TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
   DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
   FAMILY INVESTMENT SUPERVISORS

FROM: KEVIN MAHON, EXECUTIVE DIRECTOR

RE: CHILD AND ADULT CARE FOOD PROGRAM VERIFICATION FORM
    INTERIM PROCEDURE

PROGRAM AFFECTED: TEMPORARY CASH ASSISTANCE (TCA) AND
                   FOOD STAMPS

ORIGINATING OFFICE: OFFICE OF POLICY AND RESEARCH

BACKGROUND:

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996
(PRWORA) established a two-tier system for assigning rates of reimbursement to family day care
homes participating in the Child and Adult Care Food Program (CACFP). One of the provisions
allows a family day care provider to qualify for the higher rate of reimbursement if they receive
Temporary Cash Assistance (TCA) or Food Stamp benefits. They must verify this.

The Maryland State Department of Education (MSDE), which operates CACFP does not
presently have the capacity to automate this verification. They developed the attached Income
Eligibility Statement (IES) form. The form will assist Family Investment Program customers who
are child or adult day care providers in verifying the status of their TCA and Food Stamp benefits.
The CACFP sponsoring agencies have begun distributing IES forms to providers and have
instructed them to take their forms to the local department so that the case manager can verify
their benefit status. FIA and MSDE have developed the following procedure to expedite this
process.

Providers, who receive TCA or FS benefits, will take the partially completed (Provider
Name and Food Stamp or TCA # sections) IES form to their local department FIP case manager.
The FIP case manager will have the provider sign the 704 (Release of Information Consent form),
if it is not already included in the case record. They will then indicate on the IES form, with either
a yes or no, whether the provider’s TCA or FS case is approved for benefits. Enter the benefit
certification end date in the column marked "Expiration Date." The case manager completes the bottom of the form by entering the local department’s address, along with the case manager’s printed and written signature and date in the sections marked "Authorized Representative." The term "authorized representative" on the IES form means the agency staff person or case manager who is authorized by the local department to verify the information on this form.

Staff of FIA and MSDE will work together to examine the capacity of our automated systems to exchange this information. They will attempt to develop a method to produce this verification out of the automated systems.

**ACTION REQUIRED OF:**

All Local Departments of Social Services

**ACTION DUE DATE:**

Upon receipt of an IES form.

**INQUIRIES:**

Please direct questions on this interim procedure to Patricia Jeffers at (410) 767-7143.

**cc:** FIA Management Staff  
Constituent Services  
Child Care Administration
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<th>PROVIDER NAME</th>
<th>FOOD STAMP OR TCA CASE #</th>
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**Certification**

I certify that the benefit approval verification provided above reflects the information on file in this office.

Agency Address: ________________________________

______________________________

Print Name and title of Authorized Representative: ________________________________

Signature of Authorized Representative: ________________________________ Date: __________