



## WE MUST CHECK YOUR CHILD AND ADULT CARE FOOD PROGRAM (CACFP) MEAL BENEFIT INCOME ELIGIBILITY FORM INFORMATION

You must send the information we need, or contact **[name]** by **[date]**, or our center will no longer receive free or reduced price reimbursement for meals served to your child(ren).

Center/Sponsoring Organization: [ Name ]

**[Date]**

Dear **[Name]**:

We are checking your CACFP Meal Benefit Income Eligibility Form. We must do this to make sure that CACFP benefits only those who are eligible. You must send us information to prove that **[name(s) of participant(s)]** is eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask. Do not send your EBT card or any other benefit card that you will need.

**1. If you were getting Food Stamps, TANF, FDPIR, SSI or Medicaid when you applied for free or reduced price meals, or at any time since then, send us a copy of one of these:**

- Food Stamp, TANF, FDPIR, SSI or Medicaid Certification Notice that shows dates of certification.
- Letter from Food Stamp or Welfare Office that says you have been approved to get Food Stamps or TANF.

**2. If you get this letter for a foster child:** Send us official papers from the agency sponsoring the child.

**3. If you do not get Food Stamps, TANF, FPIR, SSI or Medicaid:**

A. Write the name and Social Security Number of each adult household member below.

Name	Social Security Number (See Privacy Act Statement, page 2)	No Social Security Number
_____	____ - ____ - _____	<input type="checkbox"/>
_____	____ - ____ - _____	<input type="checkbox"/>
_____	____ - ____ - _____	<input type="checkbox"/>
_____	____ - ____ - _____	<input type="checkbox"/>
_____	____ - ____ - _____	<input type="checkbox"/>
_____	____ - ____ - _____	<input type="checkbox"/>

B. Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. **Send information to: [address].**



## CHILD AND ADULT CARE FOOD PROGRAM

### **Acceptable papers include:**

**Jobs:** Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often they are paid; or business or farming papers, such as ledger books or tax returns.

**Social Security, Pensions, or Retirement:** Social Security retirement benefit letter, statement of benefits received, or pension award notice.

**Unemployment, Disability, or Worker's Comp:** Notice of eligibility from State employment security office, check stub, or letter from Worker's Compensation.

**Welfare Payments:** Benefit letter from welfare agency.

**Child Support or Alimony:** Court decree, agreement, or copies of checks received.

**Other income (such as rental income):** Information that shows the amount of income received, how often it is received, and the date it is received.

**No income:** A brief note explaining how you provide food, clothing and housing for your household, and when you expect to receive an income.

**Military Housing Privatization Initiative:** Letter or rental contract showing that your housing is part of the Military Housing Privatization Initiative.

**Timeframe of Acceptable Income Documentation:** Please submit papers that show your income at the time that you applied for benefits. If you do not have this information, you may submit papers from the time of completing the CACFP Meal Benefit Income Eligibility Form up to the time of verification.

If you have questions or need help, please call [name] at [phone number].

Sincerely,

[signature]

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Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this meal benefit form. 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 social security number of all adult household members, including the adult day care participant. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance for Needy Families (TANF) Program, Food Distribution Program on Indian Reservations (FDPIR) or other FDPIR identifier, SSI or Medicaid case number for the participant receiving meal benefits 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 CACFP.

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Non-discrimination Statement: In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.