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Governor



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Office of Family Stability Letter No. 48
March 7, 2006

TO: Directors, County Departments of Job and Family Services

FROM: Jeanne Carroll, Deputy Director
Office of Family Stability

SUBJECT: Food Stamp Program: AGs with income from the Child and Adult Care Food Program (CACFP)

The Food Stamp and Nutrition Service (FNS) published an interim rule on the above program to improve the management and integrity of CACFP. CACFP is a Food Nutrition Program. The CACFP reimburses sponsoring organizations for eligible meals served by their family day care home providers.

Under the rule, state CACFP agencies must compile an annual list of providers receiving CACFP income and provide it to the state food stamp agency. The state food stamp agency must, at a minimum, review the case at the next recertification to ensure the household has correctly reported its self-employment income. In Ohio, the Ohio Department of Education (ODE) is the sponsoring organization. ODE will provide this list annually to ODJFS.

Food Stamp Policy and Program Policy reviewed the list of cases provided to ODJFS for 2005 and contacted County Department of Job and Family Services (CDJFS) on questionable findings. As a result of the findings, the Office of Family Stability is recommending CDJFS follow the guidelines listed below to complete AEISE (Self-Employment screen in CRIS-E) and to document CACFP cases:

- Complete an AEISE screen for self-employed daycare providers. Identify on AEISE, under Job Title, each income source: private pay, CDJFS, and/or CACFP. See the attached CRIS-E AEISE screen examples. Completing multiple screens can result in the over reporting of work hours.
- Determine the appropriate allowable deductions for the cost of operating a day care and enter the expenses on AEISE. FNS has clarified that the options provided for determining the cost of doing business for AGs deriving income from day care shall be the option of the county agency, not the AG. However, the county option chosen for the AGs deriving income from day care shall be consistently applied county-wide. Please reference OAC Rule 5101:4-6-03 Food Stamps: AGs With Income From Boarders And Day Care. See the attached CRIS-E AEISE screen examples.

- Exclude from the CACFP payments the amount intended for the provider's own children's meals. Please reference OAC Rule 5101:4-4-13 (K) and OAC Rule 5101:4-4-19 (A) (2).
- Document CLRC, clearly identifying each income source, deductions, exclusions, and the calculation of weekly hours employed.
- Obtain all necessary Income and Expense verifications. Attached is a sample CACFP Income Verification Form, which may be used if a CDJFS does not already have a CACFP Income Verification Form in use.

If you have any questions regarding the Food Stamp program, please contact the Program Policy Services Section at the toll free number, 866-886-3537 (Option 6) or through the TANF-FSTA mailbox.

Thank you for your attention to this matter.

Attachment (2)

cc:	Barbara Riley, Director	Family Stability Staff
	Fred Williams, Assistant Director	Loretta Adams, OJFSDA
	Bruce Madson, Assistant Director	Crystal Allen, PCSAO
	China Widener, Chief of Staff	Kim Newsome, OCDA
	ODJFS Deputy Directors	Larry Long, CCAO

EXAMPLE

AEISE		SELF-EMPLOYMENT INFORMATION				01/06/06 07:52				
COUNTY: 25		CASE: 1000164176		WORKER: W95002		W95002 T TOLEDO				
EFFECTIVE BEGIN DATE: 01/06/06		STATUS: OPEN		IM WORKER ACCEPTED: _						
NBR: 3		NAME: LAURA		PETRY		SSN: 222122222		DELETE: _		
JOB 1		TITLE: PP/CACFP/JFS		BEGIN: 070105		END: _		DOT: 3		
FARM? N										
MMYY	END MMY	WKLY HRS	VR	MTHLY HRS	TOTAL	MTHLY HRS	HRLY RATE			
0705		50	CS	215		215	6.00			
REASON FOR LEAVING: _					GOOD CAUSE: _ VR: _ PWE? N					
AMOUNT	TYPE	MOS	AMOUNT	TYPE	MOS	AMOUNT	TYPE	MOS	AMOUNT	
3096.00	IC	12								
1548.00	IR	12								
SELF-EMPLOYMENT GROSS PROCEEDS AND GROSS EXPENSES					VERIFICATION CODE: CS					
GROSS PROCEEDS		GROSS EXPENSES		GROSS EARNINGS		FARM LOSS				
FOOD STAMPS: 258.00		129.00		129.00		.00				
ADC,GA,MED : 258.00		129.00		129.00						
- - - - - INDIVIDUALS - - - - -										
1 ROSEB P		2 RITCH P		3 LAURA P		4 ROB P				
NEXT TRAN: _____ PARMS: _____										

DC= Day Care

PP= Private Pay source of day care income

CACFP= Child and Adult Care Food Program source of day care income

JFS= County Department of Job and Family Services source of day care income

IC= Income for all categories (Reference Table TIEX)

IR= IRS Allowable Business Expense for all categories (Reference Table TIEX)

1. Job Title list all income sources.
2. Manually calculate the total income from all day care sources. Enter total on AEISE using type of income and clearly document calculations on CLRC.
3. Enter the number of months the total income is to cover and clearly document on CLRC.
4. Manually calculate the total allowable deductions from all day care source. Enter total on AEISE using type of allowable business expenses and clearly document on CLRC.
5. Enter the number of months the total expenses is to cover and clearly document on CLRC.
6. Hours of employment for day care income may overlap. For example, an individual may run their day care from 7-5 (10 hours per day), however they may have multiple sources of income based on the children in their care. The total monthly hours in this example is 215 (10 hours per day times 5 day per week times 4.3) This is important for the calculation of OWF work participation hours. Clearly document on CLRC how the hours of employment were determined.

Note:

- For the Food Stamp Program, CRIS-E does not drop cents on gross expenses before deducting from the gross proceeds.

Child and Adult Care Food Program (CACFP) Income Verification

As a child care provider, you may be receiving income from the Child and Adult Food Program (CACFP). This program is administered locally by _____. While the income you receive for your own children is exempt, the income you receive for additional children that you provide child care for is countable income for the Food Stamp Program. Please sign and date this release of information form in order for the CDJFS to verify this income.

My signature below means that I give permission to furnish all information about me that is requested on this form. I understand this information will be used to establish eligibility for public assistance and/or Food Stamps. I also give the Department of Job and Family Services permission to contact _____ in order to obtain or clarify any information contained on this form.

Day Care Provider's Signature

Social Security Number

Date

TO BE COMPLETED _____: (Last 12 full months of income, if available)

A	B	C	D	E	F
Month Check Received	Total CACFP Payment	Portion of CACFP payment for child care placements	Total # of children for whom CACFP payments are made	# of children other than provider's own children for whom CACFP payments are made	Income to Case** (County Completes)
Total					

Signature of individual completing this form/Title

Phone

Date

****For County Use Only: Use income from column C in the FS budget. If column C is not completed, use a prorated portion of the Total CACFP payment based on the # of children listed in column E.**