

## CACFP Meal Benefit Income Eligibility Form Instructions

The Child and Adult Care Food Program (CACFP) makes good food a regular part of your child's day care! Please fill out the *CACFP Meal Benefit Income Eligibility* form. It helps us find out if your household qualifies for free or reduced-price meals. This lets us know how much money CACFP will give to support your day care home or center.

### Instructions

Here are instructions to help you fill out the form. Before you begin, turn the form over to learn why we ask for this information. It tells you how we use the information and what rights you have. It also tells you how to contact USDA if you believe you are treated unfairly.

Please make sure to fill in all of the requested information. Use a pen to mark your answers on one form. When you are finished, please return the form to us at:

### [Contact Information].

#### Step 1:

List all the children from your household in the day care. Use one line for each child's name. Write one letter in each box. Stop if you run out of space. If there are more children, add their names on a second piece of paper.

Do you have any foster children? If you answer *Yes*, mark the *Foster Child* box next to the child's name. If you are only applying for foster children, finish Step 1 and go to Step 4. If you are applying for both foster and non-foster children, go to Step 2.

Are any children migrant, runaway, homeless, or enrolled in Head Start? If *Yes*, mark the correct boxes next to the child's name and go to Step 4.

#### Step 2:

You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR).

Do any household members, including you, currently receive SNAP, TANF, or FDPIR? If *Yes*, write the case number in the box and go to Step 4. You only need to provide one case number. If *No*, go to Step 3.

#### Step 3:

Report current income for all household members. Skip this step if you answered *Yes* in Step 2.

How do you report child income? Turn the form over and use the *Source of Income for Children* chart to see if your household has income to report. Write the amount in the boxes in part A of the form. Mark how often the amount is earned. Write *0* in the box if there is no income to report.

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How do you report income of adult household members? Turn the form over and use the *Source of Income for Adults* chart to see if your household has income to report.

In part B, list all the adults in your household, including you, even if each of you doesn't receive income. Include all adults, such as grandparents, other relatives, and friends who live with you and share household income and expenses. Write the amount of income each of you receives, in the boxes next to your names. Mark how often the amount is received. Write 0 in the box if there is no income to report.

Make sure you report the current amount of money you get before taxes. Don't include SNAP, FDPIR, WIC, student financial aid, or money you receive for a foster child as income.

Count the number of all children and adults in your household. Include all infants, children, students, and adults. Write the total number in the box under the list of adult household members.

Do you or another adult household member have a Social Security number? Write the last four digits in the boxes. If there is no Social Security number, mark the *Check if no SSN* box.

**Points to Remember:**

<b>If:</b>	<b>Then:</b>
Your income isn't always the same	List the amount of money that you normally get. For example, don't include overtime pay, if you don't normally get it. If your income is normally higher or lower, you can report annual income instead.
Your household includes members who aren't citizens	You or your children don't have to be U.S. citizens to qualify for meal benefits.
You are in the military	Don't include your Family Subsistence Supplemental Allowance (FSSA), combat pay, or the money you receive for privatized housing. If deployed, count the amount of pay that is made available to your household as income.

**Step 4:**

An adult household member must sign this form. The signer promises that all information is true and complete.

Print the name, address, and telephone or email of the adult signer. Sign and write today's date in the marked boxes.

**Optional**

We ask about your children's ethnicity and race to make sure we do our best to serve our community. Providing this information is not required. You won't be denied benefits based on your race, color, national origin, sex, age, or disability.

CACFP Meal Benefit Income Eligibility Form  
**Sharing Information with Medicaid and SCHIP**

Children who get Child and Adult Care Food Program (CACFP) free or reduced-price meals may also qualify for low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP).

We may share your child's CACFP eligibility information with Medicaid or SCHIP, *unless you tell us not to*. Medicaid and SCHIP *only* use the information to find out if children are eligible for their programs. Their staff may contact you to offer to enroll your children in these health insurance programs.

If you **do not** want us to share your information with Medicaid or SCHIP, fill out this page. You should send this page with your *CACFP Meal Benefit Income Eligibility* form when you apply. Sending in this page will not change your child's eligibility for free or reduced-price meals.

**No! I do not** want my child's CACFP eligibility information shared with Medicaid or SCHIP.

*If you checked no, fill this out:*

Child's Name:

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Child's Name:

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Child's Name:

---

Child's Name:

---

Today's Date:

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Print Your Name:

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Address:

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Signature of Parent or Guardian:

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If you have questions or need help, please contact **[Name]** at **[Phone Number]** or **[Email Address]**.

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CACFP Meal Benefit Income Eligibility Form  
**Letter to Parents (Non-Pricing Centers)**

**[Date]**

Dear Parent or Guardian:

**[Name of Center]** offers healthy meals and snacks to children as part of the Child and Adult Care Food Program (CACFP). **[Name of Center]** receives support from CACFP to serve those meals. CACFP gives more support if your household income is less than or equal to the limits on this chart:

Federal Income Standards for Reduced-Price Meals for July 1, 20____ - June 30, 20____		
Household size	Yearly Income	Monthly Income
1		
2		
3		
4		
5		

Please fill out a *CACFP Meal Benefit Income Eligibility* form. It will help us find out how much support **[Name of Center]** receives. Please be sure to read the instructions carefully. Fill in all the information we request. We can only accept complete forms. Please send the completed form to:

**[Name, Address, Email Address]**

Thank you for taking the time to fill out the form. We hope your child enjoys CACFP meals!

In the operation of child nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability. If you have questions or need help, please contact **[Name]** at **[Phone Number]** or **[Email Address]**.

Sincerely,

*Signature*

**[Name  
Title]**

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CACFP Meal Benefit Income Eligibility Form  
**Letter to Parents (Pricing Centers)**

**[Date]**

Dear Parent or Guardian:

**[Name of Center]** offers healthy meals and snacks to children as part of the Child and Adult Care Food Program (CACFP). Your child may be eligible for free or reduced-price meals, depending on your income. Your child qualifies if your household income is less than or equal to the limits on this chart:

Federal Income Standards for Reduced-Price Meals for July 1, 20____ - June 30, 20____		
Household size	Yearly Income	Monthly Income
1		
2		
3		
4		
5		

You can find out if your child is eligible by filling out a *CACFP Meal Benefit Income Eligibility* form. Please be sure to read the instructions carefully. Fill in all the information we request. We can only approve complete forms. Please send the completed form to:

**[Name, Address, Email Address].**

If we approve your form, your child will be eligible for 12 months. We may check the information in the form, at any time during the year, to confirm that your child was eligible when you applied.

If you disagree with our decision, you have the right to appeal it. In the operation of child nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability. If you have questions or want to request an appeal, please contact **[Name]** at **[Phone Number]** or **[Email Address]**.

Thank you for taking the time to apply. We hope your child enjoys CACFP meals!

Sincerely,

*Signature*

**[Name  
Title]**

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CACFP Meal Benefit Income Eligibility Form  
**Eligibility Results to Parents (Pricing Centers)**

**[Date]**

Dear Parent or Guardian:

Thank you for applying for free or reduced-price meals for **[Name of Child]**. We checked the application form you sent to us and found that

**[Please select only the sentence that applies to the household.]**

- your child is eligible for free meals.
- your child is eligible for reduced-price meals.
- your child is not eligible for free or reduced-price meals, because
  - your income is over the allowable amount.
  - your application was not complete.
  - [Other]**

If you disagree with this decision, you have the right to appeal it. If your income goes down or the number of people in your household goes up, you can apply for meal benefits again.

If you have questions or want to request an appeal, please contact **[Name]** at **[Phone Number]** or **[Email Address]**.

Sincerely,

*Signature*

**[Name  
Title]**

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CACFP Meal Benefit Income Eligibility Form  
**Verification Notice to Parents (Pricing Centers)**

**[Date]**

Dear Parent or Guardian:

We approved your application for child care meals. **[Name of Child]** should be getting free or reduced-price meals by now. We hope your child is enjoying the meals!

**However, there is one last step you need to take.** We need you to send us documents to confirm your child's eligibility. Each year, we check some of the forms to make sure the children are eligible. This year, we chose your form to check.

*Please send us the information by **[Date]** or **[Name of Child]** will stop receiving free or reduced-price meals.*

The back of this letter has information about what to send and how you can send it. If you have questions or need help, please contact **[Name]** at **[Phone Number]** or **[Email Address]**.

Sincerely,

*Signature*

**[Name  
Title]**

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CACFP Meal Benefit Income Eligibility Form  
Verification Results to Parents (Pricing Centers)

**[Date (of transmission)]**

Dear Parent or Guardian:

We checked the information you sent us to confirm **[Name of Child]**'s eligibility for free or reduced-price meals. We found that

**[Please select only the sentence that applies to the household.]**

- your child is still eligible.
- starting **[Insert date 10 days after date of transmission]**, your child's eligibility will be changed from reduced-price to free meals.
- starting **[Insert date 10 days after date of transmission]**, your child's eligibility will be changed from free to reduced-price meals. This is because **[Insert explanation]**.
- starting **[Insert date 10 days after date of transmission]**, your child is not eligible for free or reduced-price meals. This is because **[Insert explanation]**.

If you disagree with this decision, you have the right to appeal it. If you ask for an appeal by **[Date]**, your child will keep getting free or reduced-price meals until a decision is made.

If your income goes down or the number of people in your household goes up, you can apply for meal benefits again.

If you have questions or want to request an appeal, please contact **[Name]** at **[Phone Number]** or **[Email Address]**.

Sincerely,

*Signature*

**[Name  
Title]**

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CACFP Meal Benefit Income Eligibility Form  
**Letter to Provider (Tier I Rates or Provider's Own Children Meal Benefits)**

**[Date]**

Dear **[Name of Provider]**:

Thank you for participating in the Child and Adult Care Food Program (CACFP) and providing healthy meals to children in your care. This *CACFP Meal Benefit Income Eligibility* form is for family day care home providers who would like to:

1. Apply for tier I reimbursement for CACFP meals served to all enrolled children at their day care home, based on the provider's household income, or
2. Apply for tier I reimbursement for CACFP meals served to their own children enrolled in their day care home.

We will use the information you provide on this form to determine your eligibility for tier I rates. Make sure you report all household income, not just your day care home business income. If your household income is equal to or less than the amounts for your household's size on the *Federal Income Chart*, you will receive tier I reimbursement for all enrolled children, including any of your own children enrolled in your day care home.

Federal Income Standards for Reduced-Price Meals for July 1, 20____ - June 30, 20____		
Household size	Yearly Income	Monthly Income
1		
2		
3		
4		
5		

Please be sure to read the instructions carefully. Fill in all the information we request. We can only approve complete forms. Please send the completed form to:

**[Name, Address, Email Address].**

To approve you for tier I rates, we will confirm that the information you provide on the form is correct. You must include documents, with your form, which show your household's income. The back of this letter has information about what to send.

If you disagree with our decision, you have the right to appeal it. In the operation of child nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability. If you have questions or want to request an appeal, please contact **[Name]** at **[Phone Number]** or **[Email Address]**.

Sincerely,

*Signature*

**[Name  
Title]**

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CACFP Meal Benefit Income Eligibility Form  
**Letter to Provider (Tier I Rates or Provider's Own Children Meal Benefits)**

*What to Send*

Does someone in your household receive **[State SNAP], [State TANF],** FDPIR, or **[Insert names of any State benefit programs that confer categorical eligibility]** ?

*If Yes:*

Return this letter with a copy of your **[State SNAP], [State TANF],** FDPIR, or **[Insert names of any State benefit programs that confer categorical eligibility]** certification notice. If you don't have a notice, you can send us any letter from that office that shows your dates of certification. *Do not send your EBT card.* If you send us one of the documents above, you are done!

*If No:*

Return this letter along with a copies of documents that show your household's total income for the month you applied or any month since. See *Documents for Showing Income* below.

*Documents for Showing Income*

**Each document must show:**

- *Name of person who received the income*
- *Date received*
- *Amount received*
- *How often it was received*

**Jobs:** Paycheck stub, paycheck statement, or letter from employer

**Self-employment:** Business or farming papers, such as ledgers or tax papers

**Social Security, Pensions, or Retirement:** Eligibility notice or payment statement

**Unemployment, Disability, or Worker's Compensation:** Eligibility notice or payment statement

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

**All Other Income (Such as Rental Income):** Any document that shows the amount of income, the person who received it, the date it was received, and how often it was received.

**Military Housing:** Letter or rental contract showing that the housing allowance goes directly to housing as part of the Military Privatized Housing Initiative.

CACFP Meal Benefit Income Eligibility Form  
**Letter to Parents (Tier I Rates for Tier II Providers)**

**[Date]**

Dear Parent or Guardian:

**[Name of day care home]** offers healthy meals and snacks to children as part of the Child and Adult Care Food Program (CACFP). Your day care provider receives support from CACFP to serve those meals. CACFP gives more support to your provider if your household income is equal to or less than the limits on this chart:

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Household size	Yearly Income	Monthly Income
1		
2		
3		
4		
5		

Please fill out a *CACFP Meal Benefit Income Eligibility* form. It will help us find out how much support your provider receives. Be sure to read the instructions carefully. Fill in all the information we request. We can only accept complete forms. Please send the completed form to:

**[Name, Address, Email Address]**

Thank you for taking the time to fill out the form. We hope your child enjoys CACFP meals!

In the operation of child nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability. If you have questions or need help, please contact **[Name]** at **[Phone Number]** or **[Email Address]**.

Sincerely,

*Signature*

**[Name  
Title]**

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