

SAMPLE HOUSEHOLD LETTER FOR NONPRICING ADULT DAY CARE CENTERS

Dear Participant or Household Member:

The _____ Adult Day Care Center is planning to seek assistance for nutritious meals served under the Child and Adult Care Food Program (CACFP). The CACFP is funded by the U.S. Department of Agriculture (USDA) and administered by the Connecticut State Department of Education.

Our program may receive reimbursement for meals served to participants meeting the eligibility criteria for free or reduced-price meals. We must document the eligibility of these participants by obtaining family size and income data. Households with incomes at or below the level in “Gross Income Guidelines for Reduced-price Meals” (see page 2) are eligible for free meals. Please complete, sign, date and return the attached application. **The information you provide will be treated confidentially and will be used only for eligibility determination.**

PARTICIPANTS CATEGORICALLY ELIGIBLE AS FREE FOR CACFP BENEFITS: Households receiving Supplemental Nutrition Assistance Program (SNAP) (formerly known as Food Stamps), Supplemental Nutrition Assistance Program (SNAP) (formerly known as Food Stamps), Supplemental Security Income (SSI) or Medicaid are eligible for free CACFP meals. If you currently receive SNAP, SSI or Medicaid benefits, you only need to list your name, SNAP, SSI or Medicaid identification number, and **sign and date** the application.

ALL OTHER HOUSEHOLDS: If your household income is at or below the level shown in the table on page 2, “Gross Income Guidelines for Reduced-price Meals,” you must provide the following information for your application to be processed.

- **Household Members:** List the names of everyone who lives in your household. Include parents, grandparents, **all** children, other relatives and unrelated people who live in your household.
- **Social Security Number:** List the last four digits of the social security number of the adult household member who signs the application. If the adult does not have a social security number, check () the box next to the statement, “I do not have a SSN.”
- **Current Income:** List the amount of income each person earned **last** month (BEFORE deductions for taxes, social security, etc.), and where it is from, such as wages, retirement or welfare. If any household member’s income last month was higher or lower than usual, list that person’s usual average monthly income.

SIGNATURE and DATE: An adult household member must **sign and date** the application.

REPORTING CHANGES: In accordance with the Child Nutrition and WIC Reauthorization Act of 2004, households are no longer required to report changes in circumstances, e.g., increase in income, decrease in household size, or when the household is no longer certified eligible for SNAP or TFA benefits. 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.

REAPPLICATION: If you are not eligible now but have a decrease in household income, an increase in household size, or become unemployed, fill out an application at that time. Participants having family members who become unemployed are eligible for free or reduced-price meals during the period of unemployment, provided that the loss of income causes the family income during the period of unemployment to be within the eligibility standards for those meals.

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GROSS INCOME GUIDELINES FOR REDUCED-PRICE MEALS					
Effective from July 1, 2016 - June 30, 2017					
Number in Family	Annual Gross Income	Monthly Gross Income	Twice Per Month	Every Two Weeks Gross Income	Weekly Gross Income
1	21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Each Additional Family Member	+ 7,696	+ 642	+ 321	+ 296	+ 148

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

This institution is an equal opportunity provider.



For information on the CACFP, visit the CSDE's [CACFP Web site](#) or contact the [CACFP staff](#) in the Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457.

This document is available at www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/forms/LetterAdult.pdf.