**[Date]**

Dear Parent or Guardian**:**

##### **[Name of Center]** offers healthy meals and snacks to children as part of the Child and Adult Care Food Program (CACFP). **[Name of Center]** receives support from CACFP to serve those meals. CACFP gives more support if your household income is less than or equal to 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 **[Name of Center]** receives. Please 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]**