

Child and Adult Care Food Program 2016-2017 Child Care Income Eligibility Form Letter

Dear Parent or Guardian,

Congratulations! You have chosen a childcare provider that participates in the Child and Adult Care Food Program (CACFP). Participating in the CACFP means that the provider cares about good nutrition for children, will introduce and serve a variety of nutritious foods for your child to eat, and will serve foods appropriate for your child's nutritional needs. The provider you have chosen cannot charge a separate fee for meals, nor ask you to provide food for your child for meals claimed for reimbursement from the CACFP, except in some special cases. Depending upon the hours in care, your provider will be serving your child breakfast, morning snack, lunch, afternoon snack, supper, and/or late snack.

Please complete, sign, and return this **Income Eligibility Form (IEF)** to the center as soon as possible. This information is required for the center to receive CACFP reimbursement for the meals served to your child. The Colorado Department of Public Health and Environment assures that **this form is confidential** and the information you provide will not be used elsewhere.

If no person in your household receives benefits from Temporary Assistance For Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), also known as Food Stamps, or the Food Distribution Program on Indian Reservations (FDPIR), or is not the beneficiary of the Other Source Categorical Eligibility programs, please list your household's total gross income from the current month, the amount projected for the first month the application is made for, or the month prior to the application. The U.S. Department of Agriculture, which funds the CACFP, defines a household as a group of related or unrelated individuals who are living as one economic unit and who share housing and all significant income and expenses.

If no person in your household receives benefits from Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR), you must provide the last four digits of your Social Security Number according to regulations. The disclosure of the Social Security Number is voluntary; however, the last four digits of the Social Security Number, or an indication of "none," is required for the approval of this form.

If any of the children living in the household are beneficiaries of the Other Source Categorical Eligible programs (Foster, Head Start/Early Head Start or Even Start Program, Homeless, Migrant or Runaway), the children are eligible for free meals and there is no need to complete an application - just mark the box next to the program that applies. The institution collecting the form will need to verify the child's participation in the program by requesting documentation from the placement office if the child is a foster child, from the Even Start or Head Start official if the child or the pregnant mother is enrolled Head Start or Early Head Start or the child is an Event Start participant, and from the Migrant, Homeless or Runaway program officials, if the child is a migrant, homeless or runaway child. For Even Start, documentation from the Even Start official confirming that the child has not yet entered Kindergarten.

If any person in your household receives benefits from the Temporary Assistance For Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR), income reporting in Part 3 and the disclosure of the last four digits of the Social Security Number (SSN) in Part 4 are not required.

Household Income Chart

If your household's income is less than or the same as the amounts indicated for your household's size on the chart below, the center will receive more meal reimbursement from the Child and Adult Care Food Program (CACFP) to help provide the best meals possible for the children in care.

Household Size	1	2	3	4	5	6	7	8	For each additional person add:
Yearly	21,978	29,637	37,296	44,955	52,614	60,273	67,951	75,647	+ 7696
Monthly	1,832	2,470	3,108	3,747	4,385	5,023	5,663	6,304	+ 642
Weekly	423	570	718	865	1,012	1,160	1,307	1,455	+148

This chart is not to be used for determining eligibility by center staff, but is a guide for families completing the form.

CACFP REQUIRED MEAL ITEMS				
MEALS	COMPONENTS	AGE 1-2	AGE 3-5	AGE 6-12
Breakfast	Fluid Milk	½ cup	¾ cup	1 cup
	Juice or Fruit or Vegetable	¼ cup	½ cup	½ cup
	Bread or Bread Alternate	½ slice	½ slice	1 slice
Snack	Fluid Milk	½ cup	¾ cup	1 cup
	Juice or Fruit or Vegetable	¼ cup	½ cup	¾ cup
	Meat or Meat Alternate	½ ounce	½ ounce	1 ounce
	Bread or Bread Alternate	½ slice	½ slice	1 slice
Lunch Supper	Fluid Milk	½ cup	¾ cup	1 cup
	Fruit or Vegetable or Juice (Must serve at least 2 different varieties)	¼ cup total	½ cup total	¾ cup total
	Bread or Bread Alternate	½ slice	½ slice	1 slice
	Meat or Poultry or Fish	1 ounce	1½ ounces	2 ounces
	Cheese or	1 ounce	1½ ounces	2 ounces
	Egg or	½	¾	1
	Cooked Dry Beans and Peas or Peanut Butter or	¼ cup 2 Tbsp	¾ cup 3 Tbsp	1 cup 4 Tbsp
	Yogurt, Plain or Flavored (May also be served at snack)	4 ounces or ½ cup	6 ounces or ¾ cup	8 ounces or 1 cup

SAMPLE MENU	
BREAKFAST	◆ Oatmeal
	◆ Baked Apples & Raisins
	◆ Milk
SNACK	◆ Hard Cooked Egg
	◆ Carrot Sticks
LUNCH/SUPPER	◆ Turkey and Cheese Tortilla Roll ups
	◆ Orange Slices
	◆ Sliced Tomatoes
	◆ Milk

If you have questions about the CACFP, contact your childcare provider's CACFP Sponsor.

Name of CACFP Sponsor: _____

Phone Number: _____

If the center is not a sponsored facility, contact:
Child and Adult Care Food Program
Colorado Department of Public Health and Environment
303- 692-2330.

This institution is an equal opportunity provider, employer and lender.

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**Child and Adult Care Food Program
Income Eligibility Form (IEF) 2016- 2017**

Part 1 - List name and age of each child enrolled. Indicate each child's race and ethnicity. If this information is left blank, the institution representative may complete it based on visual identification. This information is for statistical reporting requirements and does not affect eligibility. **Note:** A =Asian; AI/AN=American Indian or Alaskan Native; B/AA=Black or African American; H/PI=Native Hawaiian or other Pacific Islander; W=White.

First Name	Last Name	Age	Ethnicity (select one) and Race (select one or more)
			Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> A <input type="checkbox"/> AI/AN <input type="checkbox"/> B/AA <input type="checkbox"/> H/PI <input type="checkbox"/> W
			Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> A <input type="checkbox"/> AI/AN <input type="checkbox"/> B/AA <input type="checkbox"/> H/PI <input type="checkbox"/> W
			Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> A <input type="checkbox"/> AI/AN <input type="checkbox"/> B/AA <input type="checkbox"/> H/PI <input type="checkbox"/> W

Participation in some programs allows automatic eligibility for free meals in the CACFP with required documentation. If applicable, please check one of these boxes if one or more children listed above is:

- A foster child who is the responsibility of the State or was placed by the court. An Early Head Start, or Head Start child or pregnant mother or an Even Start enrolled child. A homeless, migrant, or runaway child. Refer to the back of this page for required eligibility documentation.

Please note: If you marked one of the boxes listed above and it applies to ALL children listed above, **SKIP TO PART 5 - Signature.**

Part 2 - Assistance Programs: Does anyone in your household receive benefits from any of the programs listed below? If no, go to Part 3. If yes, please mark which assistance program (only one is required), write the case number, and **SKIP TO PART 5 - Signature.**

- Supplemental Nutrition Assistance Program (SNAP)
 Temporary Assistance for Needy Families (TANF)
 Food Distribution Program on Indian Reservations (FDPIR)

CASE NUMBER _____

(Quest Card or Social Security numbers are not acceptable)

Part 3 - Income to report: List the names of all household members who earn income, regardless of age. Write the amount of income received for each household member for the current month, projected income for the first month of this application, or the month prior to this application. Indicate if income is weekly (W), monthly (M), or annually (A). If you enter '0' or leave any fields blank, you are stating there is no income to report. Refer to the back of this page for definitions of income.

First and Last Name	Gross Income/ Salary/Wages			Other Income			TOTALS Center Use Only					
	\$	W	M	A	\$	W	M	A	\$	W	M	A
	\$				\$				\$			
	\$				\$				\$			
	\$				\$				\$			
	\$				\$				\$			
Total number in Household	Note: If necessary, convert multiple income schedules to annual income. Multiply weekly income by 52, bi-weekly by 26, monthly by 12.						Total Income: \$ _____ W M A					

Part 4 - Social Security Number (SSN): If the adult household member completing this form does not provide a TANF, SNAP, or FDPIR number in Part 2, the person completing this form must provide the last four digits of his/her Social Security Number (SSN).

X X X - X X - Check if no SSN

Part 5 - Signature: I certify that all of the information on this form is true and correct and is given in connection with the receipt of Federal Funds. Information may be verified. Deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. Note: If the child is a foster child, an official of a court or other agency with responsibility for the child may sign this form.

Signature of Adult Household Member

Street Address

Printed Name

City State Zip Code

Date

Home Telephone

Work Phone

Gross Income/Salary/Wages includes, but is not limited to:

...ss earned income or cash income before deductions.

- Monetary compensation for services, including wages, salary, tips, strike benefits, commissions, fees, withdrawals from savings, investments, trust accounts, and other accounts.
- Net income from self-owned businesses and farms.
- Social Security, public assistance or Welfare payments (e.g. TANF, General Assistance/General Relief), alimony, child support payments, and unemployment and worker's compensation.
- Private pensions or annuities, retirement benefits, disability benefits, veteran's benefits, dividends or interest, income from estates, trusts or investments, net rental income, cash withdrawals from savings, and net royalties.
- Student financial assistance (grants or scholarships) not used to meet education expenses.
- Regular contributions from persons not living in the household or any other money that may be available to pay for child (ren)'s meals.
- Child's income: The current earnings of a child or student grade 12 or below, regardless of age, who is a full-time or regular part-time employee, or who receives income from other sources, such as SSI or social security. Infrequent earnings, such as income from occasional baby-sitting or mowing lawns, are not counted as income and should not be listed on the application.

The following documentation is required for automatic eligibility:

- Documentation from the placement agency verifying the child is a foster child.
- One of the following documents from the Head Start program: 1) An approved Head Start or Even Start application; 2) A statement of Head Start or Even Start enrollment; 3) A list of participants from the Even Start or Head Start official; 4) Documentation from the Even Start official that confirms the child has not entered Kindergarten.
- Documentation verifying the status of a homeless, migrant or runaway child from the director of the homeless shelter, Migrant Education Program Coordinator or an official of the Runaway and Homeless Youth program.

FOR CENTER STAFF USE ONLY

Income Category (check one): Free Reduced Paid (Ineligible for Free or Reduced Priced meals)

This form expires 12 months after the month in which the institution makes the determination. Example: If the determination is July 2016, the form is valid from July 1, 2016 through July 31, 2017. The institution may use the date the parent/guardian signs the Income Eligibility Form, OR the date the institution's official makes the determination and signs the Income Eligibility Form. The same approval method selected must be used for all forms approved by the institution.

Determination Date:
Month Year

Signature of Center's Eligibility Official _____

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. This institution is an equal opportunity provider.

