

Child Care Income Application Letter

Dear Parent/Guardian:

The U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program provides reimbursement for healthy meals and snacks served to participants enrolled at Grace Early Learning Center. Although all participants receive meals free of charge, the center receives reimbursement based upon the number of enrolled participants who are eligible for free or reduced-price meals. Please help the center comply with the requirements of the CACFP and receive the meal reimbursement by completing the Enrollment Form/Income Application as soon as possible. The completed form is confidential and will be securely stored.

Income Guidelines for Reduced Price Meals Effective July 1, 2021-June 30, 2022		
Household Size	Reduced Price Meals	
	<i>Monthly</i>	<i>Yearly</i>
1	\$1,986	\$23,828
2	\$2,686	\$32,227
3	\$3,386	\$40,626
4	\$4,086	\$49,025
5	\$4,786	\$57,424
6	\$5,486	\$65,823
7	\$6,186	\$74,222
8	\$6,886	\$82,621
For each additional family member add:	\$700	\$8,399

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 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 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, 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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.

Hali Webb

Institution Representative

502-427-4352

Phone Number

If you have questions about the CACFP and its administration, you may contact, Division Director at 502-564-5625 or at the following address:
School and Community Nutrition, Kentucky Department of Education, 300 Sower Building, 5th floor, Frankfort, KY 40601

The information found in this letter may also be made available electronically to households (email, website, etc.)

CHILD ENROLLMENT FORM/INCOME APPLICATION

Participant Information: (To be completed by Parent/Guardian)

This household receives SNAP/KTAP Benefits (If yes, input the number here:)

1	1								
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If a child is a SNAP/K-TAP recipient or a Foster/Head Start participant, the child is automatically eligible to receive free Program meal benefits, subject to the requirements of 7 CFR 226.23.

If your participant receives assistance from the items below, they are automatically eligible for free meals. (Please complete and skip to section 2. If child receives Head start services, please proceed to complete Section 2. Household Income is not required.)

Participant's Last Name	Participant's First Name <i>*If under 12 months, please complete Infant Addendum</i>	Date of Birth	Meals Normally Eaten (Mark all that apply)	Headstart	Foster
			<input type="checkbox"/> B <input type="checkbox"/> AM <input type="checkbox"/> L <input type="checkbox"/> PM <input type="checkbox"/> S <input type="checkbox"/> LN	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> B <input type="checkbox"/> AM <input type="checkbox"/> L <input type="checkbox"/> PM <input type="checkbox"/> S <input type="checkbox"/> LN	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> B <input type="checkbox"/> AM <input type="checkbox"/> L <input type="checkbox"/> PM <input type="checkbox"/> S <input type="checkbox"/> LN	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> B <input type="checkbox"/> AM <input type="checkbox"/> L <input type="checkbox"/> PM <input type="checkbox"/> S <input type="checkbox"/> LN	<input type="checkbox"/>	<input type="checkbox"/>

***Parent/Guardian works multiple shifts and participants may be in care different days/hours** Yes No

1. Income Application Household Members and Monthly Income:

NAMES OF HOUSEHOLD MEMBERS Including Children Not Listed Above Last, First	GROSS MONTHLY Income From Work (Before Deductions)	MONTHLY Income From Welfare Payments, Child Support, Alimony	MONTHLY Income From Pensions, Retirement, Social Security, Unemployment Compensation	Any Other MONTHLY Income Including Money Received from Kinship/Foster Child
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$

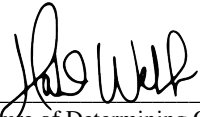
2. Signature and Social Security Number:

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

X _____
Signature of Adult Household Member _____
Home/Cell Phone Number
 X _____ No Social Security Number X _____
Last four digits Social Security Number* **Date**

FOR SPONSOR USE ONLY. DO NOT WRITE BELOW THIS LINE.

Application approved for: Free Meals SNAP/KTAP
 Reduced Meals Foster
 Paid Meals Headstart
 Income Household
 Total Household Monthly Income _____
 Household Size _____



 Signature of Determining Official

 October 1, 2021
 Date

*7 CFR 226.15 (e)(2)

(Revised February 2021)

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USDA Nondiscrimination Statement

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.