reduced priced meals, participation in Head Start, Food Stamp program, Alaska Temporary Assistance Program (ATAP), and Temporary Assistance for Needy Families (TANF), or Child Care Assistance depending on co-pay.

Under this option you may not distribute Family Applications to parents nor can our agency make tiering determinations for the children in your day care home based on a Family Application.

You must elect one of these options. Check the option of your choice below, sign and date this form, and return the form to our office immediately. You will automatically be reimbursed for all meals claimed at the lower Tier II reimbursement rates until you complete the election form.

Please do not delay in electing your option and returning the form to our office. Our agency will require sufficient time to distribute applications, collect them back from households, and make eligibility determinations prior to your first monthly meal reimbursement.

Provider Election of Reimbursement Option:

OPTION 1: _____

OPTION 2: _____

OPTION 3: _____

NAME OF PROVIDER: _____

SIGNATURE OF PROVIDER: _____

DATE: _____

Approved by:

NAME OF SPONSORING ORGANIZATION
REPRESENTATIVE: _____

SIGNATURE OF SPONSORING
ORGANIZATION REPRESENTATIVE: _____

DATE: _____