

LETTER TO THE HOUSEHOLD

Dear Guardian:

The Child and Adult Care Food Program (CACFP) offers meal reimbursements to adult day care facilities that provide structured comprehensive services to nonresidential adults who are functionally impaired or aged 60 and older. By completing the attached Family-Size and Income Application (FSIA), the centers will be able to receive reimbursement that is based on the number of enrolled participants who are eligible for free or reduced-price meals.

1. **Do I need to fill out an FSIA for each adult in day care?** You may complete and submit one FSIA for the adults enrolled in day care in your household *ONLY* if they 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?** Adults in households getting Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), Social Security Income (SSI), or Medicaid can get free meals. Adults in households participating in Women Infants and Children (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 Income-Eligibility Guidelines, shown on this application. Adults 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. 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 your spouse and your 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 Income-Eligibility Guidelines, the adult day care 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 or FDPIR case number or an SSI or Medicaid assistance 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 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 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. 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 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.

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

Sincerely,

(Signature) _____

INSTRUCTIONS FOR COMPLETING THE ADULT FAMILY-SIZE AND INCOME APPLICATION

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

- Part 1:** a. List all enrolled participants.
b. List all household members, including enrolled adult participant(s). For each enrolled participant, include his/her age.
- Part 2:** List the case number for any household member receiving *SNAP*, *FDPIR*, *SSI*, or *Medicaid* benefits.
- Part 3:** Skip this part.
- Part 4:** Sign the form. The last four digits of a social security number are *NOT* necessary.
- Part 5:** Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** a. List all enrolled adult participants.
b. List all household members, including enrolled adult participant(s) in care. For each enrolled participant, include his/her age. For any person with no income, you must check the *No Income* box.
- Part 2:** Skip this part.
- Part 3:** 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 who is a spouse or dependent of the participant, 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 4:** 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 5:** Answer this question if you choose to.

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

ADULT FAMILY-SIZE AND INCOME APPLICATION (FSIA) FY 2023-2024

PART 1. ALL HOUSEHOLD MEMBERS		
a. Name(s) of Adult Participant(s)		
b. Names of All Household Members (First, Middle Initial, Last)	Age of Adult Participant(s)	Check If NO Income
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

PART 2. BENEFITS	
If any member of your household receives SNAP, FDPIR, SSI, or Medicaid 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. 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 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).	
An adult household member must sign this form. If Part 3 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>I certify (promise) that all information on this form is true and that all income is reported. I understand that the center or day care home will get federal funds based on the information that I give. I understand that CACFP officials may verify (check) 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.</i>	
Sign Here: _____	Print Name: _____
Date: _____	
Address: _____	Phone Number: _____
City: _____	State: _____ Zip Code: _____

Last four digits of social security number: ***-**-____	<input type="checkbox"/> I do not have a social security number
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PART 5. PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (Optional)			
Choose one ethnicity:		Choose one or more (regardless of ethnicity):	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

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	Eligibility: Reduced	Eligibility: Denied
Reason:					
Determining Official's Signature:				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	26,973
2	36,482
3	45,991
4	55,500
5	65,009
6	74,518
7	84,027
8	93,536
Each Additional Person:	9,509

“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 are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant 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 Program.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:
 U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410; or
 fax: (833) 256-1665 or (202) 690-7442; or
 email: program.intake@usda.gov

This institution is an equal opportunity provider.