

PARENT LETTER - Non-Pricing Programs  
**DAY CARE CENTERS / HEAD START**  
CHILD & ADULT CARE FOOD PROGRAM (CACFP)

Dear Parent/Guardian:

The Wallingford Community Day Care Center is planning to seek assistance for nutritious meals served under the Child and Adult Care Food Program. This program is funded by the U.S. Department of Agriculture and administered by the Connecticut State Department of Education.

Our program may receive reimbursement for meals served to children meeting the eligibility criteria for free or reduced price meals. We must document the eligibility of these children by obtaining family-size and income data. Households with incomes less than or equal to the guidelines on the following page are eligible for free meals. Please complete, sign, date and return the attached application. The information you provide will be treated confidentially and will be used only for eligibility determination.

**SNAP (formerly, Food Stamps)/TFA HOUSEHOLDS:** If you currently receive Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamps) or Temporary Family Assistance (TFA) benefits for your child, you only have to list your child's name, SNAP or TFA case number and sign the application.

**ALL OTHER HOUSEHOLDS:** If your household income is at or below the level shown on the scale on the attached page, it is necessary to provide the following information for your application to be processed.

**HOUSEHOLD MEMBERS:** List the names of everyone who lives in your household. Include parents, grandparents, all children, other relatives and unrelated people who live in your household.

**SOCIAL SECURITY NUMBERS:** List the social security number of the adult household member who signs the application. If the adult does not have a social security number, print "None".

**CURRENT INCOME:** List the amount of income each person earned last month (BEFORE deductions for taxes, social security, etc.), and where it is from, such as wages, retirement or welfare. If any household member's income last month was higher or lower than usual, list that person's usual average monthly income.

**SIGNATURE:** An adult household member must sign the application.

**REPORTING CHANGES:** In accordance with the Child Nutrition and WIC Reauthorization Act of 2004, households are no longer required to report changes in circumstances such as an increase in income (previously, \$50 per month or \$600 annually), a decrease in household size, or when the household is no longer certified eligible for SNAP (formerly known as Food Stamps) or Temporary Family Assistance (TFA) benefits. Once properly approved for free or reduced-price benefits, a household will remain eligible for those benefits for a period not to exceed 12 months.

**FOSTER CHILDREN:** In certain cases, foster children are eligible for these benefits regardless of the household income. If a household has a child living with them who is a legal ward of the State of Connecticut, that child is considered a family of one, and the child's personal use income (PUI) must be listed.

**NONDISCRIMINATION:** 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 USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

**REAPPLICATION:** If you are not eligible now but have a decrease in household income, an increase in household size, or become unemployed, fill out an application at that time. Participants having family members who become unemployed are eligible for free or reduced-price meals during the period of

unemployment, provided that the loss of income causes the family income during the period of unemployment to be within the eligibility standards for those' meals.

Rev. 06-09

Note: Attach the current reduced price income guidelines

# GROSS INCOME GUIDELINES FOR REDUCED PRICE MEALS

Effective from July 1, 2009 – June 30, 2010

<u>Household Size</u>	<u>Annual</u>	<u>Monthly</u>	<u>Biweekly</u>	<u>Weekly</u>
1	20,036	1,670	771	386
2	26,955	2,247	1,037	519
3	33,874	2,823	1,303	652
4	40,793	3,400	1,569	785
5	47,712	3,976	1,836	918
6	54,631	4,553	2,102	1,051
7	61,550	5,130	2,368	1,184
8	68,469	5,706	2,634	1,317
each additional family member	+6,919	+577	+267	+134