

# HOUSEHOLD LETTER

Dear Parent or Guardian:

Please help us comply with the requirements of the United States Department of Agriculture's Child and Adult Care Food Program (CACFP) administered through the Ohio Department of Education by completing the attached Income Eligibility Application for free and reduced price meals. All information will be treated with strict confidentiality. The CACFP allows our center to receive reimbursement for meals served to eligible children in our program. The completion of the Income Eligibility Application is optional. Complete the application on the reverse side using the instructions below for your type of household. Households with incomes less than or equal to the reduced price values are eligible for free meal benefits. An application must contain complete information to be considered for free or reduced price meals. Households are no longer required to report changes regarding the increase or decrease of income or household size or when the household is no longer certified eligible for Food Assistance or Ohio Works First (OWF). Once properly approved for free or reduced price benefits, a household will remain eligible for these benefits for a period not to exceed 12 months. During periods of unemployment, your child(ren) is eligible for meal reimbursement provided the loss of income during this time causes the family to be within eligibility standards for meals. In operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability §226.23(e)(2)(iv). We have included information about free medical benefits through Ohio's Healthy Start & Healthy Families programs.

## **PART 1 – CHILD INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART**

- a) Print the name of the child(ren) enrolled at the child care center. Children from the same household (except foster children) may be listed on the same application.
- b) List their age and birthday.

## **PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCES OR OWF: COMPLETE THIS PART AND PART 5 – If a child is a member of a Food Assistance or OWF household, the child is automatically eligible to receive free CACFP benefits subject to application completion.**

- a) Circle the type of benefit receiving.
- b) List a current Food Assistance or OWF case number for each child. This will be a 10 or 12-digit number.
- c) Sign the application in PART 5. An adult household member must sign.

**SKIP PART 3 – Do not list names of household members or income if you list a Food Assistance or OWF case number for each child.**

## **PART 3 – ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 5**

- a) Write the names of all household members including yourself and the child(ren) that attends the child care center, whether they receive income or not. A household is defined as a group of related or unrelated individuals who are living as one economic unit that share housing and/or significant income and expenses of its members. Attach another piece of paper if you need more space to list all household members.
- b) Income is any money received on a recurring basis, including gross earned income. Write the amount of income each household member received the previous month, before taxes or anything else is taken out, in the appropriate column. If any amount during the previous month was more or less than usual, write that person's usual monthly income. To calculate household income paid on different schedules, use these income conversions: Weekly X52, Bi-weekly X26, Semi-monthly X24 and Monthly X12. Examples of household sources of income may include: Earnings from work such as wages, salaries, tips, strike benefits, unemployment compensation, worker's compensation, net income from self-owned business or farm; welfare, public assistance, child support payments, and alimony; pensions, retirement income, social security, veteran's payments, or supplemental security income; other income such as disability benefits, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, regular contributions from persons not living in the household, net royalties/annuities, net rental income, or other income.
- c) **An adult household member must sign the application and give his/her social security number (SS#) or indicate that they do not have a SS# in PART 5.**

## **PART 4 – HOUSEHOLDS WITH A FOSTER CHILD: COMPLETE THIS PART AND PART 5 – In certain cases, foster children are eligible for free or reduced price meals regardless of the income of the household with whom they reside. If you are completing the application for a foster child living with you, complete the application as a family of one since a foster child is the legal responsibility of a welfare agency or court. Complete a separate application for each foster child.**

- a) List the foster child's monthly "personal use" income. Write "0" if the foster child does not receive "personal use" income.
- b) An adult member of the foster home or case worker must sign the application in PART 5.
- c) A social security number is not needed for the foster child's application.

"Personal use" income is: (1) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (2) all other money the child receives, such as money from his/her family and money from the child's full-time or regular part-time jobs.

## **PART 5 – SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART**

- a) All applications must have the signature of an adult household member.
- b) An application that lists monthly income must have the social security number of the adult who signs. If the adult does not have a social security number, write "none" or something else to show that the adult does not have a social security number. If you listed a Food Assistance or OWF number for each child or if you are applying for a foster child, a social security number is not needed.

## **PART 6 – RACIAL/ETHNIC IDENTITY – OPTIONAL**

You are not required to answer this question to be eligible to get free or reduced price meals. This information is collected to make sure that everyone is treated fairly and will be kept confidential. No child will be discriminated against because of race, color, national origin, gender, age or disability.

## **HEALTHY START AND HEALTHY FAMILIES**

Families with children eligible for free or reduced price meals may be eligible for FREE health care coverage through Ohio's Healthy Start & Healthy Families programs. These programs include coverage for doctor visits, immunizations, physicals, prescriptions, dental, vision, mental health, substance abuse and more. Please call **1-800-324-8680** for more information or to request an application. Information can also be found on the web at <http://jfs.ohio.gov/OHP/bcps/FactSheets/hshf.pdf> "Note: If you have an Ohio Medicaid Card, you are already getting these services.

**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, gender, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 800-795-3272 or 202-720-6382 (voice and TTY). USDA is an equal opportunity provider and employer.

**CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT  
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED PRICE MEALS FY2011**

**FY2010 – FY2011 INSTRUCTIONS:** To apply for free and reduced price meals, read the Household Letter and instructions on backside of this form. Complete application and return to the center. In accordance with the NSLA, information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure. *Part 1* is to be completed by all households. *Part 2* is to be used only for a child living in a household receiving Food Assistance or Ohio Works First (OWF) benefits. *Part 3* is only for children NOT receiving Food Assistance or OWF benefits. *Part 4* is to be completed for foster children.  
\* Asterisks indicate information that must be completed. Form must be updated annually and is valid for only 12 months.

PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER			PART 2 – LIST EACH CHILD'S FOOD ASSISTANCE OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 10 OR 12 DIGITS. DO NOT USE SWIPE CARD NUMBER.
*CHILD(REN) NAME	AGE*	BIRTH DATE*	Circle type of benefit FOOD ASSISTANCE OR OWF
1.			CASE NUMBER:
2.			CASE NUMBER:
3.			CASE NUMBER:
4.			CASE NUMBER:

**PART 3 – HOUSEHOLD SIZE AND HOUSEHOLD INCOME:** If Part 2 is completed skip to Part 5.

Income Conversion: Weekly x 52, Bi-weekly (every 2 weeks) X26, Semi-monthly (twice a month) X24, Monthly X12.

*LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1	*Gross MONTHLY Earnings (before deductibles)		*MONTHLY Welfare Payments, Child Support, Alimony	*MONTHLY Pensions, Retirement, Social Security	*ANY OTHER MONTHLY Income
	Job 1	Job 2			
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$

**PART 4 – FOSTER CHILD:**  (check if yes) List foster child's monthly personal use income. Enter "0" if none. \$

**PART 5 – SIGNATURE AND SOCIAL SECURITY NUMBER:** I certify that the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of federal funds; that program officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal statutes.

* SIGNATURE OF ADULT HOUSEHOLD MEMBER	* DATE	* SOCIAL SECURITY NUMBER (SSN) Required only for Part 3 Write "None" if adult signer doesn't have a SSN.
Print Name:	Daytime Phone Number:	Work Phone Number:
Street / Apt:	City / State / Zip:	County:

**PART 6: RACIAL/ETHNIC IDENTITY (Optional):** Please check appropriate boxes to identify the race or ethnicity of your child(ren).

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other

Please mark one of the following ethnic entities:  Hispanic or Latino  Not Hispanic or Latino

**Privacy Act Statement:** Section 9 of the National School Lunch Act (NSLA) requires that, unless your child's Food Assistance or OWF case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application or shared with other persons directly connected with the administration or enforcement of the program under the NSLA or Child Nutrition Act of 1966 to determine program eligibility. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Assistance or welfare office to determine current certification for receipt of Food Assistances or OWF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal action if incorrect information is reported.

**State Distribution: Week of 6/16/10**

-----FOR CENTER USE ONLY-----

<b>Zero Income</b> Temporary Free Approval Until: _____ Must be reviewed again in 45 days.	Total from Part 3, if applicable: Total Household Size _____ Total Monthly Income \$ _____	<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid <input type="checkbox"/> Food Assistances/OWF <input type="checkbox"/> Foster Child <input type="checkbox"/> Household Size & Income Reason: <input type="checkbox"/> Income Too High <input type="checkbox"/> Invalid <input type="checkbox"/> Incomplete
Signature of Center Official	Today's Date	Effective Date (No earlier than first of current month)
		Expiration Date

## CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT FORM

Prototype form for use by Child Care Centers and Head Start Programs when a center has a sign-in and sign-out sheet that lists the time children arrive and depart from the center. Each day, the sign-in and sign-out sheets must be initialed or signed by the parent/guardian.

CACFP programs exempt from having an enrollment form on file are:

Emergency Shelters, Outside-School-Hours, Youth Development & After School At Risk

\* Asterisk indicates required information:

<b>Instructions for Completion</b> <ul style="list-style-type: none"><li>All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.</li><li>List the child's name, age, birth date</li><li>CACFP Federal regulations 226.15(e)(2) require that the enrollment form be updated annually and signed by the child's parent or guardian.</li></ul>		
<b>CENTER NAME</b>		
<b>CHILD'S NAME*</b> (please print)	<b>AGE</b>	<b>BIRTHDATE</b> month / day / year
<b>SIGNATURE OF PARENT/GUARDIAN *</b>	<b>DATE *</b>	<b>DAY PHONE NUMBER</b>
<b>MAILING ADDRESS:</b> <b>STREET /APT.</b>	<b>CITY</b>	<b>ZIP CODE</b>

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, age, sex and disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW Washington, DC 20250-9410 or call (202)720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

## USDA INCOME ELIGIBILITY GUIDELINES FY2011

ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
20,036	1,670	835	771	386
26,955	2,247	1,124	1,037	519
33,874	2,823	1,412	1,303	652
40,793	3,400	1,700	1,569	785
47,712	3,976	1,988	1,836	918
54,631	4,553	2,277	2,102	1,051
61,550	5,130	2,565	2,368	1,184
68,469	5,706	2,853	2,634	1,317
6,919	577	289	267	134