

## **LETTER TO PARENTS (Child Care Center—Non-pricing Program)**

Dear Parent/Guardian:

The \_\_ Rainbow Day Care child care center participates in the Child and Adult Care Food Program (CACFP) offered by the U.S. Department of Agriculture (USDA) and serves meals at no separate charge to all enrolled children. The reimbursement received from the CACFP helps with our food costs, and therefore, enables us to keep our fees for care as low as possible.

Please help us comply with the requirements of the USDA's CACFP. Please complete, sign, and return the attached Meal Benefit Form (MBF) to the center as soon as possible. All children enrolled in our center receive their meals at no separate charge, but the determination of eligibility category affects the amount of funding received by our center. This information is necessary to receive the reimbursement for the meals we served to children in our program. If your first language is not English, you have a right to ask us for written or oral translation of these materials free of charge in your native language.

If your household currently receives benefits under the CalFresh Program (formerly Food Stamps), the California Work Opportunity and Responsibility for Kids (CalWORKs), the Food Distribution Program on Indian Reservations (FDPIR), or the Kinship Guardianship Assistance Payment Program (Kin-GAP) you only need to list your current CalFresh, CalWORKs, FDPIR, or Kin-GAP case number on the MBF. You must also have an adult sign and date the MBF.

However, if your household does not receive benefits under CalFresh, CalWORKs, FDPIR, or Kin-GAP please complete the Meal Benefit Form and make sure you:

- Provide the names of all household members and their income by source; and
- Have an adult sign, date, and provide the last four digits of his or her social security number, or check the box "Check here if no Social Security Number" if the adult does not have a social security number.

### **For All Households:**

The USDA defines a household as a group of related or unrelated individuals (not residents of a boarding house or an institution) who are living as one economic unit (i.e., sharing living expenses). Therefore, the income reported on the MBF must include the gross income of all members of your household, by source.

The **income** you report must be the total gross income received last month, listed by source for each household member. 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 year'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 receives a higher level of reimbursement for meals served to your child(ren).

Once properly approved for free or reduced-price benefits, whether through income or proof of benefits as supported by a current CalFresh, CalWORKs, FDPIR, or Kin-GAP case number, your child(ren) will remain eligible for those benefits for 12 months.

**Foster Children:**

For households with foster children, please contact us for additional information.

**Confidentiality of Information on the Meal Benefit Form:**

We will use the information on the form to decide the level of reimbursement our center is eligible to receive. We will place the MBF in our food program files and keep the information confidential. Only upon your request, will we share the information on your form with officials of other child nutrition, health, and education programs so they can use it to determine benefits for those programs.

**Nondiscrimination Statement:**

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 866-632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339, or 800-845-6136 (Spanish). The USDA is an equal opportunity provider and employer.

Thank you for your cooperation. If you have any questions or need assistance in filling out the MBF, please contact:

<b>CAREN WILKERSON</b>	TELEPHONE NUMBER (916) 448-5231
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Sincerely,

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date

### INCOME ELIGIBILITY GUIDELINES

<b>EFFECTIVE FROM JULY 1, 2012 THROUGH JUNE 30, 2013</b>					
Children from households with incomes <b>at or below</b> the following levels are eligible for Free or Reduced-price meal benefits.					
GROSS INCOME OF HOUSEHOLD					
HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	\$ 20,665	\$ 1,723	\$ 862	\$ 795	\$ 398
2	27,991	2,333	1,167	1,077	539
3	35,317	2,944	1,472	1,359	680
4	42,643	3,554	1,777	1,641	821
5	49,969	4,165	2,083	1,922	961
6	57,295	4,775	2,388	2,204	1,102
7	64,621	5,386	2,693	2,486	1,243
8	71,947	5,996	2,998	2,768	1,384
FOR EACH ADDITIONAL FAMILY MEMBER, ADD:	\$ 7,326	\$ 611	\$ 306	\$ 282	\$ 141

\* Household is synonymous with family and means a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit sharing housing and all significant income and expenses.

**THIS SCALE DOES NOT APPLY TO HOUSEHOLDS THAT RECEIVE CALFRESH, CALWORKS, FDPIR, OR KIN-GAP BENEFITS. THOSE CHILDREN ARE AUTOMATICALLY ELIGIBLE FOR FREE MEAL BENEFITS.**