**Notice to Households & Guardians**

Child & Adult Care Food Program

Dear Sir or Madam:

This letter is for households or guardians who have participants enrolled in an adult day care center. We are required to provide meal benefits to all enrolled participants. Please help us comply with requirements of the U.S. Department of Agriculture’s (USDA) Child & Adult Care Food Program (CACFP) by completing the Income Eligibility Form.

Please complete, sign and return the attached Income Eligibility Form to us as soon as possible. All participants enrolled in our center receive their meals at no separate charge, but the determination of eligibility category affects the amount of Federal funding received by our center.

If your household receives benefits under:

* 3SquaresVT / The Food Stamp Program;
* SSI; or
* Medicaid,

you only need to list your current 3SquaresVT, SSI or Medicaid number on the Income Eligibility Form. You must also have an adult sign and date the form. You must immediately notify the program if the household no longer participates in any of these programs.

However, if your household does not receive benefits under 3SquaresVT, SSI or Medicaid, please complete the Income Eligibility Form and make sure you:

* Provide names for the participant, the spouse and any dependent children who reside with the participant;
* Report income by amount and source for each person listed;
* Have an adult sign, date, and provide his or her social security number, or write “none” if the adult does not have a social security number.

USDA defines a household as a group of related or unrelated individuals (not residents of a boarding house or institution) who are living as one economic unit (i.e., sharing living expenses). Therefore, the income reported on the Income Eligibility Form must include the gross income of all members of your household, by source.

The income you report must be the total gross income listed by source for each household member received last month. If last month’s income does not accurately reflect your circumstances, you may provide a projection. If your household’s income is equal to or less than the amounts indicated for your household size on the Income Chart, the center receives a higher rate of reimbursement for meals served to participants.

You should notify us if you become unemployed and the loss of income during the period of unemployment causes your household income to be within eligibility standards.

**Confidentiality:** We will use the information on the form to decide the level of reimbursement the center is eligible to receive.

Thank you for your cooperation.

Sincerely,

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Institution Representative Date

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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](mailto:program.intake@usda.gov).

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