CHILD AND ADULT CARE FOOD PROGRAM
Letter to Households

Instruction: This letter must accompany the Income Eligibility Application

Dear Parent/Guardian or CACFP Participant:

Building Blocks Learning Center 505-864-6131 Participates in the Child and Adult Care Food Program (CACFP)

Name of Center and phone #

administered by the United States Department of Agriculture. Please help us comply with the requirements of the CACFP by completing, signing and returning the attached statement as soon as possible. This information is necessary to decide the level of CACFP reimbursement your family day care center is eligible to receive for the meals served to children and/or adult participants in our program. This form will be treated as confidential information. All participants in our program receive their meal free of charge, but the determination of eligibility category affects the amount of federal funding we receive.

A foster child enrolled in our program that is the legal responsibility of a welfare agency or court may be certified as eligible for free meals regardless of your household income. Please refer to the instructions on how to complete the Income Eligibility Application form.

* SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)

If your household is currently receiving benefits under the Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) and your child is enrolled in a child care center you need to only list the case number sign and date the form. If your household is receiving benefits under the Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Medicaid or Food Distribution Program on Indian Reservations (FDPIR) and an adult in your home is enrolled in an adult day care center then you need to only list their case number sign and date the form. Otherwise an adult household member must complete form and disclose total current household income by source, and the names of all household members. The person completing the form must sign and provide a social security number and date the form when it was completed.

The Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of a boarding house or an institution) who are living as one economic unit (i.e., sharing living expenses).

The income you report must be last month's total gross household income listed by source, for each household member. If last months income does not accurately reflect your circumstances, you may provide your annual income or you may use last year's income if no significant changes have occurred. If your households' income is equal to or less than the amounts indicated for your households' size on the chart below, your provider may qualify for maximum reimbursement rates.

(Effective from July 1, 2019 to June 30, 2020)

Household Size	REDUCED PRICE MEALS		
	Year	Month	Week
1	23,107	1,926	445
2	31,284	2,607	602
3	39,461	3,289	759
4	47,638	3,970	917
5	55,815	4,652	1,074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
For each additional family member	+8,177	+682	+158

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136.

The Children, Youth and Families Department/Family Nutrition Bureau is the State Agency administering the Child and Adult Care Food Program in New Mexico, for any program assistance or information concerning the administration of the program, write to CYFD/Family Nutrition Bureau, P.O. Drawer 5160, 1920 Fifth Street, Santa Fe, New Mexico 87502-5160 or call (505) 827-9961, 1-(800) EAT-COOL.

Thank you for your cooperation.

Kristeena L. Dehne	*Building Bridges Child Development Center*	*8/15/2019*
Sponsor/Center Official	Organization	Date

New Mexico, CYFD/Family Nutrition Bureau
Child and Adult Care Food Program (CACFP)

Instructions for Completing the Income Eligibility Form (IEA)

[Participant Enrolled At the Center]

- ✓ List name of all enrolled participants that you are applying for which are in care.
- ✓ List each enrolled participant's date of birth and age.
- ✓ If you are applying for a foster child, list only one foster child per form. A foster child may be eligible for free meals regardless of household income.
- ✓ If the participant enrolled is in child day care center and receives benefits thru Supplemental Nutrition Assistance (SNAP) formerly, food stamps or Food Distribution Program on Indian Reservation (FDPIR), please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete household and income information. If the participant enrolled is in adult day care center and receives benefits thru Supplemental Nutrition Assistance (SNAP) formerly, food stamps, Food Distribution Program on Indian Reservation (FDPIR), Supplemental Security Income (SSI) or Medicaid, please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete household and income information.
- ✓ If you do not receive benefits and have no case number for participants enrolled at the center, you must complete all parts of the IEA (household and Income information)

HOUSEHOLD AND INCOME INFORMATION

(Not completed if case# is provided above)

- ✓ List all household members. A household is a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses).
- ✓ Provide the most current income by source for all household members. This can be based on the most recent information the month prior to completing the application
- ✓ The income reported on the application must include all income before taxes and before other deductions.
- ✓ A foster child, defined as a ward of the court or welfare agency, is to be listed separately so that there is only one foster child per form. Only the foster child's "personal use" income is listed. Personal use income includes:
    - Funds that are specified by the welfare agency as being for the personal use of the child. If no funds are specified, the funds received from the welfare agency are not to be considered as income. Record "0" on personal income
    - Money received from any source. This includes, but is not limited to, funds received from trust accounts, from the child's family, and earnings from the child's employment other than occasional or part-time jobs.

SIGNATURE

- ✓ The adult family member completing the application must sign and date the application.
- ✓ If the enrolled participant is not a recipient of benefits and has not provided a case number, the adult family member signing the application must provide a social security number.
- ✓ If you do not have a social security number, check the "box" provided. Otherwise failure to provide the social security number, if you have one, will make the income application IEA invalid and will reduce the level of CACFP reimbursement your family day care center receive for meals served to the children and/or adult participants enrolled for care in their center.

INCOME ELIGIBILITY APPLICATION

Free and Reduced meals in the Child and Adult Care Food Program

Building Blocks Learning Center assures the New Mexico Children, Youth and Families Department, Early Childhood Services,
(***Center Name***)
Child and Adult Care Food Program, that all enrolled participants in attendance will be offered the same meals without physical segregation of, or other discriminatory action against, any child or adult participant on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

INSTRUCTIONS: Complete this form and return to the Centers office.

Notation: (SNAP) *Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)*

***Child Care Centers**: To apply for **FREE** meals - If you are receiving benefits under Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) fill in your child's name, date of birth, age, the SNAP Case number or FDPIR case number and sign the form. DO NOT completes other Household Members or income information.

****Adult Day Care:** To apply for **FREE** meals - If enrolled participant household is recipient of Supplemental Nutrition Assistance Program (SNAP) or receives Supplemental Security Income (SSI) or Medicaid (MED), complete name, DOB, age, SNAP, SSI, and/or Medicaid case number and sign the form. DO NOT complete other Household Members or income information.

Enrolled Participant(s) Information (attach additional pages if necessary)				**Benefit Information** *(If applicable check type of benefit & provide the required case number)*	
Name: *Last:* *First:*	If foster Child Check here	Date of Birth:	Age	**Child Care Centers Only-check a box* ☐SNAP ☐FDPIR	***Adult Care Centers Only- check a box* ☐SNAP ☐FDPIR ☐SSI ☐MED
	☐	/ /		*Case Number:	**Case Number:
	☐	/ /			
	☐	/ /			
	☐	/ /			

Foster Child (complete if a foster child is enrolling for care)

☐ Check this box if this application includes a foster child. List the amount of child's "personal use" monthly income $_____if there is no income, record "0".

All Other Household Members List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to

Name: *Last:* *First:*	*Name:* *Last:* *First:*

Total Number in Household: _____

Household Income (Please indicate source and amount of current income for all members of your household. Please follow the definition of income specified in the standards for determining free and reduced price eligibility in your parent letter. If you receive more than one check from any of these sources, please indicate the total monthly amount received.)		
Wages, Salary: $	Child Support (Alimony): $	Social Security: $
Pension or Retirement: $	Unemployment: $	Other Income: $
If necessary, convert multiple income schedules to annual income (Multiply weekly income by 52, biweekly by 26, monthly by 12)		

Total Income: $_____ ☐***Weekly*** ☐***Monthly*** ☐ ***Annually*** *(Check one)*

Penalties for Misrepresentation: I certify that all the above information is true and correct and that the food stamp or FDPIR number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

_____ * * * - * * - ☐☐☐☐ If the Adult Household Member signing this form does not have a Social Security Number, Check this box. ☐ _____

Signature of Adult Family Member *Social Security Number* Date

Privacy Act Statement: This explains how we will use the information you give us. 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 If the household is currently receiving benefits under the Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) and your child is enrolled in a child care center or receiving benefits under the Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Medicaid or Food Distribution Program on Indian Reservations (FDPIR) and an adult in your home is enrolled in an adult day care center. 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 programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

FOR SPONSOR USE ONLY

✠ **ChildDevelopment Center:**

☐ Approved Free ☐ Approved Reduced ☐ Paid

Building Blocks Learning Center

Approving Date *Date Disenrolled* *Name of Organization* *Name of Person Approving Form*