Dear Household:

Our center participates in the United States Department of Agriculture’s (USDA) Child and Adult Care Food Program (CACFP) as a Pricing Program to provide meals and snacks to adults enrolled in care. As a participant in the Program, the center is required to provide meal benefits to all enrolled adults. Please complete the attached Income Eligibility Form (IEF) to determine how the household will be charged for meals. This letter provides additional information on how households qualify for free or reduced-price meals.

If the participant enrolled in care receives Medicaid or Social Security Income (SSI), please list the number associated with these benefits. Participants who receive one of these benefits automatically qualify for free meals.

If your household receives benefits under one of the two programs below, the participant is eligible for free meals. The household must list the individual residing in the household who receives the benefit and their current 3SquaresVT (also known as SNAP or Food Stamp) or Reach Up case number on the IEF. An adult member of the household must sign and date the form.

* 3SquaresVT; or
* Reach Up

If your household does not receive benefits under 3SquaresVT, Reach Up, Medicaid or SSI, please complete the household income section of the IEF. If your total household income is the same or less than the amounts listed on the Income Guidelines Chart, the participant is eligible for free or reduced-price meals. Please report the following information:

* The names of all household members living at the residence and their income by source; and
* Sign, date, and provide the last 4 digits of your social security number, or check the box that indicates ‘I do 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 IEF 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 Guidelines Chart, the center receives a higher rate of reimbursement for meals served to you.

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

**Confidentiality Disclaimer:** The center will use the information provided on the form to determine how meals will be charged and the level of reimbursement the center is eligible to receive each month. This information will be kept in a secure location with limited personnel access. The center may inform officials of other child nutrition, health and education programs of the information on your form to determine benefits for those programs.

**Fair Hearing:** If the household does not agree with the center’s eligibility determination, you may ask for a fair hearing to appeal a decision to deny, reduce or terminate benefits. You may do this by calling or writing the individual below:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your cooperation.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Institution Representative Date

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.