

**LETTER FOR NON-PRICING CHILD CARE INSTITUTIONS**  
**Applying to Participate in the Child and Adult Care Food Program**

Dear Parent/Guardian:

The \_\_\_\_\_ is applying to participate in the Child and Adult Care Food Program (CACFP) administered by the United States Department of Agriculture. Please help us comply with the requirements of the CACFP by completing, signing and returning the attached statement as soon as possible. This information is necessary so that we may receive CACFP reimbursement for the meals served to children in our program. This form will be placed in our files and treated as confidential information. All children in our program receive their meals free of charge, but the determination of eligibility category affects the amount of Federal funding received by us.

A foster child who is the legal responsibility of a welfare agency or court may be certified as eligible for free meals regardless of your household income. Please contact us for additional information if you have a foster child enrolled in our program.

If you receive benefits through food stamps, the Food Distribution Program on Indian Reservations (FDPIR), Family Independence (FI) on behalf of your child, then you need to only list either your food stamp, FDPIR or FI case number. In addition, you must sign and date the statement at the bottom of the form.

If your child is enrolled in a Head Start or Even Start program (and is considered income eligible for one of these programs) then you need to only attach a letter from the Head Start or Even Start agency indicating this. In addition, you must sign and date the statement at the bottom of the form.

If a food stamp, FDPIR, or FI case number is not reported, and you do not have an appropriate letter from the Head Start or Even Start agency, you must complete the following items on the eligibility statement: the total current household income by source, names of all household members, the signature and social security number of an adult household member and the date the form was completed. The Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e., sharing living expenses).

The income you report must be last month's total gross household income listed by source, for each household member. If last month's income does not accurately reflect your circumstances, you may provide a projection of your annual income, and you may use last year's income as a basis for making this projection if no significant changes have occurred. If your household's income is equal to or less than the amounts indicated for your household's size on the chart 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.

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 children 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, 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.

Thank you for your cooperation.

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Institution Representative