**CHILD AND ADULT CARE FOOD PROGRAM**
**MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)**
**FISCAL YEAR 2016**

# CACFP MEAL BENEFIT INCOME ELIGIBILITY LETTER
# (CHILD CARE CENTER)

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. This center offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. A household with income less than or equal to the income chart for reduced-priced meals below is eligible for free or reduced-priced meals:

| Household size | Yearly |
|---|---|
| 1 | $21,775 |
| 2 | $29,471 |
| 3 | $37,167 |
| 4 | $44,863 |
| 5 | $52,559 |
| 6 | $60,255 |
| 7 | $67,951 |
| 8 | $75,647 |
| Each additional person: | $ 7,696 |

Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In order for the center to be considered eligible for free and reduced-price meals based on income, an application must contain complete documentation of eligibility information including total current household income, names of all household members, the social security numbers of the household member who signs the application, and the date and signature of the adult household member who completed the application. The information will be kept confidential and only available to staff directly connected with administering the CACFP.

If a child is a foster child or a member of a SNAP or FDPIR household or is a TANF recipient, the child is automatically eligible to receive free Program meal benefits, subject to the completion of this application. If a child is a Head Start participant, the child is automatically eligible to receive free Program meal benefits, subject to submission by Head Start officials of a Head Start statement of income eligibility documentation. Family members who become unemployed are eligible for free or reduced-price meals during the period of unemployment; provided that the loss of income causes the family income during the period of unemployment to be eligible for those meals.

**Privacy Act Statement (This explains how we will use the information you give us):** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to provide the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**Non-discrimination Statement (This explains what to do if you believe you have been treated unfairly):** "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

**PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM**

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**Part 1. All Household Members (including enrolled children): Request additional sheets if necessary.**

| **Names of all household members** (First, Middle Initial, Last) | DATE OF BIRTH (MM/DD/YY) | CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT). IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 4 TO SIGN THIS FORM. | CHECK IF NO INCOME |
|---|---|---|---|
| Adult Household Member #1: | | ☐ | ☐ |
| Adult Household Member #2: | | ☐ | ☐ |
| Adult Household Member #3: | | ☐ | ☐ |
| Child #1: | | ☐ | ☐ |
| Child #2: | | ☐ | ☐ |
| Child #3: | | ☐ | ☐ |
| Child #4: | | ☐ | ☐ |

**Part 2. Benefits:** If any member of your household receives SNAP, FDPIR, or TANF, provide the name and case number for the person who receives benefits and skip to part 4. **If no one receives these benefits, skip to part 3.**

NAME:_____ CASE NUMBER: ___ ___ ___ ___ ___ ___ ___ ___

**Part 3. Total Household Gross Income (income before any deductions) You must tell us how much and how often:**

| **A. Name** (List **only** household members with **income**) | **B. Gross income and how often it is received: identify weekly, every other week, monthly, yearly…** | | | |
|---|---|---|---|---|
| | 1. Earnings from work before deductions | 2. Welfare, child support, alimony | 3. Pensions, retirement, Social Security, SSI, VA benefits | 4. All Other Income |
| | **how much/how often** | **how much/how often** | **how much/how often** | **how much/how often** |
| | $_____/_____ | $_____/_____ | $_____/_____ | $_____/_____ |
| | $_____/_____ | $_____/_____ | $_____/_____ | $_____/_____ |
| | $_____/_____ | $_____/_____ | $_____/_____ | $_____/_____ |
| | $_____/_____ | $_____/_____ | $_____/_____ | $_____/_____ |
| | $_____/_____ | $_____/_____ | $_____/_____ | $_____/_____ |

**Part 4. Signature and last four digits of Social Security Number:** An adult household member must sign this form. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or write the word None if the signer doesn't have a Social Security Number.** (See Privacy Act Statement on the back of this page.)

***I certify that all information on this form is true and that all income is reported. I understand that the center will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.***

Sign here: _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

City:_____ State: _____ Zip Code: _____

Last four digits of Social Security Number: _*_ _*_ _*_ - _*_ _*_ - ____ ____ ____ ____ If no SSN, write the word "NONE" _____

**Part 5.** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school , homeless liaison, or migrant coordinator Homeless ❑ Migrant ❑ Runaway❑

**Part 6. Participant's ethnic and racial identities (optional):**

| Mark one ethnic identity: | Mark one or more racial identities: | |
|---|---|---|
| ❑ Hispanic or Latino | ❑Asian | ❑ American Indian or Alaska Native |
| ❑ Not Hispanic or Latino | ❑White | ❑ Native Hawaiian or Other Pacific Islander |
| | ❑ Black or African American | |

**Don't fill out this part. This is 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: _____ Per: ❑ Week, ❑ Every 2 Weeks, ❑ Twice A Month, ❑ Month, ❑ Year Household size: _____

Categorical/Income Eligibility: Free_____ Reduced_____ Paid_____

Foster Child Eligibility: Free_____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____