

PROVIDER TIERING CHECKLIST

Provider Name: _____

_____ REGISTERED _____ CERTIFIED _____ LICENSED

_____ MAXIMUM CAPACITY ___ / ___ / ___ EXPIRATION DATE

TIER I

By School:

_____ Free & Reduced School sheet from report

_____ School Name _____ %
(Must be 50% or more to qualify)

_____ / _____ / _____ Expiration Date (Must redetermine every 5 years)

_____ Letter to DPP

DPP Name _____ Date ___ / ___ / ___

By Census:

Source: _____ Date ___ / ___ / ___
_____ %

By Income: (Must redetermine each year)

_____ Income Application _____ / _____ / _____ Expiration Date

Number of own children claimed _____

Number of related over capacity claimed _____

TIER II

By School:

_____ Free & Reduced School sheet from report

_____ School Name _____ %
_____ / _____ / _____ Expiration Date (Must redetermine every 5 years)

_____ Letter to DPP

DPP Name _____ Date ___ / ___ / ___

By Census:

Source: _____ Date ___ / ___ / ___
_____ %

By Income: (Must redetermine each year)

_____ Income Application _____ / _____ / _____ Expiration Date

Tier I _____ Tier II _____

_____ Verification Documentation

(Must be on file if Tier I living in a Tier II school district)

List Source Documentation: _____

Number of own children claimed _____
Number of related over capacity claimed _____

MIXED TIER III

By School:

_____ Free & Reduced School sheet from report

_____ School Name _____ %
_____ / _____ / _____ Expiration Date (**Must redetermine every 5 years**)

_____ Letter to DPP

DPP Name _____ Date _____ / _____ / _____

_____ Income Applications for Enrolled Children

Number of enrolled children eligible for Tier I rates by income application _____

Number of enrolled children eligible for Tier II rates by income application _____