[Letter to Household – Insert Center or Sponsoring Organization Letterhead]

Dear Parent/Guardian/Participant:

##### The CACFP offers meal reimbursements to adult day care facilities which provide structured comprehensive services to nonresidential adults who are functionally impaired, or aged 60 and older. By completing the attached Confidential Income Statement, 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.

1. **Do I need to fill out a Confidential Income Statement for each adult in day care? You may** complete and submit one CACFP Confidential Income Statement for the adults enrolled in day care in your household **only** if they are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to:** **name, center or sponsoring organization, address.**
2. **Who can get free meals?** Adults in households getting Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), Supplemental Security Income (SSI) or Medicaid benefits can get free meals. Adults in households participating in WIC may be eligible for free meals.
3. **Who can get reduced price meals?** Adults can get low cost meals if your household income is within the reduced price limits on the Federal Income Guidelines shown on this application. Adults in households participating in WIC may be eligible for reduced price meals.
4. **May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or the adult in your care do not have to be U.S. citizens to qualify for meal benefits offered at the center.
5. **Who should I include as members of my household?** You must only include the adult in your care, his or her spouse, and his or her dependents who share income and expenses.
6. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. 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 month’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 Federal Income Guidelines, the adult day care will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or proof of benefits as supported by a current SNAP, FDPIR case number or a SSI or Medicaid assistance number, you will remain eligible for those benefits for a period not to exceed 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.
7. **What if my income is not always the same?** List the amount that you normally earn. For example, if you normally earn $1000 each month, but you missed work last month and only earn $900, put down that you earn $1000 per month. If you normally earn overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
8. **We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member’s income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.
9. ***(Pricing program only)* Will the information I give be verified?** Maybe. We may ask you to send written proof to verify the information you submitted on the form. **What if I disagree with the decision about the information I complete on this form?** Contact **name, address, phone number** at**center or sponsoring organization**. You may ask for a hearing by calling or writing to: **name, address, phone number.**

If you have other questions or need help, call **phone number.**

Sincerely,

Sponsor signature or name

**signature**

This institution is an equal opportunity provider.