

# LETTER TO THE HOUSEHOLD

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 United States Department of Agriculture (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 Family-Size and Income Application (FSIA). In addition, by filling out this application, we will be able to determine if your children qualify for free or reduced-price meals.

1. **Do I need to fill out an FSIA for each of my children in day care?** You may complete and submit one FSIA 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 an FSIA that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed FSIA 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), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in Women, Infants, and Children (WIC) **MAY** be eligible for free meals.
3. **Who can get reduced-price meals?** Your children can get low-cost meals if your household income is within the reduced-price limits on the Income-Eligibility Guidelines, shown on the application. Children in households participating in WIC **MAY** be eligible for reduced-price meals.
4. **May I fill out an FSIA if someone in my household is not a United States (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 all people in your household (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you. You also must 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, or FDPIR case number, you will remain eligible for those benefits for the current fiscal year. 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 get overtime, include it, but not if you only get it sometimes.
8. **What if I have foster children?** Foster children who 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 FSIA but are not required to include payments received for the foster child as income.
9. **We are in the military; do we include our housing and supplemental 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, in regard to 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.

This institution is an equal opportunity provider.

If you have other questions or need help, call **(Phone Number)** \_\_\_\_\_.

Sincerely,

**(Signature)** \_\_\_\_\_

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
FAMILY-SIZE AND INCOME APPLICATION (FSIA)**

**PART 1. ALL HOUSEHOLD MEMBERS**

<b>a. Name(s) of Enrolled Child(ren)</b>				
<b>b. Names of ALL Household Members (First, Middle Initial, Last)</b>	<b>Age of Enrolled Child(ren)</b>	<b>Birth Date of Enrolled Child(ren)</b>	<b>Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)*</b> <small>*If all children indicated below are foster children, skip to Part 5 to sign this form.</small>	<b>Check if NO Income</b>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**PART 2. BENEFITS**

If any member of your household receives *SNAP*, *TANF*, or *FDPIR* benefits, provide the name and case number for the **ONE** person who receives benefits. ***If no one receives these benefits, skip to Part 3.***

NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL YOUR SCHOOL, HOMELESS LIAISON, OR MIGRANT COORDINATOR AT PHONE NUMBER: \_\_\_\_\_.**

Homeless       Migrant       Runaway

**PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.**

A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT IS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
<b>(Example) Jane Smith</b>	<b>\$ 200/ Weekly</b>	<b>\$ 150/ Twice a Month</b>	<b>\$ 100/ Monthly</b>	
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

**PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).**

An adult household member must sign this form. *If Part 4 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the I do not have a social security number box.*

*I certify that all information on this form is true and that all income is reported. I understand that the center will get federal funds based on the information that I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, this participant receiving meals may lose the meal benefits and I may be prosecuted.*

Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of social security number: \*\*\*\* - \*\* - \_\_\_\_\_  I do not have a social security number.

**PART 6: PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

Mark one ethnic identity:		Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

**PART 7: OTHER BENEFITS: You do not have to complete this part to participate in the CACFP.**

**Health Insurance**  Yes, I want health insurance for my children. Institution officials may give information from my FSIA to Sooner Care Health Benefit officials so that they may send me information about free or low-cost health insurance for my children.

No, I **DO NOT** want information from my FSIA shared with Sooner Care Health Benefits officials.

I certify that I am the parent/guardian of the children for whom application is being made.

I understand that I will be releasing information that will show that I qualify for free or reduced-price meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

The participant in the day care facility may qualify for free or reduced-price meals if your household income falls within the limits of this chart.

185 % of Poverty Level	
Household Size	Yearly
1	23,107
2	31,284
3	39,461
4	47,638
5	55,815
6	63,992
7	72,169
8	80,346
Each Additional Person:	8,177

In accordance with federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the United States Department of Agriculture (USDA), its agencies, office, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language [ASL]) should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter 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
2. Fax: 202-690-7442
3. E-Mail: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

**DO NOT FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.**

Annual Income Conversion:	Weekly x 52	Every 2 Weeks x 26	Twice a Month x 24	Monthly x 12
Total Income:	Per Week:	Every 2 Weeks:	Twice a Month:	Month:
Household Size:				
Categorical Eligibility:	Date Withdrawn:	Eligibility: Free	Eligibility: Reduced	Eligibility: Denied
Reason:				
Determining Official's Signature:				Date:

## INSTRUCTIONS FOR COMPLETING THE CACFP FAMILY-SIZE AND INCOME APPLICATION

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM *SNAP*, *TANF*, OR *FDPIR*, FOLLOW THESE INSTRUCTIONS:

- Part 1:** a. List all enrolled children.  
b. List all household members, including the enrolled children. For each enrolled child, include his/her age and birth date.
- Part 2:** List the case number for any household member (including adults) receiving *SNAP*, *TANF*, or *FDPIR* benefits.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. The last four digits of a social security number are *NOT* necessary.
- Part 6:** Answer this question if you choose.
- Part 7:** ***OTHER BENEFITS.*** You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

- **If ALL children you are applying for are foster children or if you are only applying for benefits for the foster child:**

- Part 1:** a. List all enrolled foster children.  
b. List all foster children with ages and birth dates of those enrolled. Check the box indicating the child is a foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. The last four digits of a social security number are *NOT* necessary.
- Part 6:** Answer this question if you choose.
- Part 7:** ***OTHER BENEFITS.*** You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

- **If some of the children in the household are foster children:**

- Part 1:** a. List all enrolled children.  
b. List all household members, including foster children, with ages and birth dates of those enrolled. Check the box indicating the child is a foster child. For any person, including children, with no income, you must check the *No Income* box.
- Part 2:** If the household does not have a case number, skip this part.
- Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call ***your school, homeless liaison, or migrant coordinator*** at \_\_\_\_\_. If not, skip this part.
- Part 4:** Follow these instructions to report total household income from this month or last month.
- **Column A—Name:** List only the first and last name of ***EACH*** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
  - **Column B—Gross Income and How Often It Was Received:** For each household member who receives income, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly. In Box 1, list the ***gross income***, not the take-home pay. Gross income is the amount earned ***BEFORE*** taxes and other deductions. You should be able to find it on your pay stub, or you boss can tell you.

In Box 2, list the amount each person got for the month from welfare, child support, alimony.

In Box 3, list retirement, Social Security, Supplemental Security Income (SSI), veteran's benefits (VA benefits), and disability benefits.

In Box 4, list **All Other Income Sources**, including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, or federal education benefits. For **ONLY** the self-employed, under *Earnings From Work*, **report income after expenses. This is your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get Combat Pay, do not include these allowances as income.**

**Part 5:** Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.

**Part 6:** Answer this question if you choose.

**Part 7:** **OTHER BENEFITS.** You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

**ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:**

**Part 1:**

- List all enrolled children.
- List all household members; for the enrolled children, list ages and birth dates. For any person, including children, with no income, you must check the **No Income** box.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- Column A—Name:** List only the first and last name of **EACH** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
- Column B—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly.

In Box 1, list the **gross income**, not the take-home pay. Gross income is the amount earned **BEFORE** taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.

In Box 2, list the amount each person got for the month from welfare, child support, alimony.

In Box 3, list retirement, Social Security, SSI, VA benefits, and disability benefits.

In Box 4, list **All Other Income Sources**, including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, or federal education benefits. For **ONLY** the self-employed, under *Earnings From Work*, **report income after expenses. This is your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get Combat Pay, do not include these allowances as income.**

**Part 5:** Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.

**Part 6:** Answer this question if you choose.

**Part 7:** **OTHER BENEFITS.** You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

**NONDISCRIMINATION STATEMENT:** This explains what to do if you believe you have been treated unfairly.

**INCOME-ELIGIBILITY GUIDELINES FOR FISCAL YEAR 2020  
FOR FREE AND REDUCED-PRICE MEALS**

This is the income scale used by \_\_\_\_\_  
(Sponsor/Center)  
to determine eligibility for free meals.

*(The Free Scale Should Not Be Distributed to Families)*

<b>ELIGIBILITY SCALE FOR FREE MEALS 130 Percent of Poverty Level</b>					
<b>Household Size</b>	<b>Income</b>				
	<b>Annual</b>	<b>Monthly</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
<b>1</b>	16,237	1,354	677	625	313
<b>2</b>	21,983	1,832	916	846	423
<b>3</b>	27,729	2,311	1,156	1,067	534
<b>4</b>	33,475	2,790	1,395	1,288	644
<b>5</b>	39,221	3,269	1,635	1,509	755
<b>6</b>	44,967	3,748	1,874	1,730	865
<b>7</b>	50,713	4,227	2,114	1,951	976
<b>8</b>	56,459	4,705	2,353	2,172	1,086
For each additional family member, add:	5,746	479	240	221	111

<b>ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS 185 Percent of Poverty Level</b>					
<b>Household Size</b>	<b>Income</b>				
	<b>Annual</b>	<b>Monthly</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
<b>1</b>	23,107	1,926	963	889	445
<b>2</b>	31,284	2,607	1,304	1,204	602
<b>3</b>	39,461	3,289	1,645	1,518	759
<b>4</b>	47,638	3,970	1,985	1,833	917
<b>5</b>	55,815	4,652	2,326	2,147	1,074
<b>6</b>	63,992	5,333	2,667	2,462	1,231
<b>7</b>	72,169	6,015	3,008	2,776	1,388
<b>8</b>	80,346	6,696	3,348	3,091	1,546
For each additional family member, add:	8,177	682	341	315	158