

[Print on Child Care Center Letterhead]

Dear Parent/Guardian:

We provide nutritious meals every day to the children at our center.

The Child and Adult Care Food Program (CACFP) helps our center to pay for meals. The amount of help we get depends on the incomes of households with children in care. **Please complete the enclosed CACFP Household Income Statement form** following the instructions. If your household income is higher than the guidelines shown on the instructions page, please write "over income" on the Household Income Statement, include your children's names, and return the form.

Return your completed Household Income Statement form to:

[Insert return address]

**I already get Minnesota Family Investment Program (MFIP) or Supplemental Nutrition Assistance Program (SNAP) benefits. Do I meet CACFP income guidelines?** Yes. You should give your case number on the form instead of income information if anyone in your household is approved for one of these programs: Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR).

Also foster children meet CACFP guidelines without providing income information.

Your household may meet CACFP income guidelines if you are approved for the *Women, Infants, and Children* program (WIC) or *Medical Assistance* (MA) program. Please fill out a Household Income Statement form.

**Who should I include as members of my household?** Include yourself and all other people living in the household, related or not (such as grandparents, other relatives or friends). Include anyone who is temporarily away, for example a college student.

**What if my income is not always the same?** List the amount that you normally get. Include overtime pay if you regularly work overtime. For fluctuating income like seasonal work, list the average monthly income.

**Do I need to provide my Social Security number?** If household incomes are reported on the form, the person signing the form must write in just the last four digits of their Social Security number. If you don't have a Social Security number, indicate that on the form.

**May I fill out a Household Income Statement if someone in my household is not a U.S. citizen?** Yes. You or your children or other household members do not have to be U.S. citizens for you to fill out a CACFP Household Income Statement.

**How will my information be kept?** We will keep your information on file as private data. The back page of the form has more information about data privacy.

**If I don't qualify now, may I apply later?** Yes. Please complete a Household Income Statement form at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits.

If you have other questions or need help, call [phone number].

Sincerely, [signature]

*[Print on Child Care Center Letterhead]*

Dear Parent/Guardian:

We provide nutritious meals every day to the children at our center.

*[Insert charges for full price and reduced-price meals.]*

Your children may qualify for free or reduced-price meals with assistance from the Child and Adult Care Food Program (CACFP). **To apply for free or reduced-price meals, complete the enclosed CACFP Household Income Statement** following the instructions. If your household income is higher than the guidelines shown on the instructions page, please write "over income" on the Household Income Statement, include your children's names, and return the form.

Return your completed Household Income Statement form to:

*[Insert return address]*

**I already get Minnesota Family Investment Program (MFIP) or Supplemental Nutrition Assistance Program (SNAP) benefits. Do I qualify for free meals?** Yes. You should provide your case number on the form instead of income information if anyone in your household is approved for one of these programs: Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR).

Also foster children get free meals regardless of household income.

You *may* qualify for free or reduced-price meals if you participate in the *Women, Infants and Children (WIC)* program or *Medical Assistance (MA)* program. Please fill out a Household Income Statement form.

**Who should I include as members of my household?** Include yourself and all other people living in the household, related or not (such as grandparents, other relatives or friends). Include anyone who is temporarily away, for example a college student.

**What if my income is not always the same?** List the amount that you normally get. Include overtime pay if you regularly work overtime. For fluctuating income like seasonal work, list the average monthly income..

**Do I need to provide my Social Security number?** If household incomes are reported on the form, the person signing the form must include just the last four digits of their Social Security number. If you don't have a Social Security number, indicate that on the form.

**Will the information I give be checked?** Yes, we may ask you to send written proof.

**May I apply for meal benefits if someone in my household is not a U.S. citizen?** Yes. You or your children or other household members do not have to be U.S. citizens for your children to get meal benefits.

**How will my information be kept?** We will keep your information on file as private data. The back page of the form has more information about data privacy.

**What if I disagree with the decision about meal benefits?** You should talk to us. You also may ask for a hearing.

**If I don't qualify now, may I apply later?** Yes. You may apply at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits.

If you have any question or need help, call **[phone number]**.

Sincerely, **[signature]**



## How to Complete the Household Income Statement Form

Fill out a Child and Adult Care Food Program—Household Income Statement if any of the following apply:

- Any person in your household already is approved for one of these programs: Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP), or Food Distribution Program on Indian Reservations (FDPIR), or
- You have one or more foster children in the household (a welfare agency or court has legal responsibility for the child), or
- Your total household income (gross earnings before deductions, not take-home pay) is less than or equal to the income shown below for your household size. Include any foster children as members of the household. Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2017 through June 30, 2018.

### Maximum Total Income

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	22,311	1860	930	859	430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
Add for each additional person	7,733	645	323	298	149

### Step 1 Children

List all infants and children in the household, even if they are not related. Attach another page if needed to list all children. Fill in the circle if a child is in foster care (a welfare agency or court has legal responsibility for the child). Providing ethnic and racial information for each child is optional and does not affect approval for school meal benefits. This information helps to make sure we are fully serving our community.

## Step 2 Case Number

If any household member currently participates in SNAP, MFIP or FDPIR assistance programs, write in your case number, check which program you participate in, and then go to Step 4. If you do not participate in any of these programs, leave Step 2 blank and continue on to Step 3. Medical Assistance (MA) and Women, Infants, and Children (WIC) do *not* qualify for this purpose.

## Step 3 Adults / Incomes / Last Four Digits of Social Security Number

- List all adults living in the household (everyone not listed in Step 1) whether related or not, such as grandparents, other relatives, or friends. Include any adult who is temporarily away from home, like a student away at college. Attach another page if necessary.
- List gross incomes before deductions, not take-home pay. **Do not list an hourly wage rate.** For adults with no income to report, enter a '0' or leave the section blank. This is your certification (promise) that there is no income to report for these adults.
- For each income, fill in a circle to show how often the income is received: each week, every other week, twice per month, or monthly. For fluctuating income like seasonal work, list average monthly income.
- For farm or self-employment income only, list the net income per year or month after business expenses. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
- Last four digits of the Social Security number (SSN) – The adult household member signing the form must provide the last four digits of their Social Security number or check the box if they do not have a Social Security Number.

## Step 4 Signature and Contact Information

An adult household member must sign the form.

## Household Income Statement

**Step 1** List all infants, children and students through grade 12 in the household, even if they are not related. If more space is needed, attach another sheet.

Child's First Name	MI	Child's Last Name	Birthdate	Enrolled at this center? If yes, fill in the circle	Foster Child? (An agency or court has legal responsibility for the child.) If yes, fill in the circle.	- Optional - Ethnic Identity	- Optional - Racial Identity Fill in one or more circles for each child					
						Is the child Hispanic / Latino? If Yes, fill in the circle.	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White	
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Step 2** Do any household members currently participate in any of these programs: SNAP, MFIP or FDPIR? (Medical Assistance and WIC do not qualify.) If no, go to Step 3. If yes, write in the **case number** here and check the program: \_\_\_\_\_  SNAP  MFIP  FDPIR. Then go to Step 4.

**Step 3** A. List **all** adult household members, including yourself, and report all incomes. (Skip Step 3 if you completed Step 2 or if all participants are foster children.)

Adults - Full Name For the purpose of meal benefits, the members of your household are "Anyone who is living with you and shares income and expenses, even if not related." List the full name of each household member not listed in Step 1 and their income(s) in whole dollars. Include any college students temporarily away. If a person has no income, write in 0 or leave the section blank. This is your certification (promise) of no income to report.	Gross Pay from Work Do not write in an hourly wage				Farm or Self-Employment Net Income after business expenses. State if annual or monthly.	Public Assistance, Child Support, Alimony				All Other Incomes Pension, retirement, disability, unemployment, Veterans benefits, etc.						
	Gross pay before deductions (not take-home pay)	Weekly	Bi-Weekly	2X Month		Monthly	Payments received	Weekly	Bi-Weekly	2X Month	Monthly	Weekly	Bi-Weekly	2X Month	Monthly	
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. Last four digits of signer's Social Security Number (SSN) or no SSN (required): X X X-X X-□□□□ or □ I don't have a Social Security Number.

C. Do any of the children listed in Step 1 receive regular income such as SSI or wages?

Total regular income to children, if any: \$\_\_\_\_\_  Weekly  Bi-Weekly  2x Month  Monthly

**Step 4** I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that this information is given in connection with receipt of federal funds and that officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted under applicable federal and state laws.

**Signature of adult household member (required):** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sponsor Use Only—Do Not Write Below**

Approved:  A—Foster  A—Case Number  A—Income  B—Income  C Total Household Members: \_\_\_\_\_ Total Income: \$\_\_\_\_\_ per \_\_\_\_\_  
Effective Dates: From \_\_\_\_\_ through \_\_\_\_\_ Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

## Farmer or Self-Employed

Income is your *net* income (after deducting business expenses) from farm or self-employment during the year, which is generally shown on Schedule C or F from the federal tax return. A loss from farm or self-employment must be listed as zero income and does not reduce other household income for the purpose of completing this form.

## Seasonal Worker

Income is your expected *average gross income* before deductions (*not* take-home pay) from seasonal work during the year. List your *average gross income* from seasonal work per month or other frequency.

## Privacy Act Statement / How Information Is Used

The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give this information but if you do not, we cannot approve your child for free or reduced-price school meals. You must include the last four digits of the Social Security number of the adult household member who signs the application. The last four digits of the Social Security number are not required when you apply on behalf of a foster child, or you provide a Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservation (FDPIR) assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

Only authorized officials will have access to the information you provide on this form. We will use your information to determine if your child qualifies for free or reduced-price meals, and for administration and enforcement of the program. We may share your information with other education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. We require written consent from you before sharing information for other purposes.

Please provide the requested information about children's race and ethnic identity. This information is not required and does not affect approval for program benefits. We use the percentages of participants in each racial/ethnic category to check that our program is operated in a nondiscriminatory manner in compliance with federal civil rights laws.

## 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](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**Office Use Only: Verification (Pricing Program Only)**

Date Verification Sent: \_\_\_\_\_ Response Due: \_\_\_\_\_ 2<sup>nd</sup> Notice: \_\_\_\_\_ Result:  No Change  A to B  A to C  B to A  B to C

Reason for change:  Income  Case number not verified  Foster not verified  Refused cooperation  Other: \_\_\_\_\_

Signature of verifying official: \_\_\_\_\_ Date: \_\_\_\_\_