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# **Household Letter Instructions**

This packet contains prototype letters with information that must be provided to households of child care centers, adult day care centers and tier I & tier II providers. These prototypes also include 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.

The pages are designed to be printed on 8½” by 11” paper. Some pages may be printed front and back. The **[bold bracketed fields]** indicate where you need to insert your specific information of whom 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, the Food Distribution Program on Indian Reservations (FDPIR) if applicable,

# CACFP Household Letter (Child Care Centers)

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. **[NAME OF CENTER]** 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 CACFP Meal Benefit Income Eligibility Form also known as the Income Eligibility Statement (IES). 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 an** **Income Eligibility Statement (IES) for each of my children in day care?** You may complete and submit one [1] IES form for all children enrolled in child care in your household **only** if the children in child care 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 OF CENTER; ADDRESS; PHONE NUMBER].**
2. **Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) benefits can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in WIC may be eligible for free meals.
3. **Who can get reduced-price meals?** Your children can get reduced-priced meals if your household income is within the reduced-price limits on the Federal Income Eligibility Guidelines, shown on this application. Children in households participating in WIC may be eligible for reduced-price meals.
4. **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 child care center.
5. **Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.
6. **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 Eligibility Guidelines, the center will receive a higher level of reimbursement. Once properly approved for free or reduced-price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.
7. **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 receive overtime pay, include it, but not if you only work overtime on an occasional basis.
8. **What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Income Eligibility Statement but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact **[NAME; ADDRESS; PHONE NUMBER].**
9. **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, regarding 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. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.
10. **Will the information I give be verified? *(pricing program only)*** Maybe. We may ask you to send written proof to verify the information you submitted on the form.
11. **What if I disagree with the decision about the information I complete on this form?** You should talk to your **[NAME OF CENTER OR SPONSORING ORGANIZATION]**.

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]**

# Letter of Verification Letter (Child)

***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*).**

**[NAME OF CENTER OR SPONSOR]**

**[DATE]**

Dear **[NAME]**:

We are checking your CACFP Meal Benefit Income Eligibility Form (Income Eligibility Statement). We must do this to ensure only eligible children receive free or reduced-price meals. 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 SNAP, TANF or FDPIR when you applied for free or reduced-price meals, or at any time since then, send us a copy of one of these:
* SNAP, TANF or FDPIR Certification Notice that shows dates of certification.
* Letter from SNAP or Welfare Office that says you have been approved to get SNAP or TANF.
1. If you get this letter for a foster child, provide the name and contact information for a person at the agency or court who can verify that the child is the legal responsibility of the agency or court.
2. If you do not get SNAP, TANF or FDPIR, 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].**

**Acceptable documentation 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; 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 (Income Eligibility Statement) up to the time of verification.

If you have questions or need help, please call **[NAME]** at **[PHONE NUMBER]**.

Sincerely,

**[SIGNATURE]**

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 last four digits of the social security number of all adult household members, including the child care participant. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program, Food Distribution Program on Indian Reservations (FDPIR) or other FDPIR identifier 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 civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW

Washington, D.C. 20250-9410; or

1. **fax:**
(833) 256-1665 or (202) 690-7442; or
2. **email:**
[program.intake@usda.gov](http://mailto:program.intake@usda.gov/)

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# Letter of Verification Results (Child)

We checked the information you sent us to prove that **[NAME(S) OF PARTICIPANT(S)]** 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 mealsfor the following reason(s):

\_\_\_ Records show that you did not receive SNAP, TANF or FDPIR.

\_\_\_ 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 (Income Eligibility Statement). 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]**

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW

Washington, D.C. 20250-9410; or

1. **fax:**
(833) 256-1665 or (202) 690-7442; or
2. **email:**
[program.intake@usda.gov](http://mailto:program.intake@usda.gov/)

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# CACFP Household Letter (Adult Day Care Centers)

Dear Parent/Guardian:

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 also know as the Income Eligibility Statement (IES), the center 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 an Income Eligibility Statement (IES) for each adult in day care?** You maycomplete and submit one [1] IES form for the adults enrolled in day care 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 OF CENTER; ADDRESS; PHONE NUMBER].**
2. **Who can get free meals?** Adults in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp), Food Distribution Program on Indian Reservations (FDPIR), Supplemental Security Income (SSI) or Medicaid benefits can get free meals. Adults in households participating in WIC may be eligible for free meals.
3. **Who can get reduced-price meals?** Adults can get reduced-price meals if your household income is within the reduced-price limits on the Federal Income Eligibility Guidelines, shown on this application. Adults in households participating in WIC may be eligible for reduced price meals.
4. **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.
5. **Who should I include as members of my household?** You must only include the adult in your care, his or her spouse, and his or her dependents who share income and expenses.
6. **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 Eligibility Guidelines, 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 SNAP, FDPIR case number or an SSI or Medicaid assistance 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.
7. **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 receive overtime pay, include it, but do not include it if you only work overtime on an occasional basis. If you have lost a job or had your hours or wages reduced, use your current income.
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, regarding 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. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.
9. **Will the information I give be verified *(pricing program only)*?** Maybe. We may ask you to send written proof to verify the information you submitted on the form.
10. **What if I disagree with the decision about the information I complete on this form?** You should talk to your **[NAME OF CENTER OR 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]**

# Letter of Verification Letter (Adult)

***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 the adult participant.***

**[NAME OF CENTER OR SPONSOR]**

**[DATE]**

Dear **[NAME]**:

We are checking your CACFP Meal Benefit Income Eligibility Form (Income Eligibility Statement). We must do this to ensure only eligible adults receive free or reduced-price meals. 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 SNAP, 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:
* SNAP, FDPIR, SSI or Medicaid Certification Notice that shows dates of certification.
* Letter from SNAP that says you have been approved to get SNAP.
1. If you do not get SNAP, FDPIR, SSI or Medicaid, 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].**

**Acceptable documentation 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 (Income Eligibility Statement) up to the time of verification.

If you have questions or need help, please call **[NAME]** at **[PHONE NUMBER]**.

Sincerely,

**[SIGNATURE]**

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 last four digits of the social security number of all adult household members, including the child care participant. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program, Food Distribution Program on Indian Reservations (FDPIR) or other FDPIR identifier 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.

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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1. **fax:**
(833) 256-1665 or (202) 690-7442; or
2. **email:**
[program.intake@usda.gov](http://mailto:program.intake@usda.gov/)

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# Letter of Verification Results (Adult)

We checked the information you sent us to prove that **[NAME(S) OF PARTICIPANT(S)]** 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 mealsfor the following reason(s):

\_\_\_ Records show that you did not receive SNAP, 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 (Income Eligibility Statement). 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]**

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW

Washington, D.C. 20250-9410; or

1. **fax:**
(833) 256-1665 or (202) 690-7442; or
2. **email:**
[program.intake@usda.gov](http://mailto:program.intake@usda.gov/)

This Institution is an equal opportunity provider.

# Sharing Information with Medicaid/SCHIP (Child)

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 (Income Eligibility Statement) 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For more information, you may call **[NAME]** at **[PHONE NUMBER]**

# CACFP Household Letter (Tier II Day Care Homes)

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled at a family day care home. **[NAME OF 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 CACFP Meal Benefit Income Eligibility Form also known as the Income Eligibility Statement.

1. **Am I required to complete an Income Eligibility Statement (IES) in order for my child(ren) to receive CACFP Benefits?** No, but if you choose to do so, your provider may receive a higher reimbursement for the meals served to your child. If you do complete the form, you have the option of returning it directly to your provider or to the provider’s sponsor, **[NAME OF SPONSOR]**. If you would like to provide your form directly to the sponsor, return the completed form to: **[NAME OF SPONSOR; ADDRESS; PHONE NUMBER].**

**\_\_\_** Initial here if you consent to allowing [**NAME OF PROVIDER]** to collect your form and provide it to the Sponsor. **[NAME OF PROVIDER]** will not review your form.

1. **Do I need to fill out an Income Eligibility Statement (IES) for each of my children in day care?** You may complete and submit one [1] IES form for all children enrolled in child care in your household **only** if the children in child care 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.
2. **Who qualifies for the higher reimbursement without providing income information?** Your provider will receive a higher reimbursement for meals served to foster children and children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) benefits. Children in households participating in WIC also may qualify for the higher reimbursement.
3. **Who qualifies for the higher reimbursement based on income?** Your provider may receive a higher reimbursement for the meals served to your children if your household income is within the reduced-price limits on the Federal Income Eligibility Guidelines shown on this application. Children in households participating in WIC may be eligible for the higher reimbursement.
4. **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 day care home.
5. **Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include any foster children living with you.
6. **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 Eligibility Guidelines, the family day care home will receive a higher level of reimbursement. Once properly approved for the higher reimbursement rate, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income unemployment causes your household income to be within the eligibility standards.
7. **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 receive overtime pay, include it, but not if you only work overtime on an occasional basis.
8. **What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court automatically qualify for the higher reimbursement. Any foster child in the household qualifies regardless of income. Households may include foster children on the Income Eligibility Statement (IES) but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact **[NAME; ADDRESS; PHONE NUMBER].**
9. **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, regarding 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. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not 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]**

# CACFP Household Letter (Tier I Day Care Homes)

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 CACFP Meal Benefit Income Eligibility Form also known as the Income Eligibility Statement.

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 (Income Eligibility Statement).
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 Income Eligibility Statement (IES). 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 OF SPONSOR; ADDRESS; PHONE NUMBER].**
3. **What kind of records should I submit with my** **Income Eligibility Statement (IES)?** If you operated a family day care home business last year, attach a copy of your most recent tax return, including Schedule C if your recent tax return and Schedule C is no longer indicative of your income you may submit documentation of your current income and expenses. To do so, 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 do not want to submit the Income Eligibility Statement (IES), 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.
7. **What if I disagree with the decision about the information I complete on this form?** You should talk to your sponsoring organization.
8. **Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you.
9. **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 Eligibility Guidelines, 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 Supplemental Nutrition Assistance Program (SNAP) (formerly 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.
10. **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.
11. **What if I have foster children?** Foster children are eligible for free meals regardless of their personal or 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]**. Additionally, foster children may be included as members of the household for determining the eligibility of other children in the household for free and reduced-priced meals.
12. **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, regarding 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. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not 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]**