

PARENT LETTER

PARENT LETTER FOR THE CHILD AND ADULT CARE FOOD PROGRAM
(CHILD CARE COMPONENT) NON-PRICING PROGRAM (FFY 2012)

Dear Parent or Guardian:

The _____ serves nutritious meals without an additional
(Name of Sponsoring Organization)

charge because the center receives added reimbursement for each child whose household income is at or below the level shown on the household size-income scale below. In order to continue this meal service without an additional charge to you, please complete and return the attached application. This information is kept confidential in our files, and is required to determine the appropriate rate of reimbursement under the Child and Adult Care Food Program. If your income is higher than the amount indicated below for your household size, you do not need to complete the application. Once properly approved for free or reduced price benefits, a household will remain eligible for those benefits for a period not to exceed 12 months.

(Effective July 1, 2011 to June 30, 2012)

Household Size	Monthly Income Level (at or below)
1	\$1,679
2	2,268
3	2,857
4	3,446
5	4,035
6	4,624
7	5,213
8	5,802
For each Additional Household Member, Add	589

Households with incomes less than or equal to the reduced-price standards would be eligible for free or reduced price meal benefits. Participants having family members who become unemployed are eligible at the higher rate during the period of unemployment provided that the loss of income during the period of unemployment causes the household income to be within the eligibility guidelines indicated above.

When eligibility is established by household size and income, a complete application must include: (a) names of all household members including the name of the child applicant; (b) the last four digits of the social security number of the adult household member signing the application or an indication that the household member does not have a social security number; (c) household income received by each household member identified by source of income; and (d) the signature of an adult member of the household and date signed.

When eligibility is established by Food Stamp (FoodShare Wisconsin) case number, FDPIR case number, or W-2 Cash Benefits number, a complete application must include: (a) the name of the child applicant; (b) the appropriate Food Stamp (Food Share Wisconsin), FDPIR or W-2 Cash Benefits case number for the child; and (c) the signature of an adult member of the household and date signed. Eligible W-2 Cash Benefits programs are Trial Job, Community Service Job (CSJ), Caring for a Newborn (CMC) and W-2 Transition (W-2 T). **DO NOT give numbers for Medicaid, SSI, W-2 Child Care Assistance, or Quest Card. A Quest Card contains sixteen digits.**

Meals served to foster children are eligible for reimbursement at the free price rates regardless of the household's income. A foster child placed in a home may be included as a household member on the same application that includes the non-foster children.

PRIVACY ACT STATEMENT: Unless you list the child's food stamp (FoodShare Wisconsin), FDPIR or W-2 cash benefits number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the application or indicate that the household member signing the application does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the application does not have a social security number, we cannot approve the application. The social security number may be used to identify the household member in verifying the correctness of the information stated on the application. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR or W-2 office to determine current certification for food stamps, FDPIR or W-2 cash benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove 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. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health and nutrition programs.

Children's free and reduced price meal eligibility information may be shared with other State agencies and other Child Nutrition Programs without prior notification. If your children's meals are reimbursed at the free or reduced price rate, these children may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (BadgerCare). Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and BadgerCare that your children's meals are eligible for the higher reimbursement rate(s), unless you tell us not to.** Medicaid and BadgerCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. (Filling out the Household Size-Income Statement does not automatically enroll your children in health insurance.) **If you do not want us to share your information with Medicaid or BadgerCare please notify us in writing. Notification will not change whether or not your children's meals are reimbursed.**

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Signature of Sponsor Representative