

## Child and Adult Care Food Program

### TO THE FAMILIES OF CHILDREN IN CHILD CARE CENTERS:

Your child is enrolled in a child care center that participates in the U.S. Department of Agriculture's **CHILD AND ADULT CARE FOOD PROGRAM**. Centers that participate in the CACFP receive financial assistance from the USDA to help cover the cost of serving nutritious meals and snacks to the children in care. Completion of this form assists them in obtaining the maximum rate of reimbursement, which helps them maintain reasonably priced child care. Eligibility is determined by completing the attached Income Eligibility Form [IEF] and instructions for completing the form are included with this letter.

The USDA Regulations [7 CFR 226] include the following requirements.

- Income eligibility information to be collected, at a minimum, every year;
- Income information must be kept **confidential** by the center, and is to be used only by Center staff directly connected with the Center's administration of the program, and officials directly connected with the Center's administration and enforcement of the program.
- **Prompt and accurate completion and return of the Income Eligibility Form (IEF).**
- Meals must be provided to participants at no separate charge, and families must not be required to provide food for the participant.
- Meals must meet food pattern requirements and each child must be provided with the required amount of each food group at all meals. Children must be served the same meals within the same facility at no separate charge and without discrimination. The facility should neither charge for meals and snacks nor expect you to provide any food.
- **Income Eligibility Disclosure Notification:** Children's free or reduced-price meal eligibility information will be disclosed to Medicaid and/or CHIP to identify children eligible for and to seek to enroll children in a health insurance program. Parents/guardians may elect not to have their information disclosed in **Section 6** of the Income Eligibility Form. Parents/guardians are not required to consent to the disclosure and your decision will not affect your child[ren]'s eligibility for free or reduced-price meals.

We are pleased to have your child enrolled in the Montana CACFP.

Thank you,

Mary Musil, Program Manager  
Child and Adult Care Food Program

## HOW TO COMPLETE THE INCOME ELIGIBILITY FORM

Dear Parent or Guardian:

Please assist us in complying with the requirements of the USDA's Child & Adult Care Food Program (CACFP) by completing and **promptly** returning the attached Income Eligibility Form. This information is confidential and will be kept on file by your Child Care Center.

Depending on your family size and income, your center receives reimbursement for meals served to your child while in care. The amount of reimbursement received depends on the income of the households of children in care. Please complete the enclosed Income Eligibility Form and return it to your Center as soon as possible.

**Section 1.** List all enrolled children and their age.

**Section 2.** If you are receiving Food Stamps, Cash Assistance-TANF, or FDPIR, circle the appropriate program and list your 6-digit case number. Children of households involved in these programs are automatically eligible for free or reduce-priced meals. Now skip to Sections 5 and 6.

**Section 3.** Foster children are a household of one. The Foster parent's stipend or personal income does not affect the eligibility determination. List only the Foster Child's income. In certain cases, foster children are eligible for free and reduced price meals regardless of household income.

**Section 4.** If your income falls within the guidelines below:

- ✓ List all household members;
- ✓ Participants that have a family member who becomes unemployed are eligible for free or reduced priced meals during that period of unemployment; **and**
- ✓ List all income received last month next to the name of the person who received it.

**Section 5.** Households are requested to check the ethnic identity of the child(ren) listed in Section 1.

**Section 6.** Check the appropriate box next to the statement that reflects your consent to allow the income information from this form to be disclosed for potential health insurance participation.

**Section 7.** The Form must be signed by an adult household member and must include the social security number of the person signing the application. If the adult household member doesn't have a social security number, write "none."

**Please complete the "Income Eligibility" Form and return it as promptly as possible.**

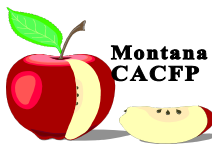
<b>USDA INCOME GUIDELINES</b>			
(Effective from July 1, 2008 through June 30, 2009)			
<u>Household Size</u>	<u>Yearly</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$19,240	\$ 1,604	\$ 370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
For each additional family member add:	+6,660	+555	+129

**NOTE: Please keep these Income Guidelines. DO NOT circle figures and return the Guidelines to your facility. You must report actual income on the Income Eligibility Form.**

*"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 USDA, Director, Office of Civil Rights, 1400 Independence*

*Avenue W, Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202)720-6382 (TTY). USDA is an equal opportunity provider and employer.”*



**INCOME ELIGIBILITY FORM**  
*July 1, 2008 through June 30, 2009*  
**For Parents with Children in Child Care Centers – Confidential Information**

**09**

Name of Center \_\_\_\_\_

<b>Section 1. Enrolled child's name and age:</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;"><b>LAST NAME</b></td> <td style="width:33%; text-align: center;"><b>FIRST NAME</b></td> <td style="width:33%; text-align: center;"><b>AGE</b></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>AGE</b>	_____	_____	_____	_____	_____	_____	_____	_____	_____	<b>Section 2. Benefit Information – Circle if you receive:</b> <b>Food Stamps    Cash Assistance – TANF    FDPIR</b>  <b>REQUIRED: List your 6-digit case number:</b> _____
<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>AGE</b>											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											

**Section 3. Foster Child**  
 A foster child is considered a household of one and must have their personal income (if any) declared. The monthly stipend paid for the child's care is **not** the personal income of the foster child.  
 Name of Foster Child \_\_\_\_\_ Child's Personal Income \_\_\_\_\_

**Section 4. Income Eligibility**  
 Please list **ALL** members of your household and their incomes. List **ALL** income received last month on the same line with the person who received it. You must list gross income **BEFORE** deductions for taxes, social security, etc. List each amount in the correct column.

A List all Household Members' First and Last Names	B Age of Enrolled Child	C Monthly Earnings from Work (Before Deductions)	D Monthly Child Support, Alimony, or Public Assistance	E Monthly Payments From Pensions, Retirement, or Social Security	F Other Income From IRS 1040 Income Statement

Total Number in Household \_\_\_\_\_ Total Household Income \_\_\_\_\_ **by month**

**Section 5. Please check the racial or ethnic identity of your child(ren). This is not mandatory.**  
 White, not Hispanic     Hispanic     Black, not Hispanic     Asian or Pacific Islander     Native American or Alaskan Native

**Section 6. Income Eligibility Disclosure Notification**  
 I **DO** consent to disclosure of income information for enrollment of my child[ren] in a health insurance program; **OR**  
 I do **NOT** consent to disclosure of income information for enrollment of my child[ren] in a health insurance program.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

**Section 7. SIGN HERE**

_____ Signature of Parent	_____ Social Security Number	_____ Date
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**Social Security Number:** Federal Law (PL 97-35) requires you to list your Social Security Number as the parent or guardian who signs this form, before your child may be eligible for free or reduced priced meals. If you do not have a Social Security Number, write 'none.' A Social Security Number is not needed if you listed a Food Stamp, TANF, or FDPIR case number or you are applying for a foster child. You do not have to give your Social Security Number, but failure to provide the number will result in denial of this application for free or reduced priced meals. The Social Security Number may be used to identify you for verifying the information you report on this application. If incorrect information is discovered, a loss of benefits or legal action may occur.

**The information you have provided is confidential.**

**Section 8. I May Decline to Provide Information**  
**I choose not to provide information about my household size and income.**

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**CENTER USE ONLY**

Total Household Income \_\_\_\_\_ **by month** Total Number in Household \_\_\_\_\_  
 (Monthly Income Conversion: Every 2 weeks: Multiply by 2.15. Twice a month: Multiply by 2. Weekly: Multiply by 4.33.)

\_\_\_\_\_  
Center Official Signature

\_\_\_\_\_  
Date

Free     Reduced     Paid