

Dear Parent,

The Child & Adult Care Food Program require that the reimbursement this provider receives for meals served to all children be based on income information submitted by each parent. This benefits you because it helps us to keep the charge for child care at a lower rate. This information will be kept confidential.

Income Eligibility Guidelines			
Effective from July 1, 2010 to June 30, 2011			
Household Size	Annual	Month	Week
1	\$20,036	\$1,670	\$386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
For each additional Family member add	+6,919	+577	+134

In the operation of child feeding programs, no child will be discriminated against because of race, color, national origin, sex, age, or handicap. If you believe that you have been discriminated against in any USDA-related activity, you should write immediately to the Secretary of Agriculture, Washington, DC 20250.

CHILDREN WITH DISABILITIES: If a child has been determined by a doctor to be disabled and the disability would prevent the child from eating a regular meal, this provider will make any substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a disability, please contact us for further information.

Participants enrolled in this day care home who are receiving Food Stamp, FDIPIR, or cash assistance (TANF) are eligible for free or reduced-priced meals only if the child(ren)'s name(s), the appropriate case number(s), and the signature of the adult household member who completed the application is included on the affidavit. In certain cases, foster children are eligible for free or reduced-priced meals regardless of the income of the household with whom they reside.

Households with incomes less than or equal to the income chart for reduced-priced meals above are eligible for free or reduced-priced meals. In order for the provider 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 adult household member who signs the application, or the word "None" and the date and signature of the adult household member who completed the application.

Section 9 of the National School Act requires that, unless your child's food stamp, cash assistance (TANF), or FDIPIR case number is provided, you must include a social security number on the application. This must be either the social security number of the parent or household member signing the statement, or an indication that the household member does not have a social security number. Provision of the social security number is not mandatory, but if a social security number is not provided or an indication that household member signing the application does not have one, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for eligible federally or state funded programs, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

WAIVER: You may release the name of my child(ren) to my child's day care home provider as program eligible. Yes No

Signature **Date**

Race/Ethnic Identity: You are not required to answer this question. Please circle correct category.

- WHITE BLACK/AFRICAN AMERICAN HISPANIC/LATINO AMERICAN INDIAN/ALASKA NATIVE NATIVE HAWAIIAN/PACIFIC ISLANDER ASIAN SOME OTHER RACE(S)

For Sponsor Use Only

Approved by: _____	Total Household Size _____	Children in each category
Approval Date: _____	Total Monthly Income _____	() Eligible () Ineligible