

PARENT LETTER

PARENT LETTER FOR THE CHILD AND ADULT CARE FOOD PROGRAM  
(CHILD CARE COMPONENT) NON-PRICING PROGRAM (FFY 2015)

Dear Parent or Guardian:

The \_\_\_\_\_ serves nutritious meals without an additional  
(Name of Sponsoring Organization)

charge because the center receives added reimbursement for each child whose household income is at or below the level shown on the household size-income scale below. In order to continue this meal service without an additional charge to you, please complete and return the attached household size-income statement. This information is kept confidential in our files, and is required to determine the appropriate rate of reimbursement under the Child and Adult Care Food Program. If your income is higher than the amount indicated below for your household size, you do not need to complete the household size-income statement. 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.

(Effective July 1, 2014 to June 30, 2015)

| Household Size                            | Annual Income Level<br>(at or below) |
|---|--------------------------------------|
| 1   | \$21,590                             |
| 2   | \$29,101                             |
| 3   | \$36,612                             |
| 4   | \$44,123                             |
| 5   | \$51,634                             |
| 6   | \$59,145                             |
| 7   | \$66,656                             |
| 8   | \$74,167                             |
| For each Additional Household Member, Add | +\$7,511                             |

Households with incomes less than or equal to the reduced-price standards would be eligible for free or reduced price meal benefits. Participants having family members who become unemployed are eligible at the higher rate during the period of unemployment provided that the loss of income during the period of unemployment causes the household income to be within the eligibility guidelines indicated above.

When eligibility is established by household size and income, a complete household size-income statement must include: (a) names of all household members including the name of the enrolled child(ren); (b) the last four digits of the social security number of the adult household member signing the household size-income statement or an indication that the household member does not have a social security number; (c) household income received by each household member identified by source of income and how often each source is received; and (d) the signature of an adult member of the household and date signed.

When eligibility is established by the receipt of Supplemental Nutrition Assistance Program (SNAP) (FoodShare Wisconsin), Food Distribution Program on Indian Reservations (FDPIR) benefits, or W-2 Cash Benefits, a complete household size-income statement must include: (a) the name of the enrolled child(ren); (b) the appropriate SNAP (Food Share Wisconsin), FDPIR or W-2 Cash Benefits case number; and (c) the signature of an adult member of the household and date signed. Eligible W-2 Cash Benefits programs are Trial Job, Community Service Job (CSJ), Caretaker of an Infant (C/MC), At Risk Pregnancy (ARP), and W-2 Transition (W-2 T). **DO NOT give numbers for Medicaid, SSI, or W-2 Child Care Assistance.**

**Foster Children:** Meals served to foster children are eligible for reimbursement at the free price rates regardless of the household's income. A foster child placed in a home may be included as a household member on the same household size-income statement that includes the non-foster children. Only report income personally received by the foster children when including them on the same household size-income statement that includes non-foster children.

**USE OF INFORMATION STATEMENT:** Unless a SNAP, FDPIR, or W-2 Cash Benefits case number is provided for your child, you are applying for a foster child, or unless a Head Start statement of income eligibility verification is provided for your child, the Richard B. Russell National School Lunch Act requires that the adult household member signing the household size-income statement must report his or her last four digits of the social security number on the household size-income statement. If the adult household member signing the household size-income statement does not possess a social security number, he/she must indicate so on the household size-income statement. Provision of the last four digits of the social security number is not mandatory, but if it is not provided or an indication is not made that the adult household member signing the household size-income statement does not have one, the household size-income statement cannot be approved. The last four digits of the social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the household size-income statement for proper administration and enforcement of the Child Nutrition Programs. Your eligibility information provided on the household size-income statement may be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

Children's free and reduced price meal eligibility information may be shared with other State agencies and other Child Nutrition Programs without prior notification. If your children's meals are reimbursed at the free or reduced price rate, these children may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (BadgerCare). Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and BadgerCare that your children's meals are eligible for the higher reimbursement rate(s), unless you tell us not to.** Medicaid and BadgerCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. (Filling out the Household Size-Income Statement does not automatically enroll your children in health insurance.) **If you do not want us to share your information with Medicaid or BadgerCare please notify us in writing. Notification will not change whether or not your children's meals are reimbursed.**

The U.S Department of Agriculture 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 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*, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto: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.

Signature of Sponsor Representative

**THE CHILD AND ADULT CARE FOOD PROGRAM  
HOUSEHOLD SIZE—INCOME STATEMENT (CHILD CARE COMPONENT) (FFY 2015, Rev. 7/14)**

An adult household member must complete and return to center.

|   |        |
|---|--------|
| First and Last Name(s) of Enrolled Child(ren) | Center |
|---|--------|

**PART 1: BENEFITS**

If any member of your household currently receives FoodShare Wisconsin, Wisconsin Works Cash Benefits, and/or FDPPIR (Food Distribution Program on Indian Reservations), **check the box for the benefit currently received and provide the case number. Complete PART 3 and return it to the center's office. Do not complete PART 2. If no one receives these benefits, go to PART 2.**

FoodShare Wisconsin (10 or 16 digit #)   
  Wisconsin Works Cash Benefits (10 digit #)   
  FDPPIR (9 digit #)  
 Case Number/Quest Card Number: \_\_\_\_\_

**PART 2: TOTAL HOUSEHOLD SIZE AND INCOME**

- 1) List all household members, including yourself and all children.
  - 2) List all gross income (before deductions or taxes, social security, etc) on the same line as the person who receives it. (Self-employed household members should report net income.) Check the box for how often it is received. Record each income only once.
- If you provided a case number in Part 1, you do not need to provide income information.**

| 1) Full Name |                          | 2) Gross Income and How Often it Is Received |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |                          |                          |                          |   |                          |
|--------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|
|              | Check if Foster Child    | Earnings from work before deductions         | Weekly                   | Every 2 Weeks            | Monthly                  | Annually                 | Welfare Payments, Child Support, and/or Alimony | Weekly                   | Every 2 Weeks            | Monthly                  | Annually                 | Pensions, Retirement, Social Security, SSI, VA benefits | Weekly                   | Every 2 Weeks            | Monthly                  | Annually                 | All Other Income Received Last Month (indicate frequency) | Check if no income       |
|              | <input type="checkbox"/> | \$   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ / ____   | <input type="checkbox"/> |
|              | <input type="checkbox"/> | \$   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ / ____   | <input type="checkbox"/> |
|              | <input type="checkbox"/> | \$   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ / ____   | <input type="checkbox"/> |
|              | <input type="checkbox"/> | \$   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ / ____   | <input type="checkbox"/> |
|              | <input type="checkbox"/> | \$   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ / ____   | <input type="checkbox"/> |
|              | <input type="checkbox"/> | \$   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ / ____   | <input type="checkbox"/> |

**PART 3: ALL HOUSEHOLDS**

**Ethnicity and Race Data Collection – Completion is optional**  
 This center is required by Federal law to ask the following two questions concerning ethnicity and race. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. **Please answer both questions.**

IS YOUR CHILD(REN) HISPANIC OR LATINO?     Yes, Hispanic or Latino     No, neither Hispanic nor Latino

SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO YOUR CHILD(REN):

American Indian or Alaska Native   
  Black or African American   
  White   
  Asian   
  Native Hawaiian or Other Pacific Islander

**ADULT HOUSEHOLD MEMBER SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SS#)**

**If Part 2 is completed, the adult signing the form must list the last four digits of his/her SS# or check "None" if you do not have a SS#.**  
 I CERTIFY that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on this form; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

|                                     |                                   |  |
|-------------------------------------|-----------------------------------|--|
| Signature of Adult Household Member | Signature Date <i>Mo./Day/Yr.</i> | Last 4 digits of SS# (or check "None" if you do not have a SS#)<br><br>***_*_*_ ____ <input type="checkbox"/> None |
|-------------------------------------|-----------------------------------|--|

**FOR CENTER USE ONLY – All 3 sections and the Effective Date must be completed**

|   |  |   |
|---|--|---|
| <b>1) Basis of Determining Eligibility</b><br><br>Total Household Size _____<br><input type="checkbox"/> <b>Total Income</b> \$ _____ / _____<br><br><input type="checkbox"/> FoodShare WI <input type="checkbox"/> W-2 Cash Benefits<br><input type="checkbox"/> FDPPIR <input type="checkbox"/> Foster Child(ren) | <b>2) Eligibility Determination</b><br><br><input type="checkbox"/> Free<br><input type="checkbox"/> Reduced<br><input type="checkbox"/> Non-Needy | <b>3) Determining Official's Initials &amp; Approval Date</b><br><br>_____<br><br><div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>Effective Date of the Determination</b><br/>           _____         </div> |
|---|--|---|

Use the following conversion factors to determine yearly income only when multiple pay frequencies are reported: Weekly income x 52 = Yearly income. Every 2 weeks income x 26 = Yearly income. Twice a month income x 24 = Yearly income. Monthly income x 12 = Yearly income.

**This form expires one year from the agency's chosen effective date, as indicated in its CACFP online application.**

Guidance Memorandum 1C, revision date 7/14; go to [http://fns.dpi.wi.gov/fns\\_centermemos](http://fns.dpi.wi.gov/fns_centermemos) for the most current version.