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[This form is to be completed as needed]

CACFP Institutions: Completion/dissemination of this form is optional and should be used only when verification of income reported by a parent/guardian is necessary.

**WE MUST CHECK YOUR CHILD AND ADULT CARE FOOD PROGRAM
(CACFP) MEAL BENEFIT INCOME ELIGIBILITY FORM INFORMATION**

You must send the information we need, or contact _____ by _____ or our center will no longer receive free or reduced price reimbursement for meals served to your child(ren).

Center/Sponsoring Organization: _____

Date: _____

Dear _____

We are checking your CACFP Meal Benefit Income Eligibility Form. We must do this to make sure that CACFP benefits only those who are eligible. 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 Food Stamps, TANF, 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:
 - Food Stamp, TANF, FDPIR, SSI or Medicaid Certification Notice that shows dates of certification.
 - Letter from Food Stamp or Welfare Office that says you have been approved to get Food Stamps or TANF.
2. If you get this letter for a foster child: Send us official papers from the agency sponsoring the child.
3. If you do not get Food Stamps, TANF, FPIR, SSI or Medicaid:
 - A. Write the name and Social Security Number of each adult household member below.

Name	Social Security Number (See Privacy Act Statement, page2)	No Social Security Number
_____	_ _ _ _ - _ - _ _ _ _	<input type="checkbox"/>
_____	_ _ _ _ - _ - _ _ _ _	<input type="checkbox"/>
_____	_ _ _ _ - _ - _ _ _ _	<input type="checkbox"/>
_____	_ _ _ _ - _ - _ _ _ _	<input type="checkbox"/>
_____	_ _ _ _ - _ - _ _ _ _	<input type="checkbox"/>
_____	_ _ _ _ - _ - _ _ _ _	<input type="checkbox"/>

- B. 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: _____.

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WE HAVE CHECKED YOUR CACFP MEAL BENEFIT
INCOME ELIGIBILITY FORM INFORMATION

Center/Sponsoring Organization: _____

Date: _____

Dear _____

We checked the information you sent us to prove that [name(s) of participant] is eligible for free or reduced price meal benefits at our facility and have decided that:

- o The participant's eligibility has not changed.
- o 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.
- o Starting [date], the participant's eligibility for meals will be changed from free to reduced price because the verified income is over the limit.
- o Starting [date], the participant is no longer eligible for free or reduced price meals for the following reason(s):
 - ___Records show that you did not receive Food Stamps, TANF, 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. 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,

Non-Discrimination Statement: 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 to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SIN, Washington DC 20250-9410* or call (800) 795-3272 or 202-720- 6382 (TTY). USDA is an equal opportunity provider and employer.