

## **Income Eligibility Application and Letter to Parents (Non-pricing Program)**

Dear Parent/Guardian:

The Associated Students SDSU Children's Center participates in the Child and Adult Care Food Program (CACFP) offered by the U.S. Department of Agriculture (USDA) and serves meals at no separate charge to all enrolled children. The reimbursement received from the CACFP helps with our food costs, and therefore, enables us to keep our fees for care as low as possible.

Please help us comply with the requirements of the USDA's CACFP. Please complete, sign, and return the attached Meal Benefit Form (MBF) to the center 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 funding received by our center. This information is necessary to receive the reimbursement for the meals we served to children in our program. If your first language is not English, you have a right to ask us for written or oral translation of these materials free of charge in your native language.

If your household currently receives benefits under the CalFresh Program (formerly Food Stamps), the California Work Opportunity and Responsibility for Kids (CalWORKs), the Food Distribution Program on Indian Reservations (FDPIR), or the Kinship Guardianship Assistance Payment Program (Kin-GAP) you only need to list your current CalFresh, CalWORKs, FDPIR, or Kin-GAP case number on the MBF. You must also have an adult sign and date the MBF.

However, if your household does not receive benefits under CalFresh, CalWORKs, FDPIR, or Kin-GAP 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 the last four digits of his or her social security number, or check the box "Check here if no Social Security Number" if the adult does not have a social security number.

### **For All Households:**

The 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 MBF must include the gross income of all members of your household, by source.

The **income** you report must be the total gross income received last month, listed by source for each household member. 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 year'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 child(ren).

Once properly approved for free or reduced-price benefits, whether through income or proof of benefits as supported by a current CalFresh, CalWORKs, FDPIR, or Kin-GAP case number, your child(ren) will remain eligible for those benefits for 12 months.

**Foster Children:**

For households with foster children, please 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 our center is eligible to receive. We will place the MBF in our food program files and keep the information confidential. Only upon your request, will we share the information on your form with officials of other child nutrition, health, and education programs so they can use it to determine benefits for those programs.

**U.S. Department of Agriculture Nondiscrimination Statement:**

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](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](mailto: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 (in Spanish).

Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

USDA is an equal opportunity provider and employer.

Please note: The protected classes for the Child and Adult Care Food Program are race, color, national origin, age, sex, and disability.

Thank you for your cooperation. If you have any questions or need assistance in filling out the MBF, please contact:

<b>CENTER REPRESENTATIVE</b> Laurie Buffington, Food Services Supervisor	<b>TELEPHONE NUMBER</b> 619-594-7941
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**INCOME ELIGIBILITY GUIDELINES  
For Child Care Centers  
Effective from July 1, 2015, through June 30, 2016**

**Note:** Children who participate in the following programs are automatically eligible for the free reimbursement rate:

- CalFresh Program (formerly known as Food Stamps)
- California Work Opportunity and Responsibility to Kids Program (CalWORKs)
- Food Distribution Program on Indian Reservation (FDPIR)
- Foster Care Program
- Head Start or Even Start
- Kinship Guardianship Assistance Payment (Kin-GAP)
- Homeless/Emergency Shelter
- Migrant children

The eligibility scale is for determining participating children's eligibility category for federal meal reimbursement if they are not recipients of any of the previous programs. Participants from households with total gross incomes at or below the following levels may be eligible for free or reduced-price reimbursement rates.

**INCOME ELIGIBILITY SCALE**

GROSS INCOME OF HOUSEHOLD										
<b>EFFECTIVE FROM JULY 1, 2015 THROUGH JUNE 30, 2016</b>										
Children from households with incomes <b>at or below</b> the following levels are eligible for Free or Reduced-price meal benefits										
HOUSEHOLD SIZE	WEEKLY		EVERY TWO WEEKS		TWICE PER MONTH		MONTHLY		ANNUAL	
	FREE	REDUCED	FREE	REDUCED	FREE	REDUCED	FREE	REDUCED	FREE	REDUCED
1	\$ 295	\$ 419	\$ 589	\$ 838	\$ 638	\$ 908	\$ 1,276	\$ 1,815	\$ 15,301	\$ 21,775
2	399	567	797	1,134	863	1,228	1,726	2,456	20,709	29,471
3	503	715	1,005	1,430	1,089	1,549	2,177	3,098	26,117	37,167
4	607	863	1,213	1,726	1,314	1,870	2,628	3,739	31,525	44,863
5	711	1,011	1,421	2,022	1,539	2,190	3,078	4,380	36,933	52,559
6	815	1,159	1,629	2,318	1,765	2,511	3,529	5,022	42,341	60,255
7	919	1,307	1,837	2,614	1,990	2,832	3,980	5,663	47,749	67,951
8	1,023	1,455	2,045	2,910	2,215	3,152	4,430	6,304	53,157	75,647
FOR EACH ADDITIONAL FAMILY MEMBER ADD:	\$ 104	\$ 148	\$ 208	\$ 296	\$ 226	\$ 321	\$ 451	\$ 642	\$ 5,408	\$ 7,696

\* The term "household" means a group of related or unrelated individuals who are not residents of an institution or boarding house but who are living as one economic unit, sharing housing and all significant income and expenses.