

**Special Nutrition Program
Child and Adult Care Food Program
Letter to Parents**

Dear Parent/Guardian,

_____ participates in the Child and Adult Care Food Program (CACFP) administered by the United States Department of Agriculture (USDA). 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 food stamps/SNAP, then you need to only list your food stamp case number. In addition, you must complete Section 5 of the form, including all required information with signature, Social Security Number of an adult household member, and date form was completed.

If food stamp/SNAP case number is not reported, you must complete Sections 4 and 5 on the eligibility statement. Section 4 should include the name of **all** household members and the total current household income by source. Section 5 must include all required information with signature, Social Security Number of an adult household member, and date form was completed.

USDA 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 chart below, the center will receive a higher level of reimbursement.

You are required to notify us if there is a change in household size or an increase in income that exceeds \$50 per month or \$600 per year. If you list a food stamp/SNAP case number, you must notify us when you no longer receive food stamps/SNAP. Similarly, you should notify us if you become unemployed and the loss of income during the period of unemployment causes your family to be within the eligibility standards.

USDA Child Nutrition Program Income Guidelines

Household Size	Weekly Income	Bi-Weekly Income	Twice Monthly Income	Monthly Income	Annual Income
1	\$365	729	790	1,580	18,954
2	\$493	986	1,069	2,137	25,636
3	\$622	1,243	1,347	2,694	32,318
4	\$750	1,500	1,625	3,250	39,000
5	\$879	1,757	1,904	3,807	45,682
6	\$1,007	2,014	2,182	4,364	52,364
7	\$1,136	2,271	2,461	4,921	59,046
8	\$1,264	2,528	2,739	5,478	65,728
Each additional household member add	+\$129	+257	+279	+557	+6,682

This Institution is an equal opportunity employer and provider.