

2011-2012 CHILD AND ADULT CARE FOOD PROGRAM LETTER TO PARENT/PARTICIPANT

Dear Parent/Participant:

Our agency depends on Child and Adult Care Food Program funds to provide meals at no separate charge to all participants.

This information is necessary so that we may determine if participants are eligible for the Child and Adult Care Food Program. This form will be placed in our files and treated as confidential information.

The income that you report must be the total gross income received by all members of your household. If during the year, there are decreases in your family size or increases in your income that exceed \$50 per month or \$600 per year, you must report these changes to the center so that appropriate eligibility adjustments can be made. Also, if you become unemployed, the participant may be eligible for the free or reduced-price meal category during the period of unemployment.

The "Eligibility Income Scale" for reduced-price meals is included in this letter for your information. If your income is less than or equal to these reduced-priced standards, the participant is eligible for free or reduced-price meals from the Child and Adult Care Food Program which means increased reimbursement for our center and increased nutritional benefits for the participant.

Please complete, sign and return the form so that our center may receive maximum reimbursement.

Your cooperation is vital and appreciated.

The Child and Adult Care Food Program is a federal program of the Food and Nutrition Service, United States Department of Agriculture. In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint alleging discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call, toll free, (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.

(Name of Day Care Center) X _____
(Signature of Day Care Center Representative)

TO APPLY, YOU MUST COMPLETE ONE OF THREE OPTIONS.

1. List the Name of the participant (*First and Last Names*).
2. Complete the Days, Hours of Care, and the meals types served to the enrolled participant. (*One time requirement for Adult Day Care participants.*)

Option 1A or 1B - CHILD CARE PARTICIPANTS ONLY:

If you receive Food Stamps or TANF benefits for the participant, list the Food Stamp or TANF Case Number and Sign and Date the form.
If you are applying for a **Foster Child** who is the legal responsibility of the welfare agency or court, Check the Box and Sign and Date the form.

A FOSTER CHILD'S PERSONAL USE INCOME is defined as follows:

- a) Funds received from a welfare agency, which can be identified for personal use of the child. Where funds provided by the welfare agency are specified by agency, i.e., funds for shelter and care; special needs funds; and funds for personal needs such as clothing, school fees, allowances, etc., only those funds that can be identified as personal use funds shall be considered as income.
- b) Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time (e.g., paper routes, baby-sitting).

Option 2 - ADULT CARE PARTICIPANTS ONLY:

If you receive Food Stamps, SSI or Medicaid benefits for the participant, indicate the Food Stamp, SSI or Medicaid Case Number and Sign and Date the form.

Option 3 - CHILD CARE AND ADULT PARTICIPANTS:

If you do not receive Food Stamps, TANF, SSI or Medicaid benefits for the participant, you must complete:

3. Names of all (*Related or Unrelated*) household members
4. List the household income (*Monthly Gross Earnings*) for each household member
5. Total number in household (#1 + #2 above).
6. Total gross income of all household members.
7. Sign, date, and list the last four (4) digits of the social security number for the Adult Household Member signing the application, or indicate that the Adult Household Member signing the application does not possess a social security number.
8. Print name of adult household member signing the application.
9. Complete the full address and telephone number of the Adult Household Member signing the application.

**ELIGIBILITY INCOME SCALE
Effective from July 1, 2011 to June 30, 2012**

HOUSEHOLD SIZE	REDUCED		
	ANNUAL	MONTHLY	WEEKLY
1	\$14,158 - \$20,147	\$1,181 - \$1,679	\$274 - \$ 388
2	\$19,124 - \$27,214	\$1,595 - \$2,268	\$369 - \$ 524
3	\$24,090 - \$34,281	\$2,009 - \$2,857	\$465 - \$ 660
4	\$29,056 - \$41,348	\$2,423 - \$3,446	\$560 - \$ 796
5	\$34,022 - \$48,415	\$2,837 - \$4,035	\$656 - \$ 932
6	\$38,988 - \$55,482	\$3,250 - \$4,624	\$751 - \$1,067
7	\$43,954 - \$62,549	\$3,664 - \$5,213	\$847 - \$1,203
8	\$48,920 - \$69,616	\$4,078 - \$5,802	\$942 - \$1,339
Each Additional Family Member	+7,067	+589	+136