

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



**July 1, 2024 – June 30, 2025**

Missouri Department of Health and Senior Services  
Community Food and Nutrition Assistance

P.O. Box 570

Jefferson City, MO 65102

Telephone: 800-733-6251

FAX: 573-526-3679

<http://health.mo.gov/cacfp>

[CACFP@health.mo.gov](mailto:CACFP@health.mo.gov)



# Table of Contents

<b>Income Eligibility .....</b>	<b>1</b>
<b>Participant Letter .....</b>	<b>2</b>
<b>Income Eligibility Form (IEF) (Blank).....</b>	<b>3</b>
<b>Income Eligibility Guidelines .....</b>	<b>5</b>
<b>Income Eligibility Determinations.....</b>	<b>6</b>
<b>Participant Instructions for IEF.....</b>	<b>9</b>
<b>Center Instructions for Reviewing IEF.....</b>	<b>11</b>
<b>Income Eligibility Form (IEF) Mistakes .....</b>	<b>13</b>
<b>Income Eligibility Guidelines (landscape format).....</b>	<b>14</b>

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

# Income Eligibility

Meal reimbursement to adult day care centers is based upon the claiming category of each participant at the center. The claiming category is determined by obtaining family size and household income data from the participant, a family member, or a legal guardian and comparing this information to the income eligibility guidelines. Based on the income eligibility guidelines, the participant is classified as eligible for the free, reduced, or paid meal-claiming category.

Income information obtained from the participant, family member, or legal guardian is critical to your center's participation in the Child and Adult Care Food Program (CACFP). Every year, the participant, a family member, or legal guardian must be given the current **Participant Letter** and the **Income Eligibility Form (IEF)** to complete; however, completion of an IEF is not required. It is recommended that these two items be included in the center's enrollment packet. These documents are available on the CACFP website: <http://health.mo.gov/cacfp/manuals.php>.

The IEF, also called the Meal Benefit Form, is translated to 33 languages and is available at: <https://www.fns.usda.gov/cacfp/english-meal-benefit-income-eligibility-form>.

**IEF income information is confidential! It must be kept in a secure location.**

The sample participant letter provides the required information about CACFP and instructions for completing the IEF.

**Remember:** The participant is not required to complete the IEF. If there is no IEF completed for an enrolled participant, they must be claimed in the **paid** meal category.

This letter is updated for each claim year, July 1 through June 30. Be sure to use the most current participant letter with the IEF.



**Child and Adult Care Food Program  
Participant Letter – Non-pricing  
Adult Day Care Centers  
July 1, 2024 through June 30, 2025**

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 yearly income is equal to or below federal income guidelines, the participant may be eligible for free or reduced-price meals.

Family Size	Yearly Income	Family Size	Yearly Income
1	\$27,861	5	\$67,673
2	\$37,814	6	\$77,626
3	\$47,767	7	\$87,579
4	\$57,720	8	\$97,532

For each additional family member, add \$9,953

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

Sincerely,

Center Owner/Director

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)  
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
**INCOME ELIGIBILITY FORM FOR ADULT CARE CENTERS**

To apply for free and reduced-price meals in an adult care center, complete this form.

**PART 1 ENROLLEE INFORMATION**

Complete information below for the enrollee at the adult care center. If the participant is a Medicaid, Supplemental Security Income (SSI), or Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamp) participant, complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a Medicaid, SSI, or SNAP case number.

ENROLLEE'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Check all that apply and provide the appropriate case number.

MEDICAID \_\_\_\_\_  SSI \_\_\_\_\_  SNAP (FOOD STAMPS) \_\_\_\_\_

**PART 2 HOUSEHOLD AND INCOME INFORMATION**

Complete information below for all household members. A household member is defined as the adult participant, and if residing with the adult participant, the spouse and dependents of the adult participant. Functionally impaired adults living with their parents are considered a "family" separate from their parents. For each household member, indicate income by source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security.

INCOME BASED ON (CHECK ONE)      YEARLY       MONTHLY       2 X A MONTH       EVERY 2 WEEKS       WEEKLY

HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER

**PART 3 RACIAL ETHNIC INFORMATION** (You are not required to answer this section)

Are you of Hispanic or Latino origin?  YES  NO

What is your race? (Select one or more)      AMERICAN INDIAN OR ALASKA NATIVE       ASIAN       BLACK OR AFRICAN AMERICAN       NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER       WHITE

**PART 4 SIGNATURE**

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT ENROLLEE OR GUARDIAN \_\_\_\_\_ SOCIAL SECURITY NUMBER (LAST FOUR DIGITS ONLY) **XXX - XX -** \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

(IF NOT ENROLLEE SIGNATURE, RELATIONSHIP OF ADULT TO THE ENROLLEE)

PRINTED NAME OF ADULT \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_ WORK PHONE NUMBER \_\_\_\_\_

Section 9 of the National School Lunch Act requires that, unless your SNAP, Medicaid, or SSI case number is provided, you must include the last four digits of the social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of the last four digits of the social security number is not mandatory, but if it is not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP, Medicaid, or SSI benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

**FOR CENTER USE ONLY**

TOTAL HOUSEHOLD SIZE: \_\_\_\_\_ INCOME: \_\_\_\_\_ INCOME BASED ON (CHECK ONE):  
 YEAR  MONTH  2 X A MONTH  EVERY 2 WEEKS  WEEKLY  SNAP  SSI  MEDICAID

Eligibility Determination:  Free  Reduced  Paid

SIGNATURE OF CENTER REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

**Child and Adult Care Food Program  
Income Eligibility Guidelines  
July 1, 2024 – June 30, 2025**

**Reduced-Price Meals – 185%**

**Free Meals – 130%**

Household Size	Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly	Household Size	Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly
1	27,861	2,322	1,161	1,072	536	1	19,578	1,632	816	753	377
2	37,814	3,152	1,576	1,455	728	2	26,572	2,215	1,108	1,022	511
3	47,767	3,981	1,991	1,838	919	3	33,566	2,798	1,399	1,291	646
4	57,720	4,810	2,405	2,220	1,110	4	40,560	3,380	1,690	1,560	780
5	67,673	5,640	2,820	2,603	1,302	5	47,554	3,963	1,982	1,829	915
6	77,626	6,469	3,235	2,986	1,493	6	54,548	4,546	2,273	2,098	1,049
7	87,579	7,299	3,650	3,369	1,685	7	61,542	5,129	2,565	2,367	1,184
8	97,532	8,128	4,064	3,752	1,876	8	68,536	5,712	2,856	2,636	1,318
For each additional family member, add:	9,953	830	415	383	192	For each additional family member, add:	6,994	583	292	269	135

**Note:** Only provide the income guidelines for reduced-price meals to the participant, family member, or legal guardian. The reduced-price yearly income guidelines are included on the Participant Letter.

**Using the Income Eligibility Guidelines**

The income eligibility guidelines are used to categorize the household income reported on the IEF into either the free, reduced-price, or paid meal category.

For example:

- If the monthly income for a family of two is \$2,215 or less, the center would claim the participant at the free rate.
- If the household income for a family of two is between \$2,216 and \$3,152 per month, the center would claim the participant at the reduced-price meal rate.
- If the household income for a family of two is \$3,153 or more per month, the center would claim the participant at the paid meal rate.



# Income Eligibility Determinations

Meal reimbursement rates are based on household size and income, as noted on each Income Eligibility Form (IEF), compared to the current Income Eligibility Guidelines. The three meal reimbursement rates (categories) are free, reduced-price, and paid and are determined as a percentage of the poverty guidelines.

An IEF must be on file at the center for **each** participant claimed for free and reduced-price meals. If the participant, family member, or legal guardian does not choose to complete the IEF, then the participant **must** be claimed in the paid category.

## **Income information must be kept confidential.**

If a participant is unable to complete the IEF and if no family member or guardian is available to complete the IEF, the center may complete the IEF on behalf of the participant if the participant is eligible for free meals. A participant is categorically eligible for free meals if he/she is a Medicaid, Supplemental Security Income (SSI), or Supplemental Nutrition Assistance Program (SNAP) recipient. The center must have documentation of the participant's categorical eligibility on file.

All IEFs must be kept for three federal fiscal years plus the current contract year after the date the final claim for the fiscal year was submitted. If audit findings have not been resolved, the IEF must be kept as long as necessary to resolve the issues raised by the audit.

## **Effective Dates**

Adult day care centers have flexibility concerning the effective date of certification for program benefits. The date to be used to make this determination may be either the date the participant, family member, or legal guardian signed the IEF or the date on which the center representative signs the form to certify the eligibility of the participant. However, if the date of the participant's signature is not within the month of certification or the immediately preceding month, the effective date must be the date the center representative signs the form. Adult day care centers must decide which date they will rely on as the effective date and apply this date consistently to all IEFs received.

- The IEF should be considered current and valid until the last day of the month, on which the form was approved, signed, and dated by the center representative one year earlier. This means an IEF that was approved on September 12, 2023 is valid until the last day of September 2024. A new IEF must be completed by the participant, family member, or legal guardian in the "anniversary" month each year. Reuse of an expired IEF or use of correction fluid or other means to alter the IEF will invalidate the form.
- Centers may not re-evaluate old IEFs when new income guidelines are issued in July. In addition, the center may not request that a new IEF be completed sooner than the one-year anniversary. *The only exception is if the participant is*

*currently approved in the paid or reduced-price meal category and the household income is reduced and or household size increases.* It may benefit the center to request that another IEF be completed since the household may be approved for a different meal reimbursement rate.

- If the participant, family member, or legal guardian completes the IEF before the actual date of enrollment for care, the center should collect a new IEF from the participant, family member, or legal guardian if more than two months have lapsed. For example, John Jones completed the IEF in January 2024. However, John did not enroll and start attending the center until May 2024. A new IEF must be completed for John at the time he actually started attending the center since more than two months lapsed between the completion of the form and the actual enrollment date.

**The center representative must review, sign, and date the IEF as soon as it is received from the participant, family member, or legal guardian. Failure to do so may result in the reclassification of the participant from the free or reduced category to the paid category.**

### **Participant Letter**

The participant letter and a blank IEF must be given to the participant, family member, or legal guardian. The letter and the instructions outline the required information needed for completing the form. This letter is updated each year. Be sure to use the most current participant letter with the IEF.

Pricing programs (centers that charge a separate fee for meals) do not use this participant letter. Contact the Child and Adult Care Food Program (CACFP) office at 800-733-6251 for a copy of the pricing letter.

### **Income Eligibility Guidelines**

The United States Department of Agriculture (USDA) updates the income eligibility guidelines yearly. When reviewing IEFs, use the most current income guidelines.

Once approved for free or reduced-price meal benefits, a participant is eligible for those benefits for one full year after the IEF has been signed and dated, regardless of changes in income or household size that may occur throughout the year. Centers may not re-evaluate IEFs when new income guidelines are issued in July of each year. For example, if a participant, family member, or legal guardian completes an IEF in January 2024, eligibility will be based on income guidelines issued in July 2023. When the new income guidelines are issued in July 2024, the center may not re-evaluate the IEF completed in January 2024 using the new income guidelines. The eligibility must continue to be based on the income guidelines in effect at the time the form was initially completed and reviewed.

If, during a monitoring review, it is found that participants were incorrectly classified or the IEF has expired, the center will have to pay money back to the CACFP. Therefore, it is very important that IEFs are reviewed carefully.

**Meal Reimbursement Rates Information**

Meals are reimbursed in adult day care centers according to the meal category (free, reduced-price, or paid) determined by an accurately completed and approved IEF. The meal reimbursement rates are effective from July 1 through June 30. The reimbursement rates include the value of commodities or “cash-in-lieu of commodities,” which facilities receive as additional assistance for each lunch or supper served to participants in the program. The current meal reimbursement rates are located on the CACFP website.

**Pricing Programs Only**

An institution is operating a pricing program if a separately identifiable charge is made for a meal(s) served to enrolled participants. Federal regulations require that the participant letter contain certain information. A sample letter to the participant for pricing institutions is available upon request from the Missouri Department of Health and Senior Services–Community Food and Nutrition Assistance.

# Participant Instructions for Income Eligibility Form (IEF)

Parts 1, 2, and 4 of the IEF are required to be completed, except if Medicaid, SSI, or SNAP benefits are documented, then only Parts 1 and 4 are required.

## **PART 1: ENROLLEE INFORMATION**

- List the first and last name of the participant enrolled at the center.
- List the participant's complete date of birth (month/day/year).
- If the participant receives Medicaid, Supplemental Security Income (SSI), or Supplemental Nutrition Assistance Program (SNAP [formerly Food Stamps]), mark the box provided and enter the appropriate case number in the space provided. Participation in these programs automatically classifies the participant as eligible for free meals, and the family member or the guardian does not need to complete Part 2.

## **PART 2: HOUSEHOLD AND INCOME INFORMATION**

- Report income by payment cycle (i.e., weekly, monthly, etc.) for each household member.
- List all household members. A household member is defined as the adult participant, and if residing with the adult participant, the spouse and dependents of the adult participant. Functionally impaired adults living with their parents are considered a "family" separate from their parents.
- Report gross wages in the space provided. This includes all income before taxes and before other deductions.
- Report welfare, child support, alimony, pensions, retirement, social security, and other income in the space provided, if applicable.

## **PART 3: RACIAL ETHNIC INFORMATION – Completion is voluntary**

## **PART 4: SIGNATURE**

- Sign the form. If the adult participant cannot sign the form, the guardian must sign the form and indicate the relationship to the adult participant in the space provided.
- For the IEF to be valid, you must provide the last four digits of the participant's social security number, unless the participant is an SSI, SNAP, or Medicaid recipient. If the participant does not have a social security number, write "none" in the space provided.
- Date the form.
- Print the full name of the participant.
- Provide a complete mailing address.
- Provide home phone number and work phone number.

- The IEF cannot be approved for free or reduced-price meals unless the form is signed and dated by the participant, family member, or legal guardian.
- The participant, family member, or legal guardian must fully complete the IEF. The center representative shall not complete any of the information on the IEF. Exceptions will be granted if the participant is unable to complete the IEF and if no family member or guardian is available to complete the form. In this instance, the center may complete the IEF on the participant's behalf if the participant is categorically eligible for free meals.
- The IEF is effective from the first date of the month that the form was signed and dated.

NOTE: The participant, family member, or legal guardian completing the IEF must attest to the fact that the information provided is correct, that it is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject the individual to prosecution under applicable state and federal laws.

# Center Instructions for Reviewing Income Eligibility Form (IEF)

- Each participant, family member, or legal guardian shall be given the participant letter and an IEF on a yearly basis. If the participant, family member, or legal guardian does not return the completed form, the participant must be classified as paid.
- The IEF shall be reviewed by the center representative to determine if all Parts (1-4) of the application have been completed. The IEF is not valid if not fully completed by the participant, family member, or legal guardian.
- The center representative must ensure that the participant's full name and date of birth are listed on the IEF.
- If the participant, family member, or legal guardian checks that the participant receives Medicaid, Supplemental Security Income (SSI), or Supplemental Nutrition Assistance Program (SNAP [formerly Food Stamps]) and enters the case number in the space provided, the participant is automatically eligible for free meals and the participant, family member, or legal guardian does not have to complete Part 2.
- If the participant, family member, or legal guardian did not report a Medicaid, SSI, or SNAP case number, they must complete all entries in Parts 2 and 4 to determine free or reduced-price eligibility.
- Check that the participant, family member, or legal guardian listed all household members. A household member is defined as the adult participant, and if residing with the adult participant, the spouse and dependents of the adult participant. Functionally impaired adults living with their parents are considered a "family" separate from their parents.
- Check that the participant, family member, or legal guardian listed each household member and indicated gross monthly income by source before any deductions are made. Current income is defined as income received during the month prior to the application. If the prior month's income is not representative of the household's annual rate of income, the household should report projected annual income.
- Completion of the Racial Ethnic Information (Part 3) is not mandatory, and the failure to complete this information shall not affect the classification of the participant.
- The participant, family member, or legal guardian completing the IEF must sign Part 4 to certify that the information provided is correct, that it is being given in

connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject the individual to prosecution under applicable state and federal laws. If the adult does not have a social security number, "none" should be written in the space provided. The IEF cannot be approved for free or reduced-price meals unless it is fully completed, signed, and dated by the participant, family member, or legal guardian.

- The participant, family member, or legal guardian must fully complete the IEF. The center representative shall complete only the section labeled "For Center Use Only."
- The center representative shall determine the participant's claiming category by completing the bottom section of the IEF marked "For Center Use Only". **The IEF is effective from the first day of the month the form was signed and dated.**

### **Center Representative Instructions for Completing the "For Center Use Only" Section**

- Enter the total household size and total income.
- Indicate if eligibility status is based on household income by marking the payment cycle as reported in Part 2 (year, month, 2 times a month, every 2 weeks, or weekly).
- Indicate if the eligibility status is based on Medicaid, SSI, or SNAP benefits. Check to make sure the eight-digit case number is provided; if the participant's SNAP number is a ten-digit case number, the first two zeros do not need to be entered on the form. If the participant is receiving Medicaid, SSI, or SNAP benefits, the participant is automatically eligible for free meals.
- Determine claiming status based on the income eligibility guidelines and indicate whether the participant's claiming category is free, reduced, or paid.
- Sign the form.
- Date the form.

#### **The participant must be claimed in the Paid category if:**

- The information given by the participant, family member, or legal guardian is incomplete.
- The income does not meet eligibility criteria for free or reduced-price meals.
- The participant, family member, or legal guardian does not sign and date the form.
- The last four digits of the social security number of the person signing the form are missing, and the participant is not a Medicaid, SSI, or SNAP recipient.
- The SNAP number is not a valid eight-digit number.
- The participant, family member, or legal guardian chooses not to disclose their income or complete the IEF.
- The center representative did not fully complete, sign, and date the form.

# **Income Eligibility Form (IEF) Mistakes**

## **These common mistakes can be very costly!**

- Participants are classified incorrectly.
- Meal classifications are based on old income guidelines.
- Eligibility determination is incorrectly checked.
- The IEF is outdated (valid until the last day of the month in which the form is dated, one year earlier).
- The form is not signed and dated by an authorized center representative.
- The participant, family member, or legal guardian signature and/or date is missing in Part 4.

Other mistakes include:

- The IEF is submitted to the center with missing information.
- Total household income is added incorrectly.
- The total number in the household is incorrect.
- The last four digits of the social security number are not provided when the IEF is based on household income (not required if case numbers are included for Medicaid, SSI, or SNAP benefits).
- Free or reduced-priced meals are claimed before the approved IEF is on file.



**Child and Adult Care Food Program  
Income Eligibility Guidelines  
July 1, 2024 – June 30, 2025**

**Reduced-Price Meals – 185%**

**Free Meals – 130%**

Household Size	Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly	Household Size	Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly
<b>1</b>	<b>27,861</b>	<b>2,322</b>	<b>1,161</b>	<b>1,072</b>	<b>536</b>	<b>1</b>	<b>19,578</b>	<b>1,632</b>	<b>816</b>	<b>753</b>	<b>377</b>
<b>2</b>	<b>37,814</b>	<b>3,152</b>	<b>1,576</b>	<b>1,455</b>	<b>728</b>	<b>2</b>	<b>26,572</b>	<b>2,215</b>	<b>1,108</b>	<b>1,022</b>	<b>511</b>
<b>3</b>	<b>47,767</b>	<b>3,981</b>	<b>1,991</b>	<b>1,838</b>	<b>919</b>	<b>3</b>	<b>33,566</b>	<b>2,798</b>	<b>1,399</b>	<b>1,291</b>	<b>646</b>
<b>4</b>	<b>57,720</b>	<b>4,810</b>	<b>2,405</b>	<b>2,220</b>	<b>1,110</b>	<b>4</b>	<b>40,560</b>	<b>3,380</b>	<b>1,690</b>	<b>1,560</b>	<b>780</b>
<b>5</b>	<b>67,673</b>	<b>5,640</b>	<b>2,820</b>	<b>2,603</b>	<b>1,302</b>	<b>5</b>	<b>47,554</b>	<b>3,963</b>	<b>1,982</b>	<b>1,829</b>	<b>915</b>
<b>6</b>	<b>77,626</b>	<b>6,469</b>	<b>3,235</b>	<b>2,986</b>	<b>1,493</b>	<b>6</b>	<b>54,548</b>	<b>4,546</b>	<b>2,273</b>	<b>2,098</b>	<b>1,049</b>
<b>7</b>	<b>87,579</b>	<b>7,299</b>	<b>3,650</b>	<b>3,369</b>	<b>1,685</b>	<b>7</b>	<b>61,542</b>	<b>5,129</b>	<b>2,565</b>	<b>2,367</b>	<b>1,184</b>
<b>8</b>	<b>97,532</b>	<b>8,128</b>	<b>4,064</b>	<b>3,752</b>	<b>1,876</b>	<b>8</b>	<b>68,536</b>	<b>5,712</b>	<b>2,856</b>	<b>2,636</b>	<b>1,318</b>
<b>For each additional family member, add:</b>	<b>9,953</b>	<b>830</b>	<b>415</b>	<b>383</b>	<b>192</b>	<b>For each additional family member, add:</b>	<b>6,994</b>	<b>583</b>	<b>292</b>	<b>269</b>	<b>135</b>

**Note:** Only provide the income guidelines for reduced-price meals to the participant, family member, or legal guardian.