FY21 Adult Day Care (ADA) Instructions Meal Benefit Income Eligibility

Food and Nutrition Division

Nevada Department of Agriculture

If your household receives SNAP, FDPIR, SSI or AHCCCS, follow these instructions:	
Part 1:	List only the adult participant's names.
Part 2:	List the case number for any household member receiving SNAP, FDPIR, SSI, or AHCCCS benefits.
Part 3:	Skip this part.
Part 4:	A responsible adult must sign the form. The last four digits of a Social Security Number is not necessary.
Part 5:	Optional. Answer this question if you choose.
ALL OTHER HOUSEHOLDS, follow these instructions:	
Part 1:	List only the adult participants' names. For any participant with no income, you must check the "No Income Box."
Part 2:	Skip this part.
Part 3:	Follow these instructions to report total household income from this month or last month: Column A – Name: List only the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if needed. Column B – Gross Income and How Often it was Received: For each household member who is a spouse, or dependent of the participant, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month or monthly: Box 1: List the gross income, not the take-home pay. Gross income is the amount earned before. Box 2: List the amount each person received that month from welfare, child support, and alimony. Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits. Box 4: List all other income sources, including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, etc. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or receive combat pay, do not include this housing allowance as income. For the self-employed, under Earnings from Work, report business, farm, or rental property income after expenses.
Part 4:	A responsible adult must sign the form and list the last four digits of their Social Security Number.
Part 5:	Optional. Answer this question if you choose.

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CACFP Meal Benefit Income Eligibility Letter for Adult Day Centers

Dear Participant/Guardian:

The Child and Adult Care Food Program, CACFP, offers meal reimbursements to adult day care centers which provide structured comprehensive services to nonresidential adults who are functionally impaired, or age 60 and older. By completing the attached Meal Benefit Income Eligibility Form, the centers will be able to receive reimbursement, which is based on the number of enrolled participants that are eligible for free or reduced-price meals. A household with income less than or equal to the income chart for reduced-priced meals below is eligible for free or reduced-priced meals. In order for the center to be considered eligible for free and reduced-price meals based on income, an application must contain complete documentation of eligibility information including total current household income, names of all household members, the social security numbers of the household member who signs the application, or the word "None," and the date and signature of the adult household member who completed the application. This information will be kept confidential and only available to staff directly connected with administering the CACFP. The participant in the adult day care center may qualify for free or reduced-price meals if your household income falls within the limits on this chart:

Household Size:	Annual Income:
1	$23,606
2	$31,894
3	$40,182
4	$48,470
5	$56,758
6	$65,046
7	$73,334
8	$81,622
Each additional person:	$ 8,288

If an adult participant is a member of a SNAP (formerly food stamps) or FDPIR household or is a SSI or Medicaid participant, the adult participant is automatically eligible to receive free Program meal benefits, subject to the completion of the application. 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 eligible for those meals.

Privacy Act Statement (how your information is used): The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to provide the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant, 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 the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

Non-discrimination Statement (what to do if you believe you have been treated unfairly):
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, religious creed, disability, age, political beliefs, 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: How to File a 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 Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

Part 1. All Household Members - Name of Enrolled Adult(s):

Names of Adult Participants (First, Middle Initial, Last)	DATE OF BIRTH (MM/DD/YY)	CHECK IF NO INCOME

Part 2. Benefits: If any member of your household received SNAP, FDPIR, State SSI or AHCCCS, provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 3.

NAME:_____ CASE NUMBER: _____

Part 3. Total Household Gross Income (income before any deductions) — You must tell us how much and how often

A. Name (List all people living in the household, including spouse and/or children)	B. Gross income and how often it was received: identify weekly, every other week, monthly, yearly…			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	how much/how often	how much/how often	how much/how often	how much/how often
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____

Part 4. Signature and Last Four Digits of Social Security Number: A responsible adult must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or write the word None if the signer doesn't have a Social Security Number. (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 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.

Sign here:_____ Print name:_____ Date: _____

Address:_____ Phone Number: _____

City:_____ State:_____ Zip Code: _____

Last four digits of Social Security Number: _*_*_*-_*_*-_____ If no SSN, write the word "None." _____

Part 5. Participant's ethnic and racial identities (optional):

Mark one ethnic identity:	Mark one or more racial identities:	
□ Hispanic or Latino □ Not Hispanic or Latino	□ Asian □ White □ Black or African American	□ American Indian or Alaska Native □ 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/Income Eligibility: Free_____ Reduced_____ Paid_____

Determining Official's Signature:_____ Date: _____

Confirming Official's Signature:_____ Date: _____