

USDA-CACFP #10.558

SAMPLE LETTER TO HOUSEHOLD (FREE/REDUCED PRICE MEALS) CHILD AND ADULT CARE FOOD PROGRAM

Dear Parent/Guardian:

Please help us comply with the requirements of the United States Department of Agriculture's Child and Adult Care Food Program (CACFP) by completing the Meal Benefit Form and returning it as quickly as possible. This information is necessary so that we may receive reimbursement for the meals served to the children in our program. This form will be placed in our files and treated as confidential information.

All children enrolled in our center(s) receive their meals at no separate charge, but the determination of eligibility category affects the amount of federal funding we receive.

In order to be approved for free or reduced price meal benefits, your application must contain either: (1) a POWER, Food Stamp or Food Distribution Program on Indian Reservations (FDPIR) number or (2) your household's income, by source. The Department of Agriculture defines "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 the total gross income received last month 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 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 Chart, the center receives a higher level of reimbursement for meals served to your children.

FOOD STAMP/POWER/FDPIR HOUSEHOLD: If your household currently receives food stamps or if you receive POWER or FDPIR benefits for the child(ren) listed in Section 1 of the application, you will only have to list the child(ren)'s name(s), your food stamp, POWER or FDPIR case number, your name, and dated signature.

If you are receiving POWER, but are not receiving it for all the children listed in Section 1 of the application, you will need to complete the entire application. Those children for whom POWER is being provided will be eligible for free meals. The eligibility of the other children listed for Free or Reduced Price meals will be based on household income as outlined in the following paragraph.

ALL OTHER HOUSEHOLDS: If your household income is at or below the level shown on the Income Chart on the following page, your children are eligible for either free or reduced price meal benefits.

Households are no longer required to report changes in circumstances, such as an increase in income, a decrease in household size or when the household is no longer certified eligible for food stamps or Temporary Assistance for Needy Families. Therefore, effective immediately, once properly approved for free or reduced price benefits, a household will remain eligible for those benefits for a period not to exceed 12 months.

You should note that, if you have a foster child, that child may be eligible for free or reduced price meals regardless of household income (see application). Please refer to the instructions on "How to Complete the Meal Benefit Form" for additional information.

The information on the form will be used to decide the level of reimbursement the center is eligible to receive. We may inform officials of other child nutrition, health and education programs of the information on your form to determine benefits for those programs.

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and 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, etc.), 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, 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; or
- (3) Email: program.intake@usda.gov.

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