

Dear Household Member:

The _____ serves nutritious meals without an
(Name of Agency)

additional charge because the center receives added reimbursement for each adult participant 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 CACFP. 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.

Household-Size Income Scale (Effective July 1, 2016 to June 30, 2017)

Household Size	Annual Income Level (at or below)
1	\$21,978
2	\$29,637
3	\$37,296
4	\$44,955
5	\$52,614
6	\$60,273
7	\$67,951
8	\$75,647
For each Additional Household Member, Add	+\$7,696

Households with incomes less than or equal to the reduced-price standards would be eligible for free or reduced price meal benefits. The center is eligible for additional reimbursement for meals served to adult participants having household member(s) who become unemployed 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 adult participant; (b) the last four digits of the social security number of the adult household member signing the application or an indication of "none"; (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 the Supplemental Nutrition Assistance Program (SNAP) (FoodShare Wisconsin) case number, FDPIR, SSI, or Medicaid assistance number, a complete application must include: (a) the name of the adult participant; (b) the appropriate SNAP (FoodShare Wisconsin), FDPIR, or SSI or Medicaid assistance number for the adult participant; and (c) the signature of an adult member of the household and date signed.

USE OF INFORMATION STATEMENT: Unless a SNAP, SSI, Medicaid, or FDPIR case number is provided on the application, the Richard B. Russell National School Lunch Act requires that the adult household member signing the application must report his or her last four digits of the social security number on the application. If the adult household member signing the application does not possess a social security number, he/she must indicate so on the application. 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 adult household member signing the application does not have one, the application cannot be approved. The last four digits of the social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application for proper administration and enforcement of the Child Nutrition Programs. Your eligibility information provided on the application may be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. 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.

Signature of Agency Representative