CACFP MEAL BENEFIT INCOME ELIGIBILITY LETTER (FAMILY DAY CARE HOME – PARENT)

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled at a family day care home. The family day care home 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 childcare. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. The information will be kept confidential and only available to staff directly connected with administering the CACFP. The participant in the family day care home may qualify for tier I benefits if your household income falls within the limits on this chart:

Household size	Yearly
1	$25,142
2	$33,874
3	$42,606
4	$51,338
5	$60,070
6	$68,802
7	$77,534
8	$86,266
Each additional person:	$ 8,732

If a child or a child's parent is participating in or subsidized under a Federally or State program with an income eligibility limit that does not exceed the eligibility standard for free or reduced-price meals, meals served to the child are automatically eligible for tier I reimbursement, subject to the completion of the application.

Section 333 of the Act amends section 17(f)(3)(A)(iii)(III) of the Richard B. Russell National School Lunch Act [42 U.S.C. 1766(f)(3)(A)(iii)(III)] to allow tier II family childcare home providers in the CACFP to assist in the transmission of household income information from families of enrolled children to their sponsors. Previously, if permitted by the State agency and the sponsors, tier II providers could distribute income eligibility forms to the households of enrolled children in their care, but it was the responsibility of the sponsors to collect the forms from the households. [7 C.F.R. §226.18(12)]. Under the Act, tier II family childcare home providers now have specific authority to collect the household income eligibility forms from households and transmit the forms to their sponsors. However, if tier II family childcare home providers wish to collect and transmit household information, the providers or the sponsors must ensure that each household knows:

- The household is not required to complete the income eligibility form in order for their children to participate in CACFP; and
- Households have the option, if they choose to complete the income eligibility form, of either:
  - Returning the form directly to the sponsor at the address indicated on the form; or
  - Returning the form to the provider with written consent allowing the provider to collect the form and transmit it to the sponsor on the household's behalf **(√ the box in the "Written Consent" section on the next page if you want the provider submit your application to the sponsor for you)**.

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 give 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 civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.*

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil

Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410; or

2.fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

program.intake@usda.gov

This institution is an equal opportunity provider.

PLEASE COMPLETE THE NEXT PAGE

CHILD AND ADULT CARE FOOD PROGRAM
MEAL BENEFIT INCOME ELIGIBILITY FORM (Family Day Care Home-Parent)
FISCAL YEAR 2023

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

Name of Provider:

Part 1. All Household Members - including Residential Children: Request additional sheet if necessary.

Names of all household members (First, Middle Initial, Last)	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 received 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 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 day care home 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 none 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 ❑ Not Hispanic or Latino	❑Asian ❑ American Indian or Alaska Native ❑White ❑ Native Hawaiian or Other Pacific Islander ❑ Black or African American

Written Consent (√ the box): ☐ I WANT the provider to collect this form and transmit it to the sponsor on my behalf.

Don't fill out this part. This is for official use only:

CHILD AND ADULT CARE FOOD PROGRAM
MEAL BENEFIT INCOME ELIGIBILITY FORM (Family Day Care Home-Parent)
FISCAL YEAR 2023

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: _____

Eligibility: Tier I_____ Tier II_____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

CATEGORICAL ELIGIBILITY

Complete this part for your children if you are currently receiving benefits from any of the following programs. Check all that applies and provide case numbers (attach this form to the Meal Benefit Income Eligibility Form):

	Case Number
☐ The Emergency Food Assistance Program (TEFAP)	
☐ Supplemental Nutrition Assistance Employment & Training (SNA E&T)	
☐ Child Care and Development Block Program	
☐ Women, Infant, Children (WIC) Program	
☐ Quality First (First Things First)	
☐ DES Child Care Administration	
☐ Head Start / Early Head Start	
☐ National School Lunch (NSLP)	
☐ Special Milk Program	
☐ Unemployment Insurance	
☐ S.O.B.R.A Children Age Birth – 19 (AHCCCS)	
☐ Medical Assistance & Health Insurance (AHCCCS)	
☐ Medical Expense Deduction (MED) (AHCCCS)	
☐ Short Term Crisis Services Program	
☐ Weatherization Assistance Program	
☐ Low-Income Home Energy Assistance Program (LIHEAP)	
☐ Supplemental Security Income (SSI)	
☐ Social Security Disability Insurance (SSDI)	
☐ Foster Grandparent Program	
☐ DES Utility &Telephone Discount Programs	
☐ Lifeline Telephone Discount Program	
☐ Telephone Assistance Program for the Medically Needy	
☐ Senior Telephone Discount Program	

	Child's Name		**Age**	**Birthdate**
1.	_____	_____	_____	
2.	_____	_____	_____	
3.	_____	_____	_____	
4.	_____	_____	_____	