

Dear Family:

Our center has been approved for participation in the Child and Adult Care Food Program (CACFP). The CACFP reimburses the center for the partial cost of meals. Participation in the CACFP enables us to keep our fees lower, as well as serve nutritious meals to children in our program.

The parent/guardian must complete Parts 1 and 4. Part 2 and Part 3 are optional; however, if you feel you qualify for either free or reduced-priced meals, those parts are used to determine the amount of CACFP funds the center will be eligible to receive. This form will be placed in our files and treated as confidential information. **Note: no whiteout or erasure should be used. If there is an error, cross through, correct, and initial.**

Part 1 FOR CHILD ENROLLMENT:

- **CHILD'S NAME:** List the first and last names of all children enrolled at this center.
- **DATE OF BIRTH:** List each child's date of birth.
- **TIMES OF CARE, DAYS OF CARE and MEALS SERVED:** List the regular times of care for each child by listing their arrival time and leave time, check each day the child will be in care and check each meal type received while in care.
- **FOSTER CHILD, MIGRANT OR HEAD START:** If the child is a foster child (the legal responsibility of a foster care agency or the court), Migrant or Head Start check the box.

Part 2 FOR A HOUSEHOLD RECEIVING BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), TEMPORARY ASSISTANCE FOR FAMILIES (TANF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR):

- Complete Parts 1, 2 and 4.
- Provide the name and case number for the program from which benefits are received.
- **NOTE: Child Care Assistance, Medical Assistance, WIC Benefits numbers do not qualify under this Part 2.**

Part 3 FOR ALL OTHER HOUSEHOLDS:

- Complete Parts 1, 3 and 4.
- **HOUSEHOLD NAMES:** Write the names of everyone in your household not listed in Part 1. Include yourself and all other children, your spouse, grandparents, other relatives and unrelated people in your household. Use a separate sheet of paper if you do not have enough space.
- **GROSS INCOME BEFORE DEDUCTIONS:** Write the amount of income each person gets on the same line as their name. Use the appropriate column(s): Earnings from Work, Welfare/Child Support/Alimony, Pensions/Retirement/Social Security or Other Income (see list below). Next to the amount of income, write how often the income was received. Income is all money before taxes or anything else is taken out. If a person does not have income, check the box for zero income.
 - OTHER INCOME:** strike benefits, unemployment compensation, worker's compensation, disability benefits, interest/dividends, cash withdrawn from savings, income from estates/trust/investments, royalties/annuities/rental income, and regular contributions from persons not living in the household.
 - MILITARY HOUSING BENEFITS:** Report off-base housing allowance as income. If the housing is part of the Military Housing Privatization Initiative, do not include as income.
 - MY SPOUSE IS DEPLOYED TO A COMBAT ZONE:** If the combat pay is received in addition to their basic pay because of their deployment and it wasn't received before they were deployed, combat pay is not counted as income. Contact your school for more information.
 - SELF-EMPLOYMENT:** Report income derived from the business venture less operating costs for net income. The loss from the business cannot be deducted from a positive income earned in other employment. The least possible income is zero.
- **SOCIAL SECURITY NUMBER:** Write the last four (4) digits of the social security number of the adult household member who signs the form. If the adult household member does not have a social security number, check the box. Use of this information is for CACFP use only and is required.

For School Year 2026-2027

Household Size	1	2	3	4	5	6	7	8	Each Additional Person:
Yearly	\$29,562	\$40,034	\$50,542	\$61,050	\$71,558	\$82,006	\$92,574	\$103,082	\$10,508
Monthly	\$2,461	\$3,337	\$4,212	\$5,088	\$5,964	\$6,839	\$7,715	\$8,591	\$876
Weekly	\$568	\$770	\$972	\$1,175	\$1,377	\$1,579	\$1,781	\$1,983	\$203

Part 4 SIGNATURE AND CONTACT INFORMATION:

- Sign and date the application. The form must be signed by the parent or guardian.
- Complete the contact information – name, address, telephone number, and employer information.

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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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, Mail Stop 9410, Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.