

Child and Adult Care Food Program (CACFP)

Sample Letter For Provider's Own Children in Family Day Care Homes

Dear Provider:

To qualify for reimbursement for meals served to your children under the CACFP, you must complete and return the enclosed Income Eligibility Application.

Participants who are categorically eligible as tier I for CACFP benefits: Households receiving Supplemental Nutrition Assistance Program (SNAP) (formerly known as Food Stamps) or Temporary Family Assistance (TFA) benefits, and households with foster children are eligible for free CACFP meals.

- **SNAP or TFA:** If you currently receive SNAP or TFA benefits for your child, you only need to list your child's name, SNAP or TFA case number, and **sign and date** the application.
- **Foster children:** If your household includes a foster child, you only need to list your child's name, check the foster child box, and **sign and date** the application. In accordance with the Healthy, Hunger-Free Kids Act of 2010, foster children who are the responsibility of the state or are formally placed by a state child welfare agency or court are categorically eligible for free CACFP benefits. *This provision does not apply to informal arrangements or placements that may exist outside of state or court-based systems.* Eligibility for formally placed foster children is no longer determined based on their personal use income and a family size of one. The child care institution must obtain documentation from an appropriate state or local agency documenting the child's foster status. Households with both foster and non-foster children may choose to include all children on the same application. However, the presence of a foster child in the household does not convey eligibility for free meals to all children in the household.

All other households: If your household income is at or below the level in "Gross Income Guidelines for Tier I Meals," you are eligible for Tier I reimbursement. You must provide the following information for your application to be processed.

- **Household Members:** List the names of everyone who lives in your household. Include parents, grandparents, all children, other relatives, and unrelated people who live in your household.
- **Social Security Number:** List the last four digits of your social security number.
- **Current Income:** As a self-employed day care provider, you may list the **net** income that you earned in the last month or year. Net income is defined as gross receipts (including all money received from parents for the care of their children and CACFP reimbursements) less operating expenses (such as the cost of food served to enrolled children). You must also list the gross income each household member earned **last** month (*before* deductions for taxes, social security, etc.), the frequency of income and where it is from, such as wages, retirement, or welfare. If any household member's income last month was higher or lower than usual, last year's income may be used.

Signature: You must sign and date the application.

Reapplication: If you are not eligible now but have a decrease in household income, or an increase in household size, fill out an application at that time. Providers having family members who become unemployed are eligible for Tier I reimbursement during the period of unemployment, provided that the loss of income causes the family income during the period of unemployment to be within the eligibility standards.

Sponsor: *Please attach verification information.*

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Gross Income Guidelines for Tier I Meals Effective from July 1, 2019, through June 30, 2020					
Number in family	Annual (yearly)	Monthly	Twice per month	Every two weeks (biweekly)	Weekly
1	23,107	1,926	963	889	445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
Each additional family member	+ 8,177	+ 682	+ 341	+ 315	+ 158

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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.

This institution is an equal opportunity provider.



For information on the CACFP, visit the CSDE's [CACFP](#) website or contact the [CACFP staff](#) in the Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841. This document is available at <https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/Forms/IncElig/LetterProviderOwn.pdf>.