Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. This child care center 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 child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

1. Do I need to fill out a Meal Benefit Form for each of my children in child care? You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household only if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. Return the completed form to your child care center.

2. Who can get free meals without providing income information? Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF) can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals.

3. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Eligibility Guidelines.

4. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

5. Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

6. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member received last month. If last month’s income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month’s income as a basis to make this projection. If your household’s income is equal to or less than the amounts indicated for your household’s size on the Income Eligibility Guidelines chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, FDPIR, or TANF case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

7. What if my income is not always the same? List the amount that you normally get. For example, if you normally get $1000 each month, but you missed some work last month and only got $900, put down that you get $1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

8. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact your child care center director.

9. We are in the military, do we include our housing and supplemental allowances as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member’s income made available by them or on their
behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

10. *(Pricing program only)* Will the information I give be verified? Maybe. We may ask you to send written proof to verify the information you submitted on the form. What if I disagree with the decision about the information I complete on this form? You should talk to your child care center.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call your child care center.

Sincerely,
INSTRUCTIONS FOR COMPLETING THE CACFP
MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Follow these instructions, if your household gets SNAP, FDPIR or TANF:

Part 1: List all enrolled children and household members.
Part 2: List the case number for any household members (including adults) receiving [SNAP], [FDPIR] or [TANF] benefits.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.
Part 6: Answer this question if you choose.
Part 7: Skip this part.

If you are applying only on behalf of a foster child, follow these instructions:

If all children you are applying for are foster children, or if you are only applying for benefits for the foster child:

Part 1: List all foster children. Check the box indicating that the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. A Social Security Number is not necessary.
Part 6: Answer this question if you choose.
Part 7: Skip this part.

If some of the children in the household are foster children:

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the “No Income” box. Check the box if the child is a foster child.
Part 2: If the household does not have a case number, skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway, call the State agency for instructions.
Part 4: Follow these instructions to report total household income from this month or last month.

**Column A – Name:** List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly. If no income, please write a zero.

- **Box 1:** List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you.
- **Box 2:** List the amount each person got for the month from welfare, child support, and alimony.
- **Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran’s (VA) benefits, disability benefits.
- **Box 4:** List ALL OTHER INCOME SOURCES including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of his/her Social Security Number or mark the box if s/he doesn’t have one.

Part 6: Answer this question if you choose.
Part 7: Sign here if you choose not to provide household size and income information.
**ALL OTHER HOUSEHOLDS, follow these instructions:**

**Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the “No Income Box.”

**Part 2:** Skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway, call the State agency for instructions.

**Part 4:** Follow these instructions to report total household income from this month or last month.

**Column A – Name:** List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

- **Box 1:** List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you.
- **Box 2:** List the amount each person got for the month from welfare, child support, and alimony.
- **Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran’s (VA) benefits, disability benefits.
- **Box 4:** List ALL OTHER INCOME SOURCES including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of his/her Social Security Number or mark the box if s/he doesn’t have one.

**Part 6:** Answer this question if you choose.

**Part 7:** Sign here if you choose not to provide household size and income information.

**Privacy Act Statement:** This explains how we will use the information you give us.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly.
**CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)**

**Institution or Facility Name:**

**Part 1. Name of Child(ren) Enrolled:**

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 5 TO SIGN THIS FORM.**

**Full names of all household members**

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part 2. Benefits:** If any member of your household received [SNAP], [FDPIR] or [TANF cash assistance], provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

<table>
<thead>
<tr>
<th>NAME:_______________</th>
<th>CASE NUMBER: ____________</th>
</tr>
</thead>
</table>

**Part 3. If any child you are applying for is homeless, a migrant, or a runaway, call the State agency for instructions.**

**Part 4. Total Household Gross Income—You must tell us how much and how often (whole dollar amounts, please)**

<table>
<thead>
<tr>
<th>Total number in household: _______</th>
<th>B. Gross income and how often it was received (if $0, please write $0. Any field left blank will be accepted as representative of &quot;no income&quot;)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Name (List only household members with income)</td>
<td>1. Earnings from work before deductions</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>(Example) Jane Smith</td>
<td>$200/weekly</td>
</tr>
<tr>
<td>$_<strong>/</strong>_____</td>
<td>$_<strong>/</strong>_____</td>
</tr>
<tr>
<td>$_<strong>/</strong>_____</td>
<td>$_<strong>/</strong>_____</td>
</tr>
<tr>
<td>$_<strong>/</strong>_____</td>
<td>$_<strong>/</strong>_____</td>
</tr>
<tr>
<td>$_<strong>/</strong>_____</td>
<td>$_<strong>/</strong>_____</td>
</tr>
</tbody>
</table>

**This section required for all forms listing income in Part 4:**

Last four digits of Social Security Number: X X X - X - ________

☐ I do not have a Social Security Number

**Part 5. Signature (Adult must sign)**

An adult household member must sign this form.

*I certify that all information on this form is true and that all income is reported. I understand that the center or 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.*

<table>
<thead>
<tr>
<th>Sign here: ____________________________</th>
<th>Print name: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: __________________________</td>
<td>Phone Number: __________________________</td>
</tr>
<tr>
<td>Address: ____________________________</td>
<td>State: __________________ Zip Code: ______</td>
</tr>
<tr>
<td>City: ________________________________</td>
<td></td>
</tr>
</tbody>
</table>
Part 6. Participant’s ethnic and racial identities (optional)

Mark one ethnic identity:  

☐ Hispanic or Latino  
☐ Not Hispanic or Latino

Mark one or more racial identities:

☐ Asian  
☐ American Indian or Alaska Native  
☐ Black or African American  
☐ White  
☐ Native Hawaiian or Other Pacific Islander

Part 7. Decline to provide information

I choose not to provide information about my household size and income.

_______________________________________________________    _________________

Signature of Adult Household Member        Date

***This Section is to be completed by the Child Care Institution – Determination of Eligibility***

Completion of this section is required for the institution to claim meals at the free or reduced rate for the child/children listed in Part 1: Name of Child(ren) Enrolled.

Number of persons in the household: ______

Total income $ ______ Per:  

☐ Week  
☐ Every 2 Weeks  
☐ Twice A Month  
☐ Month  
☐ Year

(Annual Income Conversion: weekly x 52, every 2 weeks x 26, twice a month x 24, monthly x 12)

Categorical Eligibility:  

☐ Free  
☐ Reduced  
☐ Paid  
☐ Tier I  
☐ Tier II

Required: Determining Official’s Signature: ___________________________ Date: ______________

Additional official signatures are recommended but not required.

Confirming Official’s Signature: ___________________________ Date: ______________

Follow-up Official’s Signature: ___________________________ Date: ______________

Privacy Act Statement: 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), Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF) case number for the participant 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: “In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; (2) Fax: (202) 690-7442; or (3) Email: program.intake@usda.gov. This institution is an equal opportunity provider.”

Head Start: Children who are enrolled in the Federal Head Start Program receive meal benefits in the CACFP without further application or eligibility determination. Acceptable documentation includes a current approved Head Start application or a written, signed and dated statement or roster from a Head Start official. [USDA Memos CACFP 7-2008 and CACFP 10-2008]