

Sample Parents Letter for Non-Pricing Institutions Child and Adult Care Food Program

Dear Parent or Guardian:

Please fill out the attached form and return it as soon as possible. The form will be kept in our files and treated as confidential. The information you give will help us get money for the meals served to children in our program through the U. S. Department of Agriculture's Child and Adult Care Food Program.

If you get SNAP (Food Stamps) or TANF funding, fill out Part 2A of the form with your case number.

If you have a foster child in our program (he/she must be a legal ward of the State), please fill out Part 2C of the form.

If you do not have a SNAP (Food Stamps) number, TANF case number, or a foster child, you **must** fill out Part 2B of the form. Include the income(s) of all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you. An adult household member [*parent/legal guardian*] must sign and date the form and provide their social security number.

The income you report must be last month's total household income, before any taxes or anything else is taken out, for each household member. List the amount you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month.

All forms must be signed and dated in Part 3.

Thank you for taking the time to fill out this form. If you need any help, please contact us at

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INCOME ELIGIBILITY GUIDELINES FOR REDUCED PRICE MEALS Effective Date July 1, 2011 – June 30, 2012

FAMILY SIZE	YEARLY	MONTHLY	WEEKLY
1	\$20,147	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
For each additional household member, add:	+\$7,067	+\$589	+\$136

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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.