

**LETTER FOR NON-PRICING ADULT CARE INSTITUTIONS
CHILD AND ADULT CARE FOOD PROGRAM**

Dear Household Member:

Please help us comply with the requirements of the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). Complete, sign, and return the enclosed application form as soon as possible. This information is necessary so that we may receive CACFP reimbursement for the meals served to participants. This form will be placed in our files and treated as confidential information. In order to be considered eligible for Free or reduced-price meals, the application must be completed as follows:

FOOD STAMP/SUPPLEMENTAL SECURITY INCOME (SSI)/MEDICAID:

If the participant currently receives food stamps, SSI, or Medicaid you only have to list the participant's name and food stamp case number, SSI, or Medicaid identification number, and sign the application.

ALL OTHER HOUSEHOLDS:

If the participant's household income is at or below the level shown on the scale below, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, a household will remain eligible for those benefits for a period not to exceed 12 months. The following information must be provided or the application cannot be approved.

HOUSEHOLD MEMBERS: List the name of the participant and the participant's spouse, and any dependent children, who live in the participant's household.

CURRENT INCOME: List the amount of income each person received last month (BEFORE deductions for taxes, social security, etc.), frequency of income and where it is from, such as wage, retirement, or welfare. If any household member's income last month was higher or lower than usual, list that person's expected average monthly income.

SIGNATURE: An adult household member must sign the application.

SOCIAL SECURITY NUMBER: List the social security number of the adult who signs the application. If that adult does not have a social security number, print "None."

INCOME ELIGIBILITY GUIDELINES
FOR FREE AND REDUCED PRICE MEALS
Effective Dates July 1, 2008 - June 30, 2009

Household	Annual	Monthly	Weekly
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 addl. member, add	6,660	555	129

All meals served to adults under the Child and Adult Care Food Program are served free regardless of race, color, national origin, sex, age or disability. Persons with disabilities who require alternative means for communication (**Braille, large print, audio tape, etc.**) should contact USDA's TARGET Center at (202) 720-2600 (**voice and TDD**). There is to be no discrimination in admissions policy meal service, or the use of facilities. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (**voice and TDD**). USDA is an equal opportunity provider and employer.

Thank you for your cooperation.

Institution Representative