Determining Free and Reduced-price Eligibility Using the DSS 16160

(https://www.scchildcare.org/resources/)

CACFP
Child & Adult Care Food Program

QUICK REFERENCE CARD

This Quick Reference Card provides instructions to the institutions on determining income eligibility for enrolled children.

Requirement

All childcare centers and outside school hour centers applying for participation or participating in the Child and Adult Care Food Program must determine the income eligibility of enrolled children. Income eligibility is identified as either free, reduced or paid.

The DSS 16160 must be used to determine income eligibility of enrolled children unless another form is approved for use, or the child meets special circumstances.

Institutions must maintain the confidentiality of all completed income eligibility applications.

- ✓ Classifying a child as either free, reduced or paid will not impact the child's tuition unless the center charges a separate fee for meals.
- ✓ The determination must be made when the child initially enrolls in the center and annually thereafter.
- ✓ Only the parent/guardian is to complete steps 1, 2, 3 and 4 of the DSS 16160.
- ✓ Participating institutions must identify at least one individual as the ***determining official*** who will be responsible for conducting the first review of completed income eligibility applications.
- ✓ New institutions must identify one other individual as the ***confirming official*** who will be responsible for conducting a second review of the completed income eligibility applications and will confirm the determining official properly classified the application as either free, reduced or paid. Participating institutions are encouraged to have a confirming official conduct a second review of the completed applications and confirm the application was properly classified.

Distribution to Parents

1. The current DSS 16160 must be included in the center's enrollment package along with the Dear Parent/Guardian letter. Both items are available in the CACFP resources at scchildcare.org.
2. Institutions must develop and use a process to annually distribute the DSS 16160 and Dear Parent/Guardian letter to parents/guardians of enrolled children.

Additional assistance needed
contact CACFP at (803) 898-0959 or via mail at CACFP@dss.sc.gov

DSS
SOUTH CAROLINA
DEPARTMENT of SOCIAL SERVICES

Reviewing/Classifying Income Eligibility Applications

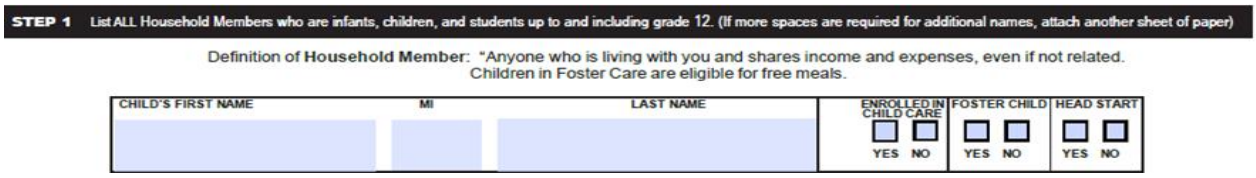
CACFP
Child & Adult Care Food Program

Resources Needed

1. Current Income Guidelines
2. Completed Income Eligibility Applications
3. Master Roster

8 Steps to Complete the Review/Classification of DSS 16160

1. Review the Income Eligibility form for completeness and to determine if additional information is needed. Request information from the parent/guardian when information is missing, or discrepancies are noted.
2. **Step 1** requires the parent/guardian to list all household members who are infants, children and students up to and including grade 12.

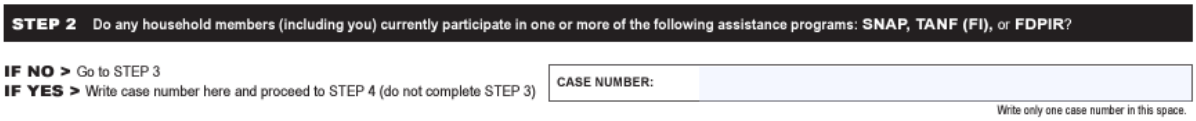


Enrolled In Child Care – if enrolled in center check "yes"; if not enrolled checked "no".

Foster Child – if foster child is checked yes, confirm the parent/guardian signed and dated the form in step 4. The child is classified Free.

Head Start – If Head Start is checked yes, you must have a copy of the child's approval letter for Head Start. If this letter is not provided, the parent must complete Step 2, if applicable, or Step 3.

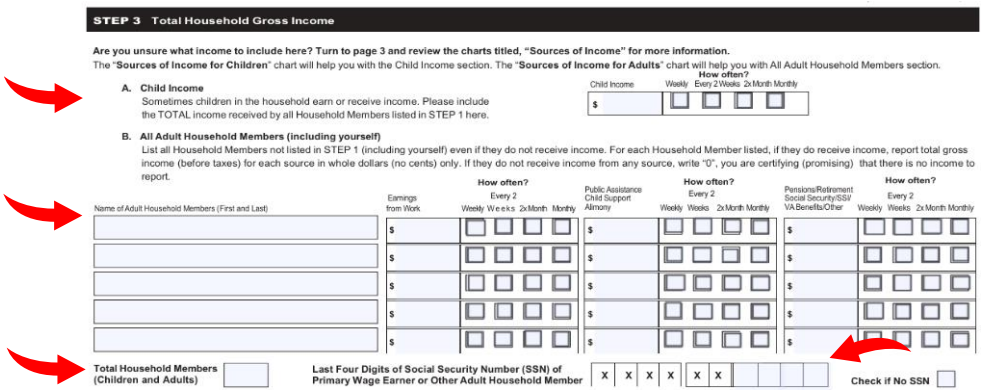
3. **Step 2** requires the parent/guardian to provide the case number for either SNAP or TANF (FI) or FDPIR.



The case number **will not** be the electronic benefits card number but will be a number on correspondence sent to the parent/guardian by the SNAP or TANF or FDPIR agency.

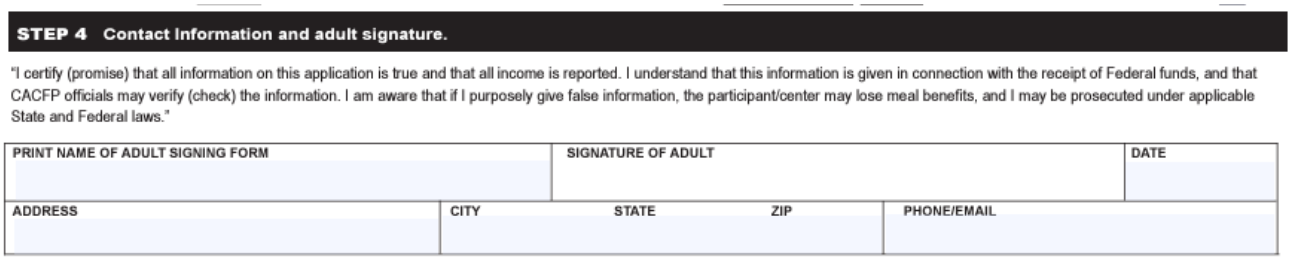
4. **Step 3.A.** requires the parent/guardian to identify any income received by the child/children listed in Step 1**.**

Step 3.B. requires the parent/guardian to list all adult household members and to identify the wages/salary for each adult household member. The parent/guardian **must also** identify the total number of individuals in the household (children and adults) **and** list the last four digits of Social Security Number (SSN) of the Primary Wage Earner or Other Household Member or check there is no SSN.



This institution is an equal opportunity provider.

5. **Step 4** requires the parent/guardian completing the form to **print his/her name**, **sign and date** the form and provide the following contact information: complete address, telephone number or email address.



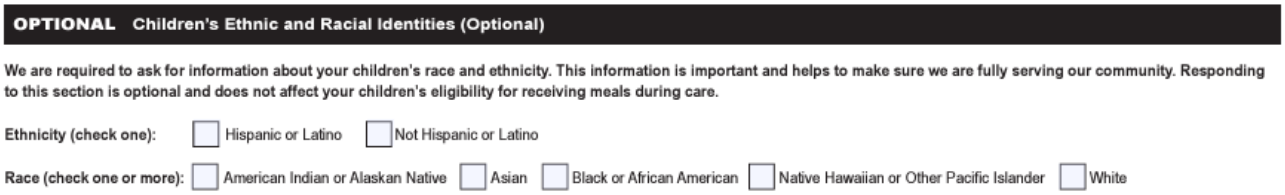
STEP 4 Contact Information and adult signature.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

PRINT NAME OF ADULT SIGNING FORM	SIGNATURE OF ADULT	DATE

ADDRESS	CITY	STATE	ZIP	PHONE/EMAIL

6. **Optional information** – institutions should **encourage** parents/guardians to complete the children's ethnic and racial identities.



OPTIONAL Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

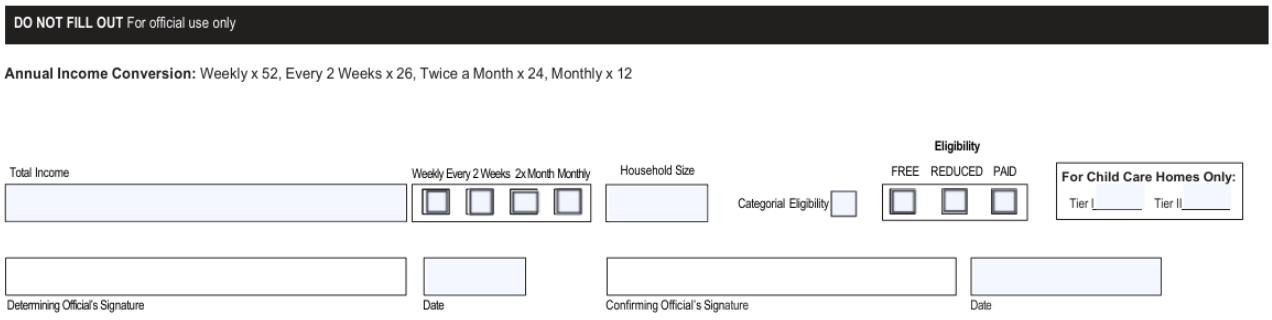
Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

7. **Before** classifying the application, the determining official will request the parent/guardian provide any missing information. Once all information is provided or if the parent/guardian refuses to provide required information, the **determining official** will complete the **For Official use only** section and **classify** the application using the information provided on the form along with any supporting documentation for Head Start children.

Applications will be classified Paid when one or more of the following occur:

- ✓ Step 3 is not complete and there is not a valid case number in Step 2 for SNAP, FI or FDPIR.
- ✓ The total household members in Step 3 does not equal the number of names in Step 1 and Step 3.
- ✓ Step 4 is not complete.

The determining official must sign and date the form in the designated space. The confirming official will review the form to ensure it is complete and to ensure the determining official made the correct classification and then sign and date the form in the designated space



DO NOT FILL OUT For official use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income	Weekly Every 2 Weeks 2x Month Monthly	Household Size	Eligibility: Categorial Eligibility	FREE	REDUCED	PAID	For Child Care Homes Only: Tier I_____ Tier II_____
	☐ ☐ ☐ ☐		☐	☐	☐	☐	

Determining Official's Signature	Date	Confirming Official's Signature	Date

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8. The institution must add the free, reduced or paid classification to the master roster.

Additional assistance needed
contact CACFP at (803) 898-0959 or via mail at CACFP@dss.sc.gov

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