

Child and Adult Care Food Program  
Income Eligibility Guidance for Adult Day Care Centers

**Participant Letter –Pricing Adult Day Care Centers**

Dear Participant/Family Member/Legal Guardian:

Our center is currently participating in the Child and Adult Care Food Program. This program reimburses the center for the partial cost of meals provided to participants and allows the center to provide nutritious meals without increasing the center's fees to you. If your income is equal to or below the amount listed for your family size on the chart below, please complete the attached income application. If your income is higher than the amount listed for your family size, you do not need to complete the income application.

Family Size	Yearly Income	Family Size	Yearly Income
1	\$19,240	5	\$45,880
2	\$25,900	6	\$52,540
3	\$32,560	7	\$59,200
4	\$39,220	8	\$65,860
		For each additional	+6,660

To apply for free or reduced-price meal benefits, you must complete the attached form. Your application for free or reduced-price meal benefits cannot be approved unless the attached application is completed according to the directions provided below:

**Part 1: Enrollee Information**

Indicate the participant in the household for whom the application is made. If the participant receives Medicaid, SSI, or food stamps, please indicate the Medicaid, SSI, or the food stamp case number in the spaces provided and sign the form. If the Medicaid, SSI, or food stamp case number is not provided for the participant, you must complete parts 1, 2, 3, 4, and 5.

**Part 2: Household and Income Information**

List all members of the household. A household is defined as the enrollee, and his or her spouse and/or any other individual(s) who reside with the enrollee and who depend(s) on the enrollee for economic support. Report the income and frequency of the income (weekly, every two weeks, monthly, etc.) for each household member. The income reported on the application must include all income before deductions. Information in the application may be verified anytime during the year.

**Part 3: Social Security Number**

Provide the social security number of the primary wage earner or the person completing the application. This is not mandatory, but failure to provide the social security number will make the income application invalid.

**Part 4: Racial Ethnic Information-Completion is Voluntary**

**Part 5: Signature**

The adult household member completing the application must sign and date the application.

**Reporting Changes**

You should notify the center if any member(s) of the household becomes unemployed. A participant may be eligible for free or reduced-price meals during the period of unemployment.

Based on the information provided on the application, the participant may be eligible for free or reduced-price meals. If you disagree with the center's classification of the participant, you may appeal our decision. Appeal procedures may be requested from the center personnel. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 1-800-795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Sincerely,