

PARENT LETTER – Non-Pricing Programs **CHILD DAY CARE CENTERS/HEAD START**
CHILD & ADULT CARE FOOD PROGRAM (CACFP)

Dear Parent/Guardian:

The _____ Day Care Center/Head Start Program is planning to seek assistance for nutritious meals served under the Child and Adult Care Food Program. This program is funded by the U.S. Department of Agriculture and administered by the Connecticut State Department of Education.

Our program may receive reimbursement for meals served to children meeting the eligibility criteria for free or reduced price meals. We must document the eligibility of these children by obtaining family size and income data. Households with incomes less than or equal to the guidelines on the following page are eligible for free meals. Please complete, sign, date and return the attached application. **The information you provide will be treated confidentially and will be used only for eligibility determination.**

Supplemental Nutrition Assistance Program (SNAP)(formerly, Food Stamps)/TFA HOUSEHOLDS: If you currently receive Supplemental Nutrition Assistance Program (SNAP) (formerly known as Food Stamps) or Temporary Family Assistance (TFA) benefits for your child, you only have to list your child's name, SNAP or TFA case number and sign and date the application.

ALL OTHER HOUSEHOLDS: If your household income is at or below the level shown on the scale on the attached page, it is necessary to provide the following information for your application to be processed.

HOUSEHOLD MEMBERS: List the names of everyone who lives in your household. Include parents, grandparents, **all** children, other relatives and unrelated people who live in your household.

SOCIAL SECURITY NUMBERS: List the **last four digits of the social security number** of the adult household member who signs the application. If the adult does not have a social security number, print "None".

CURRENT INCOME: List the amount of income each person earned **last** month (BEFORE deductions for taxes, social security, etc.), and where it is from, such as wages, retirement or welfare. If any household member's income last month was higher or lower than usual, list that person's usual average monthly income.

SIGNATURE and DATE: An adult household member must sign and date the application.

REPORTING CHANGES: In accordance with the Child Nutrition and WIC Reauthorization Act of 2004, households are no longer required to report changes in circumstances (e.g., increase in income; decrease in household size; or when the household is no longer certified eligible for SNAP or TFA benefits). Once properly approved for free or reduced-price benefits, a household will remain eligible for those benefits for a period not to exceed 12 months.

FOSTER CHILDREN: In accordance with the Healthy, Hunger-Free Kids Act of 2010, foster children who are the responsibility of the State or are formally placed by a State child welfare agency or court are categorically eligible for free CACFP benefits. *This provision does not apply to informal arrangements or placements that may exist outside of State or court-based systems.* Eligibility for formally-placed foster children is no longer determined based on their personal use income and a family size of one. The child care institution must obtain documentation from an appropriate State or local agency documenting the child's foster status. Households with both foster and non-foster children may choose to include all children on the same application. However, the presence of a foster child in the household does not convey eligibility for free meals to all children in the household.

NONDISCRIMINATION: This explains what to do if you believe you have been treated unfairly.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

REAPPLICATION: If you are not eligible now but have a decrease in household income, an increase in household size, or become unemployed, fill out an application at that time. Participants having family members who become unemployed are eligible for free or reduced-price meals during the period of unemployment, provided that the loss of income causes the family income during the period of unemployment to be within the eligibility standards for those meals.

Attach to Parent Letter

GROSS INCOME GUIDELINES FOR REDUCED PRICE MEALS

EFFECTIVE FROM JULY 1, 2013 - JUNE 30, 2014

Number in Family	Annual Gross Income	Monthly Gross Income	Twice Per Month Income	Every Two Weeks Gross Income	Weekly Gross Income
1	21,257	1,772	886	818	409
2	28,694	2,392	1,196	1,104	552
3	36,131	3,011	1,506	1,390	695
4	43,568	3,631	1,816	1,676	838
5	51,005	4,251	2,126	1,962	981
6	58,442	4,871	2,436	2,248	1,124
7	65,879	5,490	2,745	2,534	1,267
8	73,316	6,110	3,055	2,820	1,410
Each Add'l Family Member	+ 7,437	+ 620	+310	+ 287	+ 144