**INSTRUCTIONS FOR**

**NOTICE OF TIER DETERMINATION – DAY CARE HOMES (H1659)**

Contracting entities (CEs) use this form to notify a provider of the sponsor’s determination that the Provider is Tier I or Tier II.

Enter the name and address of the Provider in the space provided.

Enter the date the notification is sent to the Provider.

Enter the Provider’s license/registration number.

Indicate if the Provider’s Tier status and the effective date (the date the tier determination was made).

If the Tier status is Tier II, indicate the reason for that determination, and provide the appeal procedures including the name and address of the person to whom the Provider’s request for appeal must be sent.

Enter the name, title, and telephone number of the CEs representative, as well as the name of the CE.

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|  | **Notice of Tier Determination – Day Care Homes** | | | | | | | | | | | | | | | | |  | |
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| Based on the information you provided and on the results of our verification efforts, we have determined that you are: | | | | | | | | | | | | | | | | | | | |
| **Eligible for TIER I effective on** | | | | | | | | | | | | | |  | | | | | |
| **Eligible for TIER II effective on** | | | | | | | | | | | | | |  | | | | | |
| You are **not eligible for TIER I status** for the following reason(s): | | | | | | | | | | | | | | | | | | | |
| **Your day care home is not located in a low-income area.** | | | | | | | | | | | | | | | | | | | |
| **Your reported household income exceeds the allowable limit.** | | | | | | | | | | | | | | | | | | | |
| **Income that you reported for** | | | | | |  | | | | | | | | | | **could not be verified.** | | | |
| **Your Supplemental Nutrition Assistance Program (SNAP)/Temporary Assistance for Needy Families (TANF) participation or your child’s Early Head Start, Head Start, or Even Start participation could not be verified.** | | | | | | | | | | | | | | | | | | | |
| **You have not submitted a *CACFP Meal Benefit Income Eligibility Form* for Tier I Eligibility.** | | | | | | | | | | | | | | | | | | | |
| If you did not qualify for Tier I, you may request a redetermination if there is a decrease in household income or if there is a change in the number of household members. If you have any questions about the information contained in this letter, please call our office at the telephone number listed below.  You have the right to appeal a **Tier II determination.** Your request for an appeal must be received within 15 days of your receipt of notification. Send your request for an appeal hearing to: | | | | | | | | | | | | | | | | | | | |
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| Name of Contracting Entity Representative | | | | | | | | | Title | | | | | | | | Telephone No. | | |
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| Name of Contracting Entity | | | | | | | | | | | | | | | | | | | |
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