



Date: \_\_\_\_\_

## LETTER TO THE HOUSEHOLD FOR NON-PRICING PROGRAMS

Dear Participant, Parent, Guardian, or Household Member,

We participate in the Adult Care Food Program (ACFP), which provides reimbursement for serving nutritious meals to enrolled adults. All meals served must meet meal pattern requirements established by the U.S. Department of Agriculture (USDA). In the operation of USDA child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability.

The information requested on the attached Meal Benefit Income Eligibility Form is necessary so that we may receive reimbursement for meals served to adults. The amount of reimbursement we receive from the ACFP depends on the household income status of the enrolled adult. Please complete the attached form, sign, date, and return it to the address listed below. Please refer below for Instructions on how to complete the form. Your form will be placed in our files and kept confidential.

Participants categorically eligible as free for CACFP benefits are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly known as Food Stamps), Supplemental Security Income (SSI) or Medicaid are eligible for free CACFP meals. If you currently receive SNAP, SSI, or Medicaid benefits, you only need to list your name, SNAP, SSI, or Medicaid identification number, and sign and date the application. Participants from households with total incomes less than or equal to the levels listed below are eligible for either free or reduced-price meals.

### INCOME ELIGIBILITY GUIDELINES (Effective July 1, 2024 - June 30, 2025)

HOUSEHOLD SIZE	ANNUAL	MONTHLY	WEEKLY
1	27,861	2,322	536
2	37,814	3,152	728
3	47,767	3,981	919
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,976
For each additional family member, add	+9,953	+830	+192

### HOW TO COMPLETE:

If any member of your household currently receives Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), Supplemental Security Income (SSI) or Medicaid then the participants is categorically eligible as free for ACFP benefits. The Meal Benefit Income Eligibility Form must include the participants name, SNAP, FDPIR, SSI, or Medicaid case number listed in Part 1 and Part 2 and the signature, and last four digits of the social security number listed in Part 4 Then complete Part 5.

Date: \_\_\_\_\_

If you do not list a SNAP, FDPIR, SSI, or Medicaid case number, the application must include:

- Part 1- list the participant's name.
- Part 3- List the names of all household members, including the participant, spouse, children, or other persons who live with the participant in the same household.
- Part 3- the amount of income each person usually receives (before deductions for taxes, social security, etc.), how often it is received, 1. Earnings from work before deductions, 2. Welfare, child support, alimony, 3. Pensions, retirement, Social Security, SSI, VA Benefits, 4. All Other Income. If the Individual listed in Part 1 does not receive any income, they must check the *"no income"* box in Part 1.
- Part 4- The signature of an adult household member; and the last four digits of the social security number of the adult household member who signed the application or checkmark the box *"I do not have a Social Security number"*.

**VERIFICATION:** Your application may be reviewed by the center or other officials at any time during the year to determine if it has been correctly approved. **CONFIDENTIALITY:** The information that you report will be used only to determine eligibility for free or reduced-price meals in the ACFP. **REAPPLICATION:** You may apply for free and reduced-price meals at any time during the year. If you are not eligible now but your household experiences a change, such as, a decrease in household income, an increase in household size, unemployment or receipt of SNAP, SSI, and/or Medicaid, then complete a new application.

Sincerely,

\_\_\_\_\_  
Name and Title of Center Representative

\_\_\_\_\_  
Name of Adult Day Care Center

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.