



CACFP (CHILD) LETTER TO HOUSEHOLD (PARENTS/GUARDIANS)
MEAL BENEFIT INCOME ELIGIBILITY FORM

Dear Parent or Guardian:

This center/home participates in the United States Department of Agriculture’s (USDA) Child and Adult Care Food Program (CACFP) and receives Federal funds to provide healthy meals and snacks to enrolled children. The amount of reimbursement the center receives is based on the information provided on the attached CACFP Meal Benefit Income Eligibility Form (IEF). Part of the USDA requirement is to complete the IEF. If household income is equal to or less than the income listed in the chart below for household size, the center will receive a higher level of reimbursement. Please return the completed IEF back to the center as soon as possible.

If a member of the family (child or adult) receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) benefits or cares for a foster child(ren) that is the legal responsibility of the Virginia Department of Social Services or the court, children are categorically eligible for meal benefits regardless of household income.

If the household income is over the income guidelines listed below, the family is not required to complete this application. Instead, please write the child’s name on the IEF and return it to the center. Please notify the center staff if someone in the household becomes unemployed and the loss of income causes the household income to be within the income eligibility standards.

The information provided on the IEF will be used to determine the child’s eligibility for meal benefits. The information will be kept confidential and only available to staff directly connected with administering the CACFP.

Family Access to Medical Insurance Security Plan (FAMIS)

FAMIS is Virginia’s health insurance program for children. It provides access to quality health services for children who do not have health insurance. **FAMIS Plus** is Virginia’s name for children’s Medicaid. **FAMIS Plus** also provides great benefits and covers children in families with low or no income, even if the children are covered by health insurance.

By signing the section on the application for **FAMIS** or **FAMIS Plus**, the family is stating they do not want information shared with the local Department of Social Services. If IEF information is disclosed, it may be used to identify the child(ren) for the health insurance program. More information on **FAMIS** is available at 1-866-873-2647 – Interpreters are available. Log onto www.famis.org to apply online.

A household with income less than or equal to the income chart for reduced-priced meals below is eligible for free or reduced-price meals:

Household Size	Yearly
1	27,861
2	37,814
3	47,767
4	57,720
5	67,673
6	77,626
7	87,579
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, 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.