

LETTER TO THE HOUSEHOLD

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. (Name of Center) _____ offers healthy meals to all enrolled children as part of our participation in the United States Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursement for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached CACFP Family-Size and Income Application (FSIA). In addition, by filling out this application, we will be able to determine if your children qualify for free or reduced-price meals.

- 1. Do I need to fill out an FSIA for each of my children in day care?** You may complete and submit one FSIA for all children enrolled in child care in your household *ONLY* if the children in child care are enrolled in the same center. We cannot approve an FSIA that is not complete, so be sure to read the instructions carefully and fill out all required information. *Return the completed FSIA to:* (Name of Center) _____, (Address) _____, (Phone Number) _____.
- 2. Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in Women Infants and Children (WIC) *MAY* be eligible for free meals.
- 3. Who can get reduced-price meals?** Your children can get low-cost meals if your household income is within the reduced-price limits on the Income-Eligibility Guidelines, shown on this application. Children in households participating in WIC *MAY* be eligible for reduced-price meals.
- 4. May I fill out an FSIA if someone in my household is not a United States (U.S.) citizen?** Yes. Your or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.
- 5. Who should I include as members of my household?** You must include all people in your household (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you. You also must include foster children who live with you.
- 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 Income-Eligibility Guidelines, the center will receive a higher level of reimbursement. Once properly approved for free or reduced-price benefits, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for the current fiscal year. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income 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 get. For example, if you normally get \$1000 each month but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.
- 8. What if I have foster children?** Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the FSIA but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact (Name) _____, (Address) _____, (Phone Number) _____.
- 9. We are in the military; do we include our housing and supplemental 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.

This institution is an equal opportunity provider and employer.

If you have other questions or need help, call (Phone Number) _____.

Sincerely,

(Signature) _____

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION**

PART 1. ALL HOUSEHOLD MEMBERS				
a. Name(s) of Enrolled Child(ren)				
b. Names of ALL Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)* <i>*If all children indicated below are foster children, skip to Part 5 to sign this form.</i>	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"/>

PART 2. BENEFITS

If any member of your household receives *SNAP, TANE, or FDPIR* benefits, provide the name and case number for the *ONE* person who receives benefits. *If no one receives these benefits, skip to Part 3.*

NAME: _____ CASE NUMBER: _____

PART 3. 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 AT PHONE NUMBER)

Homeless Migrant Runaway

PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.

A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
<i>(Example) Jane Smith</i>	\$ <u>200</u> / <u>weekly</u>	\$ <u>150</u> / <u>twice a month</u>	\$ <u>100</u> / <u>monthly</u>	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign this form. *If Part 4 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the I do not have a social security number box.*

I certify that all information on this form is true and that all income is reported. I understand that the center will get federal funds based on the information that 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: *** - ** - ____ I do not have a social security number.

Part 6: Participant's Ethnic and Racial Identities (Optional)

Mark one ethnic identity:
 Hispanic or Latino
 Not Hispanic or Latino

Mark one or more racial identities:
 Asian
 White
 American Indian or Alaska Native
 Native Hawaiian or other Pacific Islander
 Black or African American

PART 7: OTHER BENEFITS: You do not have to complete this part to participate in the CACFP.

Health Insurance Yes, I want health insurance for my children. In situation officials may give information from my FSIA to SoonerCare Health Benefit officials so that they can send me information about free or low-cost health insurance for my children.
 No, I **DO NOT** want information from my FSIA shared with SoonerCare Health Benefits officials.

I certify that I am the parent/guardian of the children for whom application is being made.

I understand that I will be releasing information that will show that I qualify for free or reduced-price meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: _____ Date: _____

The participant in the day care facility may qualify for free or reduced-price meals if your household income falls within the limits of this chart.

185% of Poverty Level	
Household Size	Yearly
1	21,775
2	29,471
3	37,167
4	44,863
5	52,559
6	60,255
7	67,951
8	75,647
Each additional person:	7,696

Privacy Act Statement: 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 last four digits of 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 to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) case number 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 Programs.

The United States Department of Agriculture (USDA) 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 USDA. (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>, 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 USDA by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, by fax 202-690-7442, or e-mail at <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.

DO NOT 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: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____

Reason: _____

Determining Official's Signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE CACFP FAMILY-SIZE AND INCOME APPLICATION (FSIA)

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM *SNAP*, *TANF*, OR *FDPIR*, FOLLOW THESE INSTRUCTIONS:

- Part 1:** a. List all enrolled children.
b. List all household members; including the enrolled children. For each enrolled child, include his/her age and birth date.
- Part 2:** List the case number for any household member (including adults) receiving *SNAP*, *TANF*, or *FDPIR* benefits.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. The last four digits of a social security number are *NOT* necessary.
- Part 6:** Answer this question if you choose.
- Part 7:** ***OTHER BENEFITS.*** You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

- If *ALL* children you are applying for are foster children or if you are only applying for benefits for the foster child:

- Part 1:** a. List all enrolled foster children.
b. List all foster children with ages and birth dates of those enrolled. Check the box indicating the child is a foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. The last four digits of a social security number are *NOT* necessary.
- Part 6:** Answer this question if you choose.
- Part 7:** ***OTHER BENEFITS.*** You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

- If some of the children in the household are foster children:

- Part 1:** a. List all enrolled foster children.
b. List all foster children with ages and birth dates of those enrolled. Check the box indicating the child is a foster child. For any person, including children, with no income, you must check the *No Income* box.
- Part 2:** If the household does not have a case number, skip this part.
- Part 3:** 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*) _____. If not, skip this part.
- Part 4:** Follow these instructions to report total household income from this month or last month.
- **Column A—Name:** List only the first and last name of *EACH* person living in your household, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
 - **Column B—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly.
In Box 1, list the *gross income*, not the take-home pay. Gross income is the amount earned *BEFORE* taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.
In Box 2, list the amount each person got for the month from welfare, child support, alimony.
In Box 3, list retirement, Social Security, Supplemental Security Income (SSI), veteran's benefits (VA benefits), and disability benefits.

In Box 4, list **All Other Income Sources**, including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, or federal education benefits. For **ONLY** the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get Combat Pay, do not include these allowances as income.

Part 5: Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.

Part 6: Answer this question if you choose.

Part 7: OTHER BENEFITS. You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: a. List all enrolled children.

- b. List all household members; for the enrolled children, list ages and birth dates. Check the box indicating the child is a foster child. For any person, including children, with no income, you must check the **No Income** box.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Column A—Name:** List only the first and last name of **EACH** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
- **Column B—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly.

In Box 1, list the **gross income**, not the take-home pay. Gross income is the amount earned **BEFORE** taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.

In Box 2, list the amount each person got for the month from welfare, child support, alimony.

In Box 3, list retirement, Social Security, Supplemental Security Income (SSI), veteran's benefits (VA benefits), and disability benefits.

In Box 4, list **All Other Income Sources**, including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, or federal education benefits. For **ONLY** the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get Combat Pay, do not include these allowances as income.

Part 5: Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.

Part 6: Answer this question if you choose.

Part 7: OTHER BENEFITS. You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

PRIVACY ACT STATEMENT: This explains how we will use the information you give us.

NONDISCRIMINATION STATEMENT: This explains what to do if you believe you have been treated unfairly.

**OKLAHOMA STATE DEPARTMENT OF EDUCATION
CHILD AND ADULT CARE FOOD PROGRAM**

**HOUSEHOLD-SIZE INCOME SCALES
FOR FREE AND REDUCED-PRICE MEALS
Fiscal Year 2016**

To be used for applications obtained from July 1, 2015, through June 30, 2016.

(The Free Scale Should Not Be Distributed to Families)

ELIGIBILITY SCALE FOR FREE MEALS					
130 Percent of Poverty Level					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	15,301	1,276	638	589	295
2	20,709	1,726	863	797	399
3	26,117	2,177	1,089	1,005	503
4	31,525	2,628	1,314	1,213	607
5	36,933	3,078	1,539	1,421	711
6	42,341	3,529	1,765	1,629	815
7	47,749	3,980	1,990	1,837	919
8	53,157	4,430	2,215	2,045	1,023
For each additional family member, add:	5,408	451	226	208	104

ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS					
185 Percent of Poverty Level					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional family member, add:	7,696	642	321	296	148