**[Date]**

Dear Parent or Guardian**:**

##### **[Name of day care home]** offers healthy meals and snacks to children as part of the Child and Adult Care Food Program (CACFP). Your day care provider receives support from CACFP to serve those meals. CACFP gives more support to your provider if your household income is equal to or less than the limits on this chart:

|  |
| --- |
| Federal Income Standards forReduced-Price Meals for July 1, 20\_\_\_\_ - June 30, 20\_\_\_\_ |
| Household size | Yearly Income | Monthly Income |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

##### Please fill out a *CACFP Meal Benefit Income Eligibility* form. It will help us find out how much support your provider receives. Be sure to read the instructions carefully. Fill in all the information we request. We can only accept complete forms. Please send the completed form to:

**[Name, Address, Email Address]**

Thank you for taking the time to fill out the form. We hope your child enjoys CACFP meals!

In the operation of child nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability. If you have questions or need help, please contact **[Name]** at **[Phone Number]** or **[Email Address]**.

Sincerely,

*Signature*

**[Name**

**Title]**