



**CACFP ADULT LETTER TO HOUSEHOLD (GUARDIAN)**  
**MEAL BENEFIT INCOME ELIGIBILITY FORM**

Dear Participant or Guardian:

This adult day care facility participates in the USDA Child and Adult Care Food Program (CACFP) and receives Federal funds to provide healthy meals and snacks to enrolled participants. The amount of reimbursement the center receives is based on the information provided on the CACFP Meal Benefit Income Eligibility Form (IEF). Part of the USDA requirement is to request that the IEF be completed. Income that is equal to or less than the income listed in the chart below for the household size determines the center's level of reimbursement. Please read the attached instructions carefully and fill out all required information. Facility staff cannot approve an application that is not complete. Please return the completed IEF back to the center as soon as possible.

Adults in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp), Food Distribution Program on Indian Reservations (FDPIR), Supplemental Security Income (SSI) or Medicaid benefits may receive free meals. Adults in households participating in WIC may be eligible for free meals.

If the household's income is equal to or less than the amounts indicated for the household's size on the chart below, the adult day care will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or proof of benefits as supported by a current SNAP, FDPIR case number or a SSI or Medicaid assistance number, the participant will remain eligible for those benefits for a period not to exceed 12 months. Please notify the center if you or someone in the household becomes unemployed and the loss of income during the period of unemployment causes the household income to be within the eligibility standards. If the household income is over the income guidelines listed below, this application is not required. In this case, please write the participant's name on the IEF and return it to the center.

The information provided on the IEF will be used to determine the participant's eligibility for meal benefits. The information will be kept confidential and only available to staff directly connected with administering the CACFP. A household with income less than or equal to the income chart for reduced-priced meals below is eligible for free or reduced-priced meals:

Household Size	Yearly	Household Size	Yearly
1	27,861	5	67,673
2	37,814	6	77,626
3	47,767	7	87,579
4	57,720	8	97,532
Each additional person:	9,953		

**Please feel free to contact the center at ( ) - with questions or concerns.**

Nondiscrimination Statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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 on-line 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).

**ETHNIC IDENTIFICATION (Please select only one ethnicity)**

- Hispanic, Latino or Spanish Origin:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic, Latino or Spanish origin**
- I decline to answer.**

**RACIAL IDENTIFICATION (Please select one or more races)**

- |   |   |
|---|---|
| <input type="radio"/> <b>American Indian or Alaskan Native:</b> A person having origins in any of the original peoples of North and South America (including Central America), and who maintains culture identification through tribal affiliation or community attachment (includes Aleuts and Eskimos). | <input type="radio"/> <b>Black, African American, or Haitian:</b> A person having origins in any of the black racial groups of Africa.  |
| <input type="radio"/> <b>Asian:</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.                  | <input type="radio"/> <b>White:</b> A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |
| <input type="radio"/> <b>Native Hawaiian or Other Pacific Islander:</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  | <input type="radio"/> <b>I decline to answer.</b>   |