Reply to
Attn of:  CACFP-577

Subject:  Prototype Free and Reduced Price (F/RP) Applications
for the Child and Adult Care Food Program (CACFP)

To:  STATE AGENCY DIRECTORS -
      (Child Nutrition Programs)
            Colorado DPHE, Iowa, Kansas
            Missouri DH, Montana DPHSS
            Nebraska ED, North Dakota,
            South Dakota, Utah and
            Wyoming ED

On May 20, 1999, we sent a joint School Programs, CACFP, and
Summer Food Service Program memorandum issuing a generic
prototype F/RP application packet to be translated into
foreign languages. In response to Regional requests Program
specific materials were prepared. The "focused" prototypes
will be helpful when there is no need to coordinate with the
translated versions. Attached is the CACFP F/RP application
packet.

The child care packet contains:

- a 3-page letter to parents or guardians of children in
  child care centers or homes,
- a 3-page letter to providers in day care homes,
- a 1-page set of instructions on how to complete the meal
  benefit form, and
- a 2-page meal benefit form,
- a 1-page list of other categorically eligible programs
  for Tier II homes,
- a 1-page chart for yearly income eligibility guidelines,
  and
- a 1-page waiver of meal benefit form information for
  health insurance.
All State Agency Directors

If you have any questions, please contact our staff at (303) 844-0359.

Ann C. DeGroat
ANN C. DEGROAT
Regional Director
Child Nutrition Programs

Attachment
Prototype Free and Reduced Price Application:

Child and Adult Care Food Program

May 1999
Dear Parent/Guardian:

This letter is intended for parents who have children enrolled at either a family day care home or a child care center. We are required to provide meal benefits to all enrolled children. Please help us comply with the requirements of the U.S. Department of Agriculture’s (USDA) Child and Adult Care Food Program (CACFP) by completing the Meal Benefit Form.

For Children Enrolled In A Family Day Care Home:
Your child is enrolled at the home of ____________________________, who is a tier II family day care home provider participating in USDA’s CACFP through an agreement with our agency. Under this agreement, your family day care home provider receives reimbursement for meals served to your child while in care. The amount of reimbursement received by your family day care home provider depends on the income of the households of children in care. Please complete the enclosed Meal Benefit Form and return it to us as soon as possible. Please do not return the Meal Benefit Form to your family day care home provider.

Depending on your family size and income, your family day care home provider will be reimbursed at either a higher tier I reimbursement or at a lower tier II reimbursement for your child’s meals. If your household currently receives benefits under:

- the Food Stamp Program;
- Temporary Assistance for Needy Families (TANF);
- the Food Distribution Program on Indian Reservations (FDPIR); or
- any eligible Federal or State supported child care or other benefit program (See attached List of Other Categorically Eligible Programs),

you only need to list your current Food Stamp, TANF, FDPIR, or other program case number on the Meal Benefit Form. You must also have an adult sign, date and provide his or her social security number on the Meal Benefit Form, or write “none” if the adult does not have a social security number. Your family day care home provider will then be eligible to receive the higher tier I reimbursement for meals served to your children.

However, if your household does not receive benefits under Food Stamps, TANF, FDPIR, or other eligible programs listed on the List of Other Categorically Eligible Programs, please complete the Meal Benefit Form and make sure you:

- provide the names of all household members and their income by source; and
- 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.

For Children Enrolled In A Child Care Center:
Please complete, sign and return the attached Meal Benefit Form to us as soon as possible. All children 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 currently receives benefits under:
- the Food Stamp Program;
- Temporary Assistance for Needy Families (TANF); or
- the Food Distribution Program on Indian Reservations (FDPIR),
you only need to list your current Food Stamp, TANF or FDPIR case number on the Meal Benefit Form. You must also have an adult sign, date and provide his or her social security number on the Meal Benefit Form, or write “none” if the adult does not have a social security number.

However, if your household does not receive benefits under Food Stamps, TANF or FDPIR, please complete the Meal Benefit Form and make sure you:
- provide the names of all household members and their income by source; and
- 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.

For All Households:
USDA 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). Therefore, the income reported on the Meal Benefit 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 of your monthly income. If no significant change has occurred, you may use last month’s income as a basis to make this projection. If your household’s income is equal to or less than the amounts indicated for your household’s size on the attached Income Chart, the center receives a higher level of reimbursement for meals served to your children.

You are required to notify us if your income increases during the year. Any decreases in household size, or increases in income which exceed $50 per month or $600 per year, must be reported. If you list a current Food Stamp, Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case number, you must notify us when you no longer receive those benefits. You should also notify us if you become unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

Foster children:
For households with foster children, please refer to the Instructions on How To Complete the Meal Benefit Form or contact us for additional information.
Confidentiality of Information on the Meal Benefit Form:
We will use the information on the form to decide the level of reimbursement your family
day care home provider or center is eligible to receive. We may inform officials of other
child nutrition, health and education programs of the information on your form to
determine benefits for those programs.

Program Discrimination Clause:
The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs
and activities on the basis of race, color, national origin, gender, age, or disability.
Persons with disabilities who require alternative means for communication of program
information (Braille, large print, audiotape, etc.) should contact USDA's TARGET
Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights,
Room 326-W, Whitten Building, 14th and Independence Avenue, S.W., Washington, D.C.
20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity
provider and employer.

Thank you for your cooperation.

Sincerely,

Institution Representative Signature

Date
Dear Provider:

To qualify for tier I reimbursement, or if you wish to receive reimbursement for meals served to your own children under the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP), you must complete, sign and return the enclosed Meal Benefit Form to us.

**Establishing Eligibility as a Tier I Day Care Home:**
In order to qualify for the higher tier I reimbursement for meals served to children enrolled in your family day care home, you must:

- be located in an area of economic need as determined by school enrollment or census data;

  or

- establish individual economic need through the Meal Benefit Form.

Our office will determine your eligibility as a tier I day care home based on information you provide on the Meal Benefit Form. To be eligible for tier I reimbursement under individual economic need you must:

- submit a completed and signed Meal Benefit Form;
- make sure you report all household income, not just your family day care home business income;
- provide sufficient documentation of your income to determine your eligibility based on individual economic need; and
- check the box in section #5 indicating that you are a family day care home provider applying for tier I benefits.

**We are required by law to verify the income information on your Meal Benefit Form. Please include income documentation with your completed Meal Benefit Form.** If you operated a family day care home business last year, please attach a copy of your most recent tax return including Schedule C. Income documentation may include:

- payment statements from salaried work for all members of your household, including your spouse;
- a copy of your most recent tax return forms showing your accurate income;
- statements from other forms of income for all household members; or
- proof of your gross household income for last month along with an income and expenses statement for that month.

**Establishing Eligibility for Reimbursement for Meals Served to Your Own Children:**
If you wish to receive reimbursement for meals served to your own children, you must complete and sign the Meal Benefit Form. Even if you live in an area identified as one of economic need, you are required by CACFP regulations to complete the form if you wish to claim meals served to your own children. Our office may verify the income information you submit, but we are not required to do so in this circumstance. In this circumstance, do not submit income documentation unless we specifically ask you to do so.
If you do not live in an area identified as one of economic need and you choose not to complete this form or you are not eligible for free or reduced price meals, you will receive the lower tier II reimbursement for meals served to children enrolled in your family day care home. However, if you have already been classified as a tier I day care home because your home is located in an area identified as one of economic need, you do not have to complete this form unless you would like to also receive reimbursement for meals served to your own children. Please contact your sponsoring organization if you do not know whether you live in an area of economic need.

**For All Households:**

USDA 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). Therefore, the income reported on the Meal Benefit 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 of your monthly income. If no significant change has occurred, you may use last month’s income as a basis to make this projection. If your household’s income is equal to or less than the amounts indicated for your household’s size on the attached Income Chart, you will receive a higher level of reimbursement.

You are required to notify us if your income increases during the year. Any decreases in household size, or increases in income which exceed $50 per month or $600 per year, must be reported. If you provided proof of benefits and listed a current Food Stamp, Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case number, you must notify us when you no longer receive those benefits. You should also notify us if you become unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

**Confidentiality of Information on the Meal Benefit Form:**

We will use the information on the form to decide if you qualify for tier I reimbursement or if you are eligible to claim reimbursement for meals served to your own children. We may inform officials of other child nutrition, health and education programs of the information on your form to determine benefits for those programs.

**Program Discrimination Clause:**

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA’s TARGET Center at (202) 720-2600 (voice and TDD).
To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Thank you for your cooperation.

Sincerely,

__________________________  _______________________
Signature of Sponsoring Organization Representative  Date
HOW TO COMPLETE THE MEAL BENEFIT FORM

Please complete the Meal Benefit Form using the instructions below. Sign the form and return it to __________________________. If you need help, call: # ________________

1 CHILD INFORMATION: Print your child’s name, include the name of the child care center or the name of the family day care home provider and the name of the sponsor, if known.

2 FOSTER CHILDREN: Complete this Part and sign the form in #5.
(a) Write the foster child’s monthly “personal use” income. Write “0” if the foster child does not get “personal use” income.
(b) A foster parent or other official representing the child must sign the form in #5. You do not have to list a social security number.
(c) Complete a separate form for each foster child.

3 OTHER BENEFITS: Complete this Part and sign the form in #5.
(a) If you are a family day care home provider applying for child care for tier I benefits, list your current food stamp, FDPIR or TANF case number(s) for you or your child(ren).
(b) If your child is enrolled in a tier II family day care home, list any other eligible program and case number, if applicable. (See attached List of Other Categorically Eligible Programs.)
(c) Sign the form in #5. An adult household member must sign. You do not have to list a social security number.

4 ALL OTHER HOUSEHOLDS: Complete this Part and sign the form in #5.
(a) Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child you are applying for and all other household members.
(b) Write the amount of income each person received last month before taxes or anything else was taken out and where it came from, such as earnings, welfare, pensions, and other income (see the examples below for types of income to report). Each income amount should be entered in the appropriate column on the form. If any amount last month was more or less than usual, write that person’s usual monthly income.
(c) If anyone is self-employed, write the amount of income the person earns from self-employment; for example, income from being a family day care home provider, or operating a farm. Please call the number at the top of the form if you need help.
(d) If you are a family day care home provider applying for tier I benefits, please provide income documentation supporting your status.
(e) Sign the form and include your social security number in #5. If you do not have a social security number, write “none”.

5 SIGNATURE AND SOCIAL SECURITY NUMBER:
(a) The form must have the signature of an adult household member.
(b) The adult household member who signs the statement must include his/her social security number. If he/she does not have a social security number, write “none”. A social security number is not needed if you listed a food stamp, FDPIR or TANF case number or if you are applying for a foster child.
(c) If you are applying for tier I benefits as a family day care home provider, please indicate that in this section.

6 RACIAL/ETHNIC IDENTITY: You are not required to answer this question to get meal benefits, but completion of this information will help ensure that everyone is treated fairly.

INCOME TO REPORT

Earnings from Work
Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker’s compensation
Net income from self-owned business, day care business or farm

Welfare/Child Support/Alimony
Public assistance payments
Welfare payments
Alimony/child support payments

Pensions/Retirement/Social Security
Pensions
Supplemental Security Income
Retirement income
Veteran’s payments
Social security

Other Monthly Income/Self-employment
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
Military allowance for off-base housing
Any other income
MEAL BENEFIT FORM FOR SCHOOL YEAR ________

Complete, sign and return the form to __________________________. Please read the instructions. If you need help completing this form, call: ________________________________

1 CHILD’S NAME:

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<th>Last</th>
<th>First</th>
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Name of Child Care Center: ____________________________

Or

Name of Family Day Care Home Provider: ____________________________

Name of Sponsor (if known): ____________________________

2 Is this a FOSTER CHILD? (See the instructions) If this is a foster child, check here [ ] and write the child’s monthly personal use income here: $__________. Go to section #5.

3 Are you getting FOOD STAMPS, TANF or FDPIR benefits for your child or, for Tier II day care homes, are you enrolled in any other eligible subsidized benefit program? List the CASE NUMBER. DO NOT complete section #4. Go to section #5.

Food stamp case number: ____________________________

FDPIR case number: ____________________________

TANF case number: ____________________________

(For Parents of children in Tier II day care homes only) Other eligible program and case number: ____________________________

4 ALL OTHER HOUSEHOLDS: (Complete this part only if you did not complete sections #2 or #3) List all household members, including the child listed above. List all income. Go to section #5.

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<tr>
<th>Names of Household Members (include the child listed above)</th>
<th>Monthly Earnings from Work (Before Deductions) Job 1</th>
<th>Monthly Welfare, Child Support, Alimony</th>
<th>Monthly Payments from Pensions, Retirement, Social Security</th>
<th>Monthly Earnings from Job 2 or Any Other Monthly Income</th>
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SIGNATURE AND SOCIAL SECURITY NUMBER:

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the food stamp, FDPIR, TANF or other eligible program case number is current, 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 Meal Benefit Form and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult: ___________________________ Social Security Number: ________________

Are you a family day care home provider applying for Tier I benefits? Y [ ] N [ ]

Printed Name: ___________________________ Home Phone: ___________________________

Work Phone: ___________________________

Home Address: ___________________________ City: ___________________________

State: ___________________________ Zip Code: ___________________________

Date: ___________________________

Privacy Act Statement. Unless you list the child's food stamp, FDPIR, or TANF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR, or TANF office to determine income for food stamp, FDPIR, or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss of reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health and nutrition programs.

6 RACIAL/ETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so:

Please mark one or more of the following racial identities:

[ ] American Indian or Alaska Native [ ] Asian [ ] Black or African American [ ] Native Hawaiian or Other Pacific Islander [ ] White

Please mark one of the following ethnic identities:

[ ] Hispanic or Latino [ ] Not Hispanic or Latino

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

For Official Use Only:
Food Stamp/FDPIR/TANF or other eligible benefit program (tier II day care homes only) household categorically eligible free:

[ ] Yes [ ] No

MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2

Total monthly income: ____________ Household size: ____________ Eligible: ________ NOT Eligible: ________

Eligibility Classification: Free: _______ Reduced Price: _______ Paid: _______ Temporary: Free: _______ Reduced Price: _______

Tier 1: _______ Tier 2: _______ Time Period: _______

determining official: ___________________________ Date: ___________________________

Meal Benefit Form
CACFP - Spring 1999
2 of 2
LIST OF OTHER CATEGORICALLY ELIGIBLE PROGRAMS
(Only for Tier II Day Care Homes)
(State agency must fill in the applicable programs)
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Household size:

Income Chart: July 1, 1999 - June 30, 1999
WAIVER OF MEAL BENEFIT FORM INFORMATION

Dear Parent/Guardian:

There is now affordable health insurance for children. Now, most families who work hard to make ends meet can get low-cost or free health insurance for their children.

Children with health insurance are more likely to receive needed vaccinations and get treated for illnesses. Without treatment, these illnesses can slow a child’s learning and have life long effects. If you do not have health insurance for your child, check the box below to receive information about free and low-cost health insurance for children. It is important to understand that you are not required to release this information. Its release is strictly voluntary.

Health Insurance □ Yes. I want health insurance for my child. Program officials may give information from my Meal Benefit Form to Medicaid or officials of the State health insurance program for children. Medicaid and State health insurance program officials may use the information to help determine whether my child is eligible for benefits under Medicaid or the State health insurance program. Medicaid or State health insurance program officials may contact me for more information.

I understand that you will be releasing information from the Meal Benefit Form for my child. I give up my rights to confidentiality for this purpose only.

I certify that I am the parent/guardian of the child.

Signature of parent/guardian

Printed name of parent/guardian:

Address: