

**Child and Adult Care Food Program  
Parent Letter – Nonpricing Child Care Centers**

Dear Parent or Legal Guardian:

Our center is currently participating in the Child and Adult Care Food Program. This program reimburses the center for the partial cost of meals provided to children and allows the center to provide nutritious meals without increasing the center's fees to you. If your yearly income is equal to or below the amount listed for your family size on the chart below, your child is eligible for free or reduced-price meals. If your income is higher than the amount listed for your family size, you do not need to complete the income application.

<b>Family Size</b>	<b>Yearly Income</b>	<b>Family Size</b>	<b>Yearly Income</b>
1	\$18,889	5	\$44,641
2	\$25,327	6	\$51,079
3	\$31,765	7	\$57,517
4	\$38,203	8	\$63,955
		For each additional	+6,438

To apply for free or reduced-price meal benefits for your children, you must complete the attached form. Your application for free or reduced-price meal benefits cannot be approved unless the attached application is completed according to the directions provided. You should notify the center if any member(s) of the household becomes unemployed. A child may be eligible for free or reduced-price meals during the period of unemployment.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 1-800-795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Sincerely,

## **Parent/Guardian Instructions for Completing the Income Eligibility Form (IEF)**

### **PART 1: CHILDREN ENROLLED AT THE CHILD CARE CENTER**

- List all children that you are applying for in the household.
- List each child's birth date.
- If you are applying for a **foster child**, list only one foster child per form. A foster child may be eligible for free meals regardless of household income.
- If your child receives Temporary Assistance (formerly AFDC, now funded by TANF) payments or food stamps, please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete part 2.
- If you do not list a food stamp or Temporary Assistance case number for all of your children enrolled at the center, you must complete parts 2 and 4.

### **PART 2: HOUSEHOLD AND INCOME INFORMATION – Not completed if case # provided above**

- List all members of the household.
- A household is a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses).
- Report the monthly income by source for each household member.
- The income reported on the application must include all income before taxes and other deductions.
- A foster child, defined as a ward of the court or welfare agency, is to be listed in both Part 1 and Part 2 of the IEF. Only the foster child's "personal use" income is listed. Personal use income includes:
  1. Funds that are specified by the welfare agency as being for the personal use of the child. If no funds are specified, the funds received from the welfare agency are not to be considered as income.
  2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, from the child's family, and earnings from the child's employment other than occasional or part-time jobs.

### **PART 3: RACIAL ETHNIC INFORMATION-COMPLETION IS VOLUNTARY**

### **PART 4: SIGNATURE**

- The adult household member completing the application must sign and date the application.
- If the child(ren) is not a Temporary Assistance or food stamp recipient, the adult signing the application must provide a social security number.
- If you do not have a social security number, write "none" in the space provided.
- Failure to provide the social security number, if you have one, will make the income application invalid if the child(ren) is not a food stamp or Temporary Assistance recipient.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS**

To apply for free or reduced-price meal eligibility for your child(ren), fill out this form and return it to your child care center.

**PART 1 CHILDREN ENROLLED AT THE CHILD CARE CENTER**

Complete information below for children enrolled at the center. If child(ren) are receiving food stamps or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a food stamp case number or Temporary Assistance case number **for all of the children listed in Part 1.**

NAME	BIRTH DATE	FOSTER CHILD	FOOD STAMP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

**PART 2 HOUSEHOLD AND INCOME INFORMATION**

List all other members of the household besides the children listed in Part 1. For each household member, indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE)	YEARLY	MONTHLY	2 X A MONTH	EVERY 2 WEEKS	WEEKLY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

**PART 3 RACIAL ETHNIC INFORMATION** (You are not required to answer this section)

Are you of Hispanic or Latino origin?  YES  NO

What is your race? (Select one or more)

AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART 4 SIGNATURE**

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

Section 9 of the National School Lunch Act requires that, unless your children's food stamp or Temporary Assistance case number is provided, you must include a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

**FOR CENTER USE ONLY**

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):	FOOD STAMP	TEMPORARY ASSISTANCE
		YEAR MONTH 2 X A MONTH EVERY 2 WEEKS WEEKLY	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Eligibility Determination:  Free  Reduced  Paid

SIGNATURE OF CENTER REPRESENTATIVE	DATE