



CHILD AND ADULT CARE FOOD PROGRAM

MEAL BENEFIT INCOME ELIGIBILITY FORM

Instructions for Child and Adult Care Food Program Centers, Sponsoring Organizations and Family Day Care Home Providers

This packet contains:

Required information that *must* be provided to households and day care home providers:

- Letter to Households: Child Day Care and Adult Day Care
- Letter to Tier I and Family Day Care Home Providers
- Meal Benefit Income Eligibility Form

Verification of eligibility information materials:

- Notification of Selection for Verification of Eligibility
- Letter of Verification Results (Pricing programs only)

Optional application-related material that *may* be provided to households:

- Sharing Information With Medicaid and SCHIP

The pages are designed to be printed on 8½” by 11” paper. Some pages may be printed front and back. **[Bold bracketed fields]** indicate where you need to insert your specific information of who to contact for assistance and where to submit the completed form(s). You should insert your State’s name for the Temporary Assistance to Needy Families (TANF), or the State Children’s Health Insurance Program (SCHIP), and/or, if applicable, the Food Distribution Program on Indian Reservations (FDPIR).

This prototype package also includes information regarding the exclusion of housing allowance for those in the Military Housing Privatization Initiative and pricing programs. If these sections are not pertinent, you may remove them.

If you make additional changes, you must submit your package to your State agency for approval. If you have questions, contact:

[State agency address]

[Insert Center or Sponsoring Organization Letterhead]

Dear Parent/Guardian:

Young children need healthy meals to learn. This letter is intended for parents or guardians of children enrolled at either a child care center or a family day care home. **[Name of Center or 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 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 day care? Complete and submit one CACFP Meal Benefit Income Eligibility Form for all children in your household **only** if they are enrolled in the same center or home. 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: [name, address, phone number].** If your child(ren) is/are enrolled in a family day care home, **please do not return this form to your family day care provider.**

2. 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 Chart, shown on this application.

3. 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 center or the day care home.

4. Who should I include as members of my household? You must include all people in your household (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you.

5. 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 attached Income Chart, the family day care home or center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or proof of benefits as supported by a current Food Stamp, Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case number, you will remain eligible for those benefits for a period not to exceed 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

6. 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.

7. What if I have foster children? In certain cases foster children are eligible for free or reduced-price meals regardless of the income of the household with whom they reside. Households wishing to apply for such benefits for foster children should contact **[name, address, phone number].**

8. 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. All other allowances must be included in your gross income.

9. (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 sponsoring organization. You may ask for a hearing by calling or writing to: **[name, address, phone number].**

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 **[phone number].**

Sincerely,

[signature]



[Insert Center or Sponsoring Organization Letterhead]

Dear Household Member:

The CACFP offers meal reimbursements to adult day care facilities which provide structured comprehensive services to nonresidential adults who are functionally impaired, or aged 60 and older. By completing the attached Meal Benefit Income Eligibility Form, the centers will be able to receive reimbursement, which is based on the number of enrolled participants that are eligible for free or reduced price meals.

1. Do I need to fill out a Meal Benefit Form for each adult in day care? Complete and submit one CACFP Meal Benefit Income Eligibility Form for all adults in your household only if they 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: [name, address, phone number].**

2. Who can get reduced price meals? Adults can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.

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

4. Who should I include as members of my household? You must include all people in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you.

5. 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 attached Income Chart, the adult day care will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or proof of benefits as supported by a current Food Stamp, Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case number, you will remain eligible for those benefits for a period not to exceed 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

6. 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.

7. What should I do if the adult meal participant no longer receives food stamp, FDPIR, Social Security Income (SSI) or Medicaid? If you provided a food stamp or FDPIR case number or an SSI or Medicaid assistance number to establish an adult's eligibility for free meals, you must notify the appropriate institution officials during the year of any termination in the adult's certification to participate in the food Stamp, SSI or Medicaid Programs or FDPIR.

8. We are in the military, do we include our housing allowance 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. All other allowances must be included in your gross income.

9. (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 sponsoring organization. You may ask for a hearing by calling or writing to: [name, address, phone number].

In the operation of the CACFP, 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 [phone number].

Sincerely,

[signature]



[Insert Sponsor Letterhead]

Dear Provider:

To qualify for Tier I reimbursement, or if you wish to receive reimbursement for meals served to your own children under the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP), you must complete, sign and return to us the enclosed Meal Benefit Income Eligibility Form.

1. How do I qualify for the Tier I reimbursement for meals served to children enrolled in my home? You must either (a) live in an area that is eligible based on economic need as determined by school enrollment or census data, or (b) establish economic need through the information provided on the enclosed Meal Benefit Income Eligibility Form.

2. Who determines my eligibility as a Tier I day care home? Our office will determine your eligibility status. We will use the information you provide on the Meal Benefit Form. Make sure you complete and sign the form; report all household income (not just your family day care home business income); and provide appropriate records of your income. **Return the completed form and other papers to: [name, address, phone number].**

3. What kind of records should I submit with my Meal Benefit Form? If you operated a family day care home business last year, attach a copy of your most recent tax return, including Schedule C. Include payment statements for work and other forms of income. The papers you send must show the name of the person who received the income, the date it was received, how much was received, and how often it was received.

4. How do I get reimbursed for meals served to my own children? You are required by law to complete this form if you wish to claim meals served to your own children. Even if you live in an area identified as one of economic need, or you have already been classified as a tier I home, you must complete this form. Our office may verify the income information you submit.

5. If I do not live in an area of economic need or don't want to submit the Meal Benefit Form, what are my options for reimbursement? You will receive lower rates of reimbursement for meals served to children enrolled in your family day care home.

6. 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 sponsoring organization. You may ask for a hearing by calling or writing to: **[name, address, phone number].**

7. Who should I include as members of my household? You must include all people in your household (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you.

8. 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 attached Income Chart, you will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or proof of benefits as supported by a current Food Stamp, Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case number, you will remain eligible for those benefits for a period not to exceed 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

9. 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.

10. What if I have foster children? In certain cases foster children are eligible for free or reduced-price meals regardless of the income of such household with whom they reside and that households wishing to apply for such benefits for foster children should contact **[name, address, phone number]**

11. We are in the military. Do we include our housing allowance 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. All other allowances must be included in your gross income.

In the operation of the CACFP, 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 **[phone number]**.

Sincerely,

[signature]





INSTRUCTIONS FOR COMPLETING THE CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM

Follow these instructions, if your household gets FOOD STAMPS, TANF, FDPIR, SSI or Medicaid:

- Part 1:** For family day care home and child care center, list participant's name and a Food Stamp, TANF or FDPIR case number. For adult day care, list participant's name and a Food Stamp, TANF, FDRIP, SSI or Medicaid case number.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answer this question if you choose to.

If you are applying on behalf of a FOSTER CHILD, use a separate application for each foster child and follow these instructions:

- Part 1:** Enter the child's name.
- Part 2:** Please contact us at [Phone Number].
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1:** List each participant's name.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from last month.
- Column A–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
- Column B–Gross income last month and how often it was received.** Next to each person's name, list each type of income received last month, and how often it was received.
- In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).
- In box 2, list the amount each person got last month from welfare, child support, alimony.
- In box 3, list Social Security, pensions, and retirement.
- In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
- Column C–Check if no income:** If the person does not have any income, check the box.
- Part 4:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 5:** Answer this question if you choose to.

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.



**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
MEAL BENEFIT INCOME ELIGIBILITY FORM**

Part 1. Children or adults enrolled to receive day care. (Use a separate application for each foster child)

| | |
|---|--|
| Names (First, Middle Initial, Last) | Food Stamp, TANF or FDPIR case # for children only. All the above or SSI or Medicaid case # for <u>adults only</u> . Skip to Part 4 if you listed a case #. |
| | |
| | |
| | |
| | |

Part 2. Foster Child: In certain cases, foster children are eligible for free and reduced-price meals regardless of household income. If foster children live with you, please contact **[name]** and **[phone number]**. Skip to Part 4.

Part 3. Total Household Gross Income—You must tell us how much and how often

| A. Name (List everyone in household, including children) <i>(Example) Jane Smith</i> | B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i> | | | | C. Check if NO income |
|---|--|------------------------------------|---|---------------------|--------------------------|
| | 1. Earnings from work before deductions | 2. Welfare, child support, alimony | 3. Social Security, pensions, retirement, | 4. All Other Income | |
| | \$200/weekly _____ | \$150/weekly _____ | \$100/monthly _____ | \$ _____ / _____ | <input type="checkbox"/> |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | <input type="checkbox"/> |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | <input type="checkbox"/> |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | <input type="checkbox"/> |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | <input type="checkbox"/> |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | <input type="checkbox"/> |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | <input type="checkbox"/> |

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (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 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.

Sign here: X _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 Social Security Number: _____ - _____ - _____ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

| | | |
|---|--|--|
| Mark one ethnic identity: | Mark one or more racial identities: | |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| | <input type="checkbox"/> Black or African American | |

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

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: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Tier I ___ Tier II ___

Reason: _____

Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM

The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

| Household size | Yearly |
|-------------------------|--------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| Each additional person: | |

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 your child for free or reduced price meals. You must include 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 Food Stamp, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child 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 your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.



SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children qualify for free or reduced price meals, they may also be able to get free or low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to become sick.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children in this health insurance program. Filling out the CACFP Meal Benefit Income Eligibility Forms does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send it with your Income Eligibility Form to **[address] by [date]**. (Sending in this form will not change whether your children get free or reduced price meals.).

No! I DO NOT want information from my CACFP Meal Benefit Income Eligibility Form shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Signature of Parent/Guardian: _____

Today's Date: _____

Print Your Name: _____

Address: _____

For more information, you may call **[name]** at **[phone]**



WE MUST CHECK YOUR CHILD AND ADULT CARE FOOD PROGRAM (CACFP) MEAL BENEFIT INCOME ELIGIBILITY FORM INFORMATION

You must send the information we need, or contact **[name]** by **[date]**, or our center will no longer receive free or reduced price reimbursement for meals served to your child(ren).

Center/Sponsoring Organization: [Name]

[Date]

Dear **[Name]**:

We are checking your CACFP Meal Benefit Income Eligibility Form. We must do this to make sure that CACFP benefits only those who are eligible. You must send us information to prove that **[name(s) of participant(s)]** is eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask. Do not send your EBT card or any other benefit card that you will need.

1. If you were getting Food Stamps, TANF, FDPIR, SSI or Medicaid when you applied for free or reduced price meals, or at any time since then, send us a copy of one of these:

- Food Stamp, TANF, FDPIR, SSI or Medicaid Certification Notice that shows dates of certification.
- Letter from Food Stamp or Welfare Office that says you have been approved to get Food Stamps or TANF.

2. If you get this letter for a foster child: Send us official papers from the agency sponsoring the child.

3. If you do not get Food Stamps, TANF, FPIR, SSI or Medicaid:

A. Write the name and Social Security Number of each adult household member below.

| Name | Social Security Number (See Privacy Act Statement, page 2) | No Social Security Number |
|-------|---|---------------------------|
| _____ | ____ - ____ - _____ | <input type="checkbox"/> |
| _____ | ____ - ____ - _____ | <input type="checkbox"/> |
| _____ | ____ - ____ - _____ | <input type="checkbox"/> |
| _____ | ____ - ____ - _____ | <input type="checkbox"/> |
| _____ | ____ - ____ - _____ | <input type="checkbox"/> |
| _____ | ____ - ____ - _____ | <input type="checkbox"/> |

B. Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. **Send information to: [address].**



CHILD AND ADULT CARE FOOD PROGRAM

Acceptable papers include:

Jobs: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often they are paid; or business or farming papers, such as ledger books or tax returns.

Social Security, Pensions, or Retirement: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

Unemployment, Disability, or Worker's Comp: Notice of eligibility from State employment security office, check stub, or letter from Worker's Compensation.

Welfare Payments: Benefit letter from welfare agency.

Child Support or Alimony: Court decree, agreement, or copies of checks received.

Other income (such as rental income): Information that shows the amount of income received, how often it is received, and the date it is received.

No income: A brief note explaining how you provide food, clothing and housing for your household, and when you expect to receive an income.

Military Housing Privatization Initiative: Letter or rental contract showing that your housing is part of the Military Housing Privatization Initiative.

Timeframe of Acceptable Income Documentation: Please submit papers that show your income at the time that you applied for benefits. If you do not have this information, you may submit papers from the time of completing the CACFP Meal Benefit Income Eligibility Form up to the time of verification.

If you have questions or need help, please call **[name]** at **[phone number]**.

Sincerely,

[signature]

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this meal benefit form. 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 social security number of all adult household members, including the adult day care participant. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance for Needy Families (TANF) Program, Food Distribution Program on Indian Reservations (FDPIR) or other FDPIR identifier, SSI or Medicaid case number for the participant receiving meal benefits 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 CACFP.

Non-discrimination Statement: In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW. Washington DC 20250-9410* or call (800) 795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.



**WE HAVE CHECKED YOUR CACFP MEAL BENEFIT
INCOME ELIGIBILITY FORM INFORMATION**

Center/Sponsoring Organization: [**Name**]

[**Date**:]

Dear [**Name**]:

We checked the information you sent us to prove that [**name(s) of participant**] is eligible for free or reduced price meal benefits at our facility and have decided that:

- The participant's eligibility has not changed.
- Starting [**date**], the participant's eligibility for meal benefits will be changed **from reduced price to free** because the verified income is within the free meal eligibility limits. The participant will receive meals at no cost.
- Starting [**date**], the participant's eligibility for meals will be changed **from free to reduced price** because the verified income is over the limit.
- Starting [**date**], **the participant is no longer eligible** for free or reduced price meals for the following reason(s):
 - ___ Records show that you did not receive Food Stamps, TANF, FDPIR, SSI, or Medicaid.
 - ___ Your income is over the limit for free or reduced price meals.
 - ___ You did not provide: _____
 - ___ You did not respond to our request.

If your household income goes down or your household size goes up, you may complete another CACFP Meal Benefit Income Eligibility Form. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with [**name**] at [**phone**]. You also have the right to a fair hearing. If you request a hearing by [**date**], the participant will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: [**name**], [**address**], [**phone number**].

Sincerely,

[**signature**]

Non-Discrimination Statement: In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.