Dear Family:

Our center has been approved for participation in the Child and Adult Care Food Program (CACFP). Participants may buy lunch for $ _____, breakfast for $ _____, or snack for $ _____. Meals and snacks are also available free or at a reduced price.

The parent/guardian must complete Parts 1 and 4 *Part 2 and Part 3 are optional however, If the total household income is at or below the amounts on the income chart, a child can receive free or reduced-price meals or snacks at $ _____ for lunch/supper, $ _____ for breakfast, or $ _____ for snacks. This form will be placed in our files and treated as confidential information.* **Note: no white out 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 name 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.

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 her basic pay because of her deployment and it wasn't received before she was 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 2023-2024

Household Size	1	2	3	4	5	6	7	8	Each Additional Person:
Yearly	$26,973	$36,482	$45,991	$55,500	$65,009	$74,518	$84,027	$93,536	$9,509
Monthly	$2,248	$3,041	$3,833	$4,625	$5,418	$6,210	$7,003	$7,795	$793
Weekly	$519	$702	$885	$1,068	$1,251	$1,434	$1,616	$1,799	$183

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, 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.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax:
   (833) 256-1665 or (202) 690-7442; or
3. email:
   program.intake@usda.gov

This institution is an equal opportunity provider.