

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



July 2019

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**CHILD AND ADULT CARE FOOD PROGRAM
INCOME ELIGIBILITY GUIDANCE FOR
ADULT DAY CARE CENTERS**

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

This statement implementation date is November 2015.

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General Information

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 legal guardian and comparing this information to the income eligibility guidelines. Based on the income eligibility guidelines, the participant is classified as free, reduced, or paid.

Important points to remember:

- An Income Eligibility Form (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.
- Adult 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 income eligibility form or the date on which the center official signs the form to certify eligibility of the participant. However, if the date of the participant signature is not within the month of certification or the immediately preceding month, the effective date must be the date of certification. Adult care centers must decide which date they will rely on as the effective date and apply this date consistently to all income eligibility forms received.
- An IEF is effective for one year. IEFs should be considered current and valid until the last day of the month in which the form was dated one year earlier. A new IEF must be obtained each year. Do not change a date, use *White-Out* or reuse a completed form.
- If the IEF is completed by the participant, family member, or legal guardian before the actual date of enrollment, the center must collect a new IEF if more than two months have lapsed. For example, John Doe completed the IEF in January 2019. However, John did not enroll or attend the center until May 2019. 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 participation date.
- The center 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.
- If a center 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 enrollee if the enrollee is categorically eligible for free meals. A participant is categorically eligible for free meals if he/she is a Medicaid, SSI, or Supplemental Nutrition Assistant Program (SNAP, formerly Food Stamp) recipient. The center must have documentation of the participant's categorical eligibility on file.
- The participant/family member/legal guardian letter on page 5 must be given to the participant/family member or legal guardian with the IEF. This letter and the instructions on

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page 6 provide required information for completing the IEF. The letter is updated each year. Be sure to use the most current letter (July of the current year) with the IEF. Pricing programs require a different parent letter. See **Pricing Programs Only**.

- The United States Department of Agriculture (USDA) updates the income eligibility guidelines yearly in July. When reviewing the IEF, make sure to use the current income guidelines.
- Once approved for free or reduced 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 individual IEFs when new income guidelines are issued in July of each year. For example, if the participant, family member, or legal guardian completes an IEF in January 2020, eligibility will be based on income guidelines issued in July 2019. When the new income guidelines are issued the July 2020, the center may not re-evaluate the IEF completed in January 2020 using the new income guidelines. The eligibility must continue to be based on the previous years' income guidelines until the one year anniversary.
- If, during a monitoring review, it is found that participants were incorrectly classified or the IEF is missing or has expired, the center will have to pay back money to the Child and Adult Care Food Program. Therefore, it is very important that you review the IEFs carefully.
- Income information must be kept confidential.
- The IEFs must be kept for three years after the date the final claim for the fiscal year was submitted. If audit findings have not been resolved, the IEFs must be kept as long as necessary to resolve the issues raised by the audit.

Pricing Programs Only

An institution is operating a pricing program if a separate identifiable charge is made for meals 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 – Bureau of Community Food and Nutrition Assistance or at:

<http://health.mo.gov/living/wellness/nutrition/foodprograms/cacfp/lawsregs.php>

Child and Adult Care Food Program Participant Letter
Non-pricing Adult Day Care Centers July 1, 2019
through June 30, 2020

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	\$23,107	5	\$55,815
2	\$31,284	6	\$63,992
3	\$39,461	7	\$72,169
4	\$47,638	8	\$80,346
		For each additional Family Member, add	+\$8,177

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

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Income Eligibility Guidance for Adult Day Care Centers

**Instructions for Completing the Income Eligibility Form
for Adult Day Care Centers**

Part 1.

The first and last name of the participant enrolled at the center must be listed on the Income Eligibility Form (IEF).

If the participant, family member, or legal guardian checks that the participant is receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp), Medicaid, or SSI and enters the appropriate case number, the participant is automatically classified as free and the participant, family member, or guardian does not need to complete Part 2.

SNAP case numbers have the following characteristics:

S-xxx-xxxxxxxx

The three digit portion is a county code. At a minimum, the eight digit portion of the case number must be provided on the IEF for the participant to be automatically free. If the full eight digit number is not provided, the participant must be claimed as paid unless Part 2 (Household Income) is completed and the last four digits of the Social Security number is provided.

Part 2.

If the participant, family member, or guardian does not report participation in SNAP (formerly Food Stamp), SSI or Medicaid case number, then they must complete all entries in Part 2 and Part 4 to determine free or reduced-price eligibility.

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. For each household member, indicate monthly gross income by source for all members of the household before deductions, such as taxes and Social Security.

Part 3.

Identify the racial/ethnic category of the participant. Completion of this information is not mandatory and the failure to complete this information shall not affect the classification of eligibility category.

Part 4.

The adult household member 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

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Income Eligibility Guidance for Adult Day Care Centers

federal funds, that it is subject to verification, and that the deliberate misrepresentation of facts will subject the individual to prosecution under applicable state and federal statutes. If the participant is not a SSI, SNAP, or Medicaid recipient, the adult signing the application must provide the last four digits of their Social Security number. If the adult does not have a Social Security number, "none" should be written in the space provided.

The participant or adult household member must provide a signature, date, address, telephone number, and printed name. 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. Center personnel shall not complete any of the information on the IEF. Exceptions will be granted if the center 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 enrollee's behalf if the enrollee is categorically eligible for free meals. The IEF is effective from the first date of the month that the form was signed and dated.

Each participant, family member, or legal guardian shall be given the participant/family member/legal guardian letter and an IEF on a yearly basis. If the participant or guardian does not return the completed form, the participant must be classified as paid.

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**Instructions for Determining Eligibility for Free and
Reduced Price Meals for Adult Day Care Centers**

1. The authorized center personnel shall review the IEF to determine if all portions of the IEF have been completed. The IEF is not valid if not fully completed by the participant, family member, or legal guardian.
2. The center personnel shall determine the participant's claiming category by completing the bottom of the IEF.
3. Center personnel must indicate if the eligibility status is based on the participant's income or SNAP, Medicaid, or SSI participation. If the participant is receiving SNAP (Food Stamp), SSI, or Medicaid benefits, the participant is automatically eligible for free benefits. If the participant is not a SNAP, SSI, or Medicaid recipient, then the determination of the household's monthly income must be completed.
4. Enter the total household size. Determine claiming status based on the income eligibility guidelines.
5. The participant must be claimed as paid if:
 - The information given by the participant, family member, or legal guardian is incomplete;
 - The income does not meet eligibility criteria;
 - The participant, family member, or guardian does not sign and date the IEF;
 - The last four digits of the Social Security number of the person signing the IEF is missing and the participant is not a SSI, SNAP, or Medicaid recipient;
 - The IEF has not been signed by authorized center personnel on or prior to the date the participant is claimed as free or reduced (**if the center determines eligibility based on the date the center official signs and not the participant signature**);
or
 - The SNAP number is not a valid eight digit number.
6. The IEF is effective for a one year period from the first day of the month that the form is signed, to the last day of the month the form is signed the following year.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
 CHILD AND ADULT CARE FOOD PROGRAM
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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

PRINTED NAME OF ADULT

ADDRESS	HOME PHONE NUMBER	WORK PHONE NUMBER
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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):	SNAP	SSI	MEDICAID
		YEAR MONTH 2 X A MONTH EVERY 2 WEEKS WEEKLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Eligibility Determination: Free Reduced Paid

SIGNATURE OF CENTER REPRESENTATIVE	DATE
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**Child and Adult Care Food Program
INCOME ELIGIBILITY GUIDELINES**

July 1, 2019 – June 30, 2020

Free Meals – 130%

Reduced-Price Meals – 185%

Household Size	Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly		Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly
1	16,237	1,354	677	625	313		23,107	1,926	963	889	445
2	21,983	1,832	916	846	423		31,284	2,607r	1,304	1,204	602
3	27,729	2,311	1,156	1,067	534		39,461	3,289	1,645	1,518	759
4	33,475	2,790	1,395	1,288	644		47,638	3,970	1,985	1,833	917
5	39,221	3,269	1,635	1,509	755		55,815	4,652	2,326	2,147	1,074
6	44,967	3,748	1,874	1,730	865		63,992	5,333	2,667	2,462	1,231
7	50,713	4,227	2,114	1,951	976		72,169	6,015	3,008	2,776	1,388
8	56,459	4,705	2,353	2,172	1,086		80,346	6,696	3,348	3,091	1,546
For each additional family member, add:	+5,746	+479	+240	+221	+111		+8,177	+682	+341	+315	+158

Note: Only provide the income guidelines for reduced price meals to the parents.