

## Child and Adult Care Food Program 2017-2018 Child Care Income Eligibility Form Letter

**Dear Parent or Guardian,**

**Congratulations!** You have chosen a childcare provider that participates in the Child and Adult Care Food Program (CACFP). Participating in the CACFP means that the provider cares about good nutrition for children, will introduce and serve a variety of nutritious foods for your child to eat, and will serve foods appropriate for your child's nutritional needs. The provider you have chosen cannot charge a separate fee for meals, nor ask you to provide food for your child for meals claimed for reimbursement from the CACFP, except in some special cases. Depending upon the hours in care, your provider will be serving your child breakfast, morning snack, lunch, afternoon snack, supper, and/or late snack.

Please complete, sign, and return this **Income Eligibility Form (IEF)** to the center as soon as possible. This information is required for the center to receive CACFP reimbursement for the meals served to your child. The Colorado Department of Public Health and Environment assures that **this form is confidential** and the information you provide will not be used elsewhere.

If no person in your household receives benefits from Temporary Assistance For Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), also known as Food Stamps, or the Food Distribution Program on Indian Reservations (FDPIR), or is not the beneficiary of the Other Source Categorical Eligibility programs, please list your household's total gross income from the current month, the amount projected for the first month the application is made for, or the month prior to the application. The U.S. Department of Agriculture, which funds the CACFP, defines a household as a group of related or unrelated individuals who are living as one economic unit and who share housing and all significant income and expenses.

If no person in your household receives benefits from Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR), you must provide the last four digits of your Social Security Number according to regulations. The disclosure of the Social Security Number is voluntary; however, the last four digits of the Social Security Number, or an indication of "none," is required for the approval of this form.

If any of the children living in the household are beneficiaries of the Other Source Categorical Eligible programs (Foster, Head Start/Early Head Start or Even Start Program, Homeless, Migrant or Runaway), the children are eligible for free meals and there is no need to complete an application - just mark the box next to the program that applies. The institution collecting the form will need to verify the child's participation in the program by requesting documentation from the placement office if the child is a foster child, from the Even Start or Head Start official if the child or the pregnant mother is enrolled Head Start or Early Head Start or the child is an Event Start participant, and from the Migrant, Homeless or Runaway program officials, if the child is a migrant, homeless or runaway child. For Even Start, documentation from the Even Start official confirming that the child has not yet entered Kindergarten.

**If any person in your household receives benefits from the Temporary Assistance For Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR), income reporting in Part 3 and the disclosure of the last four digits of the Social Security Number (SSN) in Part 4 are not required.**

### Household Income Chart

If your household's income is less than or the same as the amounts indicated for your household's size on the chart below, the center will receive more meal reimbursement from the Child and Adult Care Food Program (CACFP) to help provide the best meals possible for the children in care.

Household Size	1	2	3	4	5	6	7	8	For each additional person add:
<b>Yearly</b>	22,311	30,044	37,777	45,510	53,243	60,976	68,709	76,442	+ 7,733
<b>Monthly</b>	1,860	2,504	3,149	3,793	4,437	5,082	5,726	6,371	+ 645
<b>Weekly</b>	430	578	727	876	1,024	1,173	1,322	1,471	+149

This chart is not to be used for determining eligibility by center staff, but is a guide for families completing the form.

CACFP REQUIRED MEAL ITEMS				
MEALS	COMPONENTS	AGE 1-2	AGE 3-5	AGE 6-12
<b>Breakfast</b>	Fluid Milk	½ cup	¾ cup	1 cup
	Juice or Fruit or Vegetable	¼ cup	½ cup	½ cup
	Bread or Bread Alternate	½ slice	½ slice	1 slice
<b>Snack</b>	Fluid Milk	½ cup	½ cup	1 cup
	Juice or Fruit or Vegetable	½ cup	½ cup	¾ cup
	Meat or Meat Alternate	½ ounce	½ ounce	1 ounce
<b>Lunch Supper</b>	Bread or Bread Alternate	½ slice	½ slice	1 slice
	Fluid Milk	½ cup	¾ cup	1 cup
	Fruit or Vegetable or Juice (Must serve at least 2 different varieties)	¼ cup total	½ cup total	¾ cup total
	Meat or Poultry or Fish	1 ounce	1½ ounces	2 ounces
	Cheese or	1 ounce	1½ ounces	2 ounces
	Egg or	½	¾	1
	Cooked Dry Beans and Peas or	¼ cup	¾ cup	½ cup
	Peanut Butter or	2 Tbsp	3 Tbsp	4 Tbsp
	Yogurt, Plain or Flavored (May also be served at snack)	4 ounces or ½ cup	6 ounces or ¾ cup	8 ounces or 1 cup

SAMPLE MENU	
<b>BREAKFAST</b>	<ul style="list-style-type: none"> <li>◆ Oatmeal</li> <li>◆ Baked Apples &amp; Raisins</li> <li>◆ Milk</li> </ul>
<b>SNACK</b>	<ul style="list-style-type: none"> <li>◆ Hard Cooked Egg</li> <li>◆ Carrot Sticks</li> </ul>
<b>LUNCH/SUPPER</b>	<ul style="list-style-type: none"> <li>◆ Turkey and Cheese Tortilla Roll ups</li> <li>◆ Orange Slices</li> <li>◆ Sliced Tomatoes</li> <li>◆ Milk</li> </ul>

If you have questions about the CACFP, contact your childcare provider's CACFP Sponsor.

Name of CACFP Sponsor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If the center is not a sponsored facility, contact:  
Child and Adult Care Food Program  
Colorado Department of Public Health and Environment  
303-692-2330.



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