



Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center.

_____ offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached **Meal Benefit Income Eligibility Form**. In addition, by filling out this form, we will be able to determine the rate for reimbursement our center will receive for feeding your child. This form will be filed and treated as **confidential** information.

Quality Care for Children (QCC) is an administrative sponsor for CACFP. QCC will help ensure our program operates and complies with USDA standards. For more information about QCC, go to www.qualitycareforchildren.org.

Frequently Asked Questions

1. Do I need to fill out a Meal Benefit Form for each of my children in day care?

You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household **only** if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to the main office of the child care center.** The center director will return the completed form to QCC for processing.



2. Who can get free meals without providing income information? Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) benefits can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in WIC may be eligible for free meals.

3. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application. Children in households participating in WIC may be eligible for reduced price meals.

4. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

5. Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

6. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does

not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

7. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

8. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should follow the instructions included with this form.

9. We are in the military, do we include our housing and supplemental allowances as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

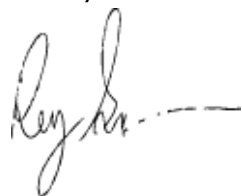
10. (Pricing program only) Will the information I give be verified? Maybe. We may ask you to send written proof to verify the information you submitted on the form. **What if I disagree with the decision about the information I complete on this form?** You should talk to a representative at Quality Care for Children.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

Questions or Comments

Call QCC at 404-479-4255 or 404-479-4253. Monday through Friday. 8:30 am – 5:00 pm

Sincerely,



Reynaldo Green
Vice President, Health and Nutrition – Child Care Food Program

In the operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability.

2751 Buford Highway NE • Suite 500 • Atlanta, GA 30324
Main: 404-479-4200 Fax: 404-941-2939 www.qualitycareforchildren.org

These are the income scales used by the United States Department of Agriculture to determine eligibility for reimbursement in the Child and Adult Care Food Program. Incomes at or below this scale are eligible for reimbursement from **July 1, 2016 to June 30, 2017.**

INCOME ELIGIBILITY GUIDELINES

Household Size	Reduced Price Meals – 185%			Free Meals – 130%		
	Annual Income	Monthly Income	Weekly Income	Annual Income	Monthly Income	Weekly Income
1	21,978	1,832	423	15,444	1,287	297
2	29,637	2,470	570	20,826	1,736	401
3	37,296	3,108	718	26,208	2,184	504
4	44,955	3,747	865	31,590	2,633	608
5	52,614	4,385	1,012	36,972	3,081	711
6	60,273	5,023	1,160	42,354	3,530	815
7	67,951	5,663	1,307	47,749	3,980	919
8	75,647	6,304	1,455	53,157	4,430	1,023
For each additional family member, add:	+7,696	+642	+148	+5,408	+451	+104

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination 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, 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.

HOW TO FILL OUT THE MEAL BENEFIT INCOME ELIGIBILITY FORM

For Households that receive Food Stamps, TANF, FDPIR, SSI or Medicaid, complete the following:

Part I: For family day care home and child care center, list participant's name and a Food Stamp (AU Number), TANF case number, FDPIR identification number, SSI case number or Medicaid case number. **DO NOT USE EBT NUMBERS.**

Part II: Skip this part.

Part III: Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

Part IV: Sign the form. A Social Security Number is not necessary.

Part V: Answer this question if you choose to.

For all Other Households, including WIC households, complete the following:

Part I: For family day care home, child care center or adult day care, list participant's name.

Part II: To report total household income from last month, complete the following:

Column A-Name: List the first and last name of each person living in your household as an economic unit. You must indicate yourself and all children living with you (including foster and non-foster children). In the case of an adult participant, the adult participant, and if residing with the adult participant, the spouse and dependent(s) of the adult participant. Attach another sheet if necessary.

Column B - Gross Income last month and how often it was received: Next to each person's name, list each type of income received last month, and how often it was received.

Box 1: List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

Box 2: List the amount each person got last month from welfare, child support, alimony.

Box 3: List Social Security, pensions, and retirement.

Box 4: List all other income sources including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits IVA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income from self-owned businesses, farming, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C - Check if no income: If the person does not have any income, check the box.

Part III: Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

Part IV: An adult household member must sign the form, and list the last four digits of his/her social security number. Or, mark the box if he/she does not have one.

Part V: Answer this question if you choose to.

Privacy Act Statement: This explains how we use the information you give us.

MEAL BENEFIT INCOME ELIGIBILITY FORM

Name of Child Care Center: _____ Provider: _____

Part I. Child/Children enrolled to receive child care:

Name: (First, Middle Initial, Last)	Date of Birth (Optional) MM/DD/YY	Food Stamp, TANF, or FDPIR case number, Assistant Unit (AU) or Client ID number for <u>children only</u> . All the above, or SSI or Medicaid case number for Adults. Note: DO NOT USE EBT NUMBERS.	Head Start participant	Foster child
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

PART II A: Name B. Gross income and how often it was received

(List everyone in household, including foster and non-foster children)	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security pensions, retirement	4. All Other Income	C. Check if NO Income
<i>(Example) Jane Smith</i>	\$ 200/week	\$ 150/twice a month	\$ 100/month	\$ ____/____	<input type="checkbox"/>
1.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
2.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
3.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
4.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
5.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
6.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
7.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

PART III: Enrollment Information: Children Only

My child is normally in attendance at the facility between the hours of _____ [am/pm] to _____ [am/pm] on the following days:
 Check here if only before/after school care is provided.
 (Circle all that apply): Sunday Monday Tuesday Wednesday Thursday Friday Saturday

My child will normally receive the following meals while in care:
 (Circle all that apply): Breakfast AM Snack Lunch PM Snack Supper Evening Snack

Part IV. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part II is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)
 I certify that all information on this form is true and that **all** income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. **This signature also acknowledges that the child(ren) listed on the form in Part I are enrolled for care.**

Sign here: _____ Print name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number: _____

Last four digits of Social Security Number: X XX- XX- _____ I do not have a Social Security Number

Part V. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

Don't fill out this part. This is for official use only. Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Tier I _____ Tier II _____

Reason: _____
 Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-up Official's Signature: _____ Date: _____

SHARING INFORMATION WITH MEDICAID/SCHIP

Name of Child Care Center: _____ Provider: _____

Dear Parent/Guardian:

If your children qualify for free or reduced price meals, they may also be able to get free or low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to become sick.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children in this health insurance program. Filling out the CACFP Meal Benefit Income Eligibility Forms does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send it with your Income Eligibility Form to: **Quality Care for Children, Child Care Food Program, 2751 Buford Highway NE, Suite 500, Atlanta, GA 30324** right away. (Sending in this form will not change whether your children get free or reduced price meals.)

No! I DO NOT want information from my CACFP Meal Benefit Income Eligibility Form shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Signature of Parent/Guardian: _____

Today's Date: _____

Print Your Name: _____

Address: _____

For more information, you may call **Quality Care for Children** at 404-479-4255 or 404-479-4253. If you wish to apply for these benefits through Medicaid or SCHIP, contact your local county DFCS office.

Return this form to the main office of the child care center. Page 2 of 2

INFANT AFFIDAVIT

Name of Sponsor: Quality Care for Children

Name of Child Care Center: _____

According to USDA regulations, as an institution participating in the Child and Adult Care Food Program, I must offer to provide meals to all infants enrolled for care in my center/facility.

I will provide:

- _____ (name of milk-based iron-fortified formula) and
- _____ (name of iron-fortified infant cereal) to infants enrolled for care in my facility.

Parents/Guardians:

Please check one of the following options and sign this form:

I would like the provider/center to provide the milk-based iron fortified infant formula and iron-fortified infant cereal listed above to my infant and I will provide clean, sanitized and labeled bottles daily.

I will provide:

- _____ (name of milk-based iron-fortified formula) and
- _____ (name of iron-fortified infant cereal) for my infant on a daily basis.

Parent/Guardian Signature

Date

*Any parent requesting any formula other than a USDA approved milk-based or soy-based iron fortified formula be provided to their infant or any parent who provides any formula other than a USDA approved milk-based or soy-based iron-fortified formula for their infant must provide a doctor's note indicating the required use of the formula. If a parent elects to have the center or day care home provider supply meals to their infant, the infant will be fed according to its individual feeding plan that is provided by the parent or guardian although the center or day care home provider may only claim reimbursement for no more than breakfast, lunch or supper, and a snack.

Return this form to the main office of the child care center. Page 3 (Infants only)