



FY22 Day Care Home (DCH)-Parent Letter and Meal Benefit Income Eligibility (MBIE) Application-English
Child and Adult Food Program (CACFP)
Food and Nutrition Division (FND)

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled at a family day care home. The family day care home offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in childcare. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. The information will be kept confidential and only available to staff directly connected with administering the CACFP. The participant in the family day care home may qualify for tier I benefits if your household income falls within the limits on this chart:



If a child or a child's parent is participating in or subsidized under a Federally or State program with an income eligibility limit that does not exceed the eligibility standard for free or reduced price meals, meals served to the child are automatically eligible for tier I reimbursement, subject to the completion of the application.

Section 333 of the Act amends section 17(f)(3)(A)(iii)(III) of the Richard B. Russell National School Lunch Act [42 U.S.C. 1766(f)(3)(A)(iii)(III)] to allow tier II family child care home providers in the CACFP to assist in the transmission of household income information from families of enrolled children to their sponsors. Previously, if permitted by the State agency and the sponsors, tier II providers could distribute income eligibility forms to the households of enrolled children in their care, but it was the responsibility of the sponsors to collect the forms from the households. [7 C.F.R. §226.18(12)]. Under the Act, tier II family child care home providers now have specific authority to collect the household income eligibility forms from households and transmit the forms to their sponsors. However, if tier II family childcare home providers wish to collect and transmit household information, the providers or the sponsors must ensure that each household knows:

- The household is not required to complete the income eligibility form in order for their children to participate in CACFP; and
- Households have the option, if they choose to complete the income eligibility form, of either:
 - Returning the form directly to the sponsor at the address indicated on the form; or
 - Returning the form to the provider with written consent allowing the provider to collect the form and transmit it to the sponsor on the household's behalf (**✓ the box in the "Written Consent" section on the reverse side of this form if you want the provider submit your application to the sponsor for you**).

Privacy Act Statement (This explains how we will use the information you give us): The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give 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 apply on behalf of a foster child or 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 (This explains what to do if you believe you have been treated unfairly): “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, SW, Washington, D.C. 20250-9410 or call toll free (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). USDA is an equal opportunity provider.”

Name of Provider: _____

Part 1. All Household Members - including Residential Children: Request additional sheet if necessary.

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT). * IF ALL CHILDREN LISTED BELOW ARE			CHECK IF NO INCOME
Adult Household Member #1:				
Adult Household Member #2:				
Adult Household Member #3:				
Child #1:				
Child #2:				
Child #3:				
Child #4:				

Part 2. Benefits: If any member of your household received SNAP, FDPIR, or TANF, provide the name and case number for the person who receives benefits and skip to part 4. **If no one receives these benefits, skip to part 3.**

NAME: _____ CASE NUMBER: _____

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

Name (List only household members with income)	B. Gross income and how often it is received: identify weekly, every other week, monthly,			
	Earnings from work before	Welfare, child	Pensions, retirement, Social Security, SSI, VA	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: An adult household member 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 day care home 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 none write the word "NONE") _____

If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school, homeless liaison, or migrant coordinator
 Homeless Migrant Runaway

Part 6. Participant's ethnic and racial identities (optional):

Mark one ethnic identity:	Mark one or more racial identities:
Hispanic or Latino	<input type="checkbox"/> Asian
Not Hispanic or Latino	<input type="checkbox"/> White
	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> American Indian or Alaska Native
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander

Written Consent (√ the box): **I WANT the provider to collect this form and transmit it to the sponsor on my behalf.**

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: Eligibility:

Tier I

Tier II

Determining Official's Signature:

Date:

Confirming Official's Signature:

Date: