



**Community Nutrition Programs
Child and Adult Care Food Program (CACFP)**

- ❖ **The Child Care Component**
- ❖ **Pricing Programs**

Pricing Program Addendum FFY 2017

**For Determining Eligibility
For Free and Reduced-Price Meals
(Revised July 2016)**

FIRST:

→ **COMPLETE** this *Pricing Program Addendum – FFY 2017* with all of the required information, as specified in the instructions on the following page.

THEN:

→ **UPLOAD** your agency's fully complete and entire *Pricing Program Addendum – FFY 2017* (including pages 1-8 and Attachments I – V) into the online CACFP contract at the *Program uploads* page.

**Instructions for Completing the
Pricing Program Addendum – FFY 2017**

1. Fill in your agency's agency code and full legal name in the appropriate spaces at the top of page 1.
2. Read carefully all responsibilities listed on pages 1, 2, and 3. Remember that by signing this Addendum, you are agreeing that you will fulfill these responsibilities.
3. **Page 1, Section E:** Fill in the name, title, and office address of the person who will be making the determinations of eligibility on the *Household Size-Income Statements* (Attachment III), which will be referred to as "HSIS" throughout the rest of this Pricing Program Addendum.
4. **Page 2, Section F:** The *Parent Letter* referred to in this section is Attachment II. This letter must be given to all parents/guardians along with Attachment III, the *HSIS* form.
5. **Page 2, Section F, Paragraph 4:** Written notification must be provided to all households that submit *HSIS* for receiving Free or Reduced-price meals. Use Attachment IV, the *Notification Letter for Determination of eligibility for Free or Reduced-price Meal Benefits*, for issuing this notification. If a *HSIS* is determined as Non-needy, Attachment V, *Hearing Procedures*, must also be sent to the family along with this notification letter.
6. **Page 2, Section F, last line:** Fill in the name, title, and office address of the person designated as the hearing official. This cannot be the same person as the determining official.
7. **The required media release is now issued by the Wisconsin Department of Public Instruction (DPI)** as a statewide release that lists all CACFP participating agencies. Therefore, your agency is no longer required to issue an annual media release.
8. **Page 2, Money Collection Procedure:** Describe how you will collect the charge for the Reduced and Non-needy meals.
9. **Page 3, Meal Accountability Procedures:** Explain how you will ensure that Free and Reduced-price meal recipients are not identified by other children and/or parents and guardians.
10. **Page 4:** The institution's authorized representative must sign and date in the appropriate space. The effective date will be DPI's approval date of the institution's online CACFP contract.

Specific Instructions for Attachments

- **Attachments I-III of this Addendum—Note:**
The USDA Income Eligibility Guidelines (IEGs) listed on the enclosed *Household Size-Income Scale* (Attachment 1) and the *Parent Letter* (Attachment II) are valid from July 1, 2016 – June 30, 2017.
→ **Since this Addendum is valid from October 1, 2016 – September 30, 2017, DPI will issue updated Attachments I-III within a separate notification to your agency in July 2017 for use effective that month.** All references to Attachments I-III within this Addendum include those that are current as of July 2016 as well as those that will be current effective July 2017, pending their release.
- **Attachment II—Parent Letter**
Fill in the following information on the Parent Letter before giving it to parents/guardians:
(1) name of your agency (sponsor); (2) the charge to Non-needy children for lunch/supper, breakfast and snack; (3) the charge to children determined as eligible for Reduced-price meals, for lunch/supper, breakfast and snack; (4) name, title, and address of the person designated as the determining official; (5) name, title, and address of the person designated as the hearing official; and (6) signature of sponsor representative.
- **Attachment IV—Notification Letter for Determination of eligibility for Free or Reduced-price Meal Benefits**
Check the appropriate determination (based on the child's *HSIS*) and fill in the name of your agency. If the *HSIS* is determined as Non-needy for a household, you must list the reasons for denial and give the name of the hearing official as listed in the policy statement, Section F.
- **Attachment V—Hearing Procedures**
The *Hearing Procedures* must be sent with all notification letters to households that submitted *HSIS* for which your agency determined as Reduced or Non-needy. Fill in your agency's name and the name, address, and phone number of the hearing official.

Pricing Program Addendum for Free and Reduced-Price Meals – FFY 2017

Agency Code: _____
(Provide Agency Code)

The _____
(Provide full legal name of Institution)

has accepted the responsibility for providing Free and Reduced-price meals to eligible children enrolled in child care in centers under its jurisdiction.

The Institution assures the Wisconsin Department of Public Instruction (DPI) that the Institution will uniformly implement the following policy to determine children’s eligibility for Free and Reduced-price meals.

In fulfilling its responsibilities, the Institution:

- A. Agrees to serve Free meals to children from households whose income is at or below income eligibility guidelines listed on the *Household Size-Income Scale* (Attachment I), within the Free Category Section.
- B. Agrees to serve meals at a Reduced-price to children from households whose income is at or between the income eligibility guidelines listed on the *Household Size-Income Scale* (Attachment I), within the Reduced Category Section. The Reduced price for breakfast will not exceed 30¢, for lunch or supper will not exceed 40¢, and for snacks will not exceed 15¢.
- C. Agrees that there will be no physical segregation of, nor any other discrimination against, any child(ren) because of his household’s inability to pay the full price of the meal. There will be no discrimination against any participant on the basis of race, color, national origin, sex, age or disability. The names of the children eligible to receive Free or Reduced-price meals shall not be published, posted, or announced in any manner. There shall be no overt identification of any such children by use of special tokens or tickets or any other means. Further assurance is given that children eligible for Free or Reduced-price meals, or their households, shall not be required to:
 - 1. Work for their meals;
 - 2. Eat meals at a different time;
 - 3. Eat a meal different from the one sold to children paying the full price.
- D. Agrees to establish and use a fair hearing procedure for parents or guardians to appeal the Institution’s eligibility determinations of their submitted *Household Size-Income Statements (HSIS)* and the Institution officials’ challenges regarding the validity of information contained on a *HSIS* or to the continued eligibility of any child for Free or Reduced-price meals based on verification efforts. During the appeal and hearing, the child(ren) will continue to receive Free or Reduced-price meals. A record of all such appeals and challenges and their dispositions shall be retained for three (3) years after the end of the current Federal Fiscal Year (October 1 – September 30).

Prior to initiating the hearing procedure, the parent/guardian or the Institution official may request a conference to provide an opportunity for the parent/guardian and Institution to discuss the situation, present information, and obtain an explanation of data submitted in the *HSIS* and decisions rendered. Such a conference shall not in any way prejudice or diminish the right to a fair hearing.

The hearing procedure shall provide the following:

- 1. A publicly-announced, simple method for a family to make an oral or written request for a hearing.
- 2. An opportunity for the family to be assisted or represented by an attorney or other person in presenting its appeal.
- 3. An opportunity to examine, prior to and during the hearing, the documents and records presented to support the decision under appeal.
- 4. Reasonable promptness and convenience to the family in scheduling a hearing and adequate notice as to the time and place of the hearing.
- 5. An opportunity for the family to present oral or documentary evidence and arguments supporting a position.

6. An opportunity for the family to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses.
7. That the hearing be conducted and the decision be made by a hearing official who did not participate in the decision under appeal.
8. That the decision of the hearing official be based on the oral and documentary evidence presented at the hearing and made a part of the hearing record.
9. That the family and any designated representatives thereof be notified in writing of the decision of the hearing official.
10. That for each hearing a written record be prepared, including the decision under appeal, any documentary evidence and a summary of any oral testimony presented at the hearing, the decision of the hearing official and the reasons therefor, and a copy of the notification to the family concerned of the hearing official's decision.
11. That such written record be maintained for a period of three (3) years after the end of the current fiscal year and shall be available for examination by the family concerned or their representatives at any reasonable time and place during such period.

E. Agrees to Designate

(Provide name, full title, and office address of Determining Official)

to review *HSIS* and make eligibility determinations. This official will use the criteria outlined in this policy to determine which individual children are eligible for Free or Reduced-price meals.

- F. Agrees to provide each child's parent or guardian the *Parent Letter* (Attachment II), including a *HSIS* form (Attachment III), for completion and submission of the *HSIS* form to potentially receive Free or Reduced-price meals annually. *HSIS* forms may be filed at any time during the year. Any parent/guardian enrolling a child in an institution for the first time, at any time during the year, must be given both the *Parent Letter* and *HSIS* form. If a child transfers from one center to another under the jurisdiction of the same institution, his/her eligibility for Free or Reduced-price meals will be transferred to and honored by the receiving center. The method(s) used to accept completed *HSIS* for making Free and Reduced determinations will ensure that completed *HSIS* are accepted from households on behalf of children who are members of W-2 Cash Benefits, FoodShare WI or FDPIR households.**
- Because this Addendum is valid from October 1, 2016 – September 30, 2017 and the USDA Income Eligibility Guidelines (IEGs) listed on the enclosed *Household Size-Income Scale* (Attachment 1) and the *Parent Letter* (Attachment II) are valid from July 1, 2016 – June 30, 2017, DPI will issue updated Attachments I-III within a separate notification to your agency in July 2017 for use effective that month. **All references to Attachments I-III within this Addendum include those that are effective as of July 2016 and currently enclosed within this document, as well as those that will be current effective July 2017, pending their release.**
 - The parent/guardian will be requested to complete the *HSIS* form and return it to the determining official for review. Such completed *HSIS* and documentation of action will be maintained for three (3) years after the end of the fiscal year to which they pertain.
 - After *HSIS* have been reviewed and determined by the determining official, parents or guardians will be notified individually in writing of their *HSIS* eligibility determination.
 - When a *HSIS* is determined as Non-needy, parents or guardians will be informed of the reasons for this determination and of the hearing procedure. Parents or guardians will also be informed of the hearing procedures when their eligibility determinations are Reduced or Non-needy based on verification efforts.
- The designated hearing official, who will not be involved in the original eligibility determination, is:**

(Insert name, full title and office address of Hearing Official)

- G. Agrees to establish a procedure to collect from children who pay for their meals and to account for the number of Free or Reduced-price and full-charge meals served. The procedure described at the end of this pricing program addendum will be used so that no other child (and/or his/her parent or guardian) in the center will be aware of the identity of the children receiving Reduced-price or Free meals.**
- H. Agrees to submit to DPI, if choosing to modify, the modified *Parent Letter* (Attachment II) and/or the *HSIS* form (Attachment III) for DPI approval prior to distributing these modified documents.**

Required Anonymity Procedures

TO PROTECT THE IDENTITY of the children receiving Free and Reduced-price meals as determined under the established eligibility guidelines, the following methods and procedures must be used for collecting money from the households of children who will pay for their meals (both Non-needy and Reduced price). This procedure must be implemented in all centers participating under the Institution’s jurisdiction. Also noted is the method whereby children must receive their Free and Reduced-price meals each operating day without overtly identifying the Free and Reduced-price meal recipients.

Money Collection Procedures

→ **Procedures for Collecting Money:**

Describe how the Institution will collect money for meals and snacks from households of paying children. Indicate the frequency of this collection.

Meal Accountability Procedures

→ **Procedures to account for Free and Reduced-price meals served:**

Describe methods that will be used by the Institution to assure that there is no overt identification of Free and Reduced-price meal recipients.

Verification Requirements by the State Agency (DPI)

DPI is required to perform verification on a random sample of no less than 3 percent of the *HSIS* determined as Free and Reduced in an institution that is a pricing program and has the option of requesting assistance from the institution in the verification process.

The following attachments are adopted with and considered part of this policy:

Attachment I—*Household Size-Income Scale* (Effective July 1, 2016, and July 1, 2017)

Attachment II—*Parent Letter* for the CACFP Pricing Program (Effective July 1, 2016, and July 1, 2017)

Attachment III—*Household Size-Income Statement (HSIS)* (Effective July 1, 2016, and July 1, 2017)

Attachment IV—*Notification Letter for Determination of eligibility for Free or Reduced-price Meal Benefits*

Attachment V—*Hearing Procedures* for the Pricing Program

This policy becomes effective _____

Signature of Authorized Representative ➤	Date Signed <i>Mo./Day/Yr.</i>
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HOUSEHOLD SIZE-INCOME SCALE

July 1, 2016 to June 30, 2017

FREE

The participant(s) may be determined as “Free” on their Household Size-Income Statement (HSIS) if the HSIS is fully complete and the total reported household income is at or below the amount on this table for the specific household size.

Household Size	Yearly \$	Monthly \$	Twice per Month \$	Every Two Weeks \$	Weekly \$
1	15,444	1,287	644	594	297
2	20,826	1,736	868	801	401
3	26,208	2,184	1,092	1,008	504
4	31,590	2,633	1,317	1,215	608
5	36,972	3,081	1,541	1,422	711
6	42,354	3,530	1,765	1,629	815
7	47,749	3,980	1,990	1,837	919
8	53,157	4,430	2,215	2,045	1,023
For Each Additional Household Member add:	+5,408	+451	+226	+208	+104

REDUCED-PRICE

The participant(s) may be determined as “Reduced-Price” on their Household Size-Income Statement (HSIS) if the HSIS is fully complete and the total reported household income is at or between the amounts on this table for the specific household size.

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	15,444.01 & 21,978	1,287.01 & 1,832	644.01 & 916	594.01 & 846	297.01 & 423
2	20,826.01 & 29,637	1,736.01 & 2,470	868.01 & 1,235	801.01 & 1,140	401.01 & 570
3	26,208.01 & 37,296	2,184.01 & 3,108	1,092.01 & 1,554	1,008.01 & 1,435	504.01 & 718
4	31,590.01 & 44,955	2,633.01 & 3,747	1,317.01 & 1,874	1,215.01 & 1,730	608.01 & 865
5	36,972.01 & 52,614	3,081.01 & 4,385	1,541.01 & 2,193	1,422.01 & 2,024	711.01 & 1,012
6	42,354.01 & 60,273	3,530.01 & 5,023	1,765.01 & 2,512	1,629.01 & 2,319	815.01 & 1,160
7	47,749.01 & 67,951	3,980.01 & 5,663	1,990.01 & 2,832	1,837.01 & 2,614	919.01 & 1,307
8	53,157.01 & 75,647	4,430.01 & 6,304	2,215.01 & 3,152	2,045.01 & 2,910	1,023.01 & 1,455
For Each Additional Household Member add:	+5,408.01 & +7,696	+451.01 & +642	+226.01 & +321	+208.01 & +296	+104.01 & +148

Dear Parent or Guardian:

_____ is enrolled in the CACFP, a USDA program which

(Name of Agency)

provides federal assistance dollars to eligible child care centers to offset costs for serving nutritious meals. Our agency receives higher USDA meal reimbursement for each child whose household income is the same or less than the level shown on the household size-income scale below or receives benefits from certain programs. Receiving this financial assistance enables us to offer meals either free of charge or at reduced-priced rates for qualifying families.

If a member of your household currently receives benefits from the Supplemental Nutrition Assistance Program (SNAP) (FoodShare WI), the Food Distribution Program on Indian Reservations (FDPIR), or W-2 Cash Benefits (paid placement programs, and not child care subsidy), your children can receive meals free of charge. If your household income is the same or less than the amounts listed for your household size on the income scale below, your children can receive meals free of charge or at a reduced price.

- The Reduced price is _____ for lunch/supper, _____ for breakfast and _____ for snacks.

In order to qualify for free or reduced-price meals served to your children while in our care, please complete and return the attached Household Size-Income Statement (HSIS) form to our office. This information will be kept strictly confidential in our files and in accordance with disclosure protection requirements.

You are not required to complete and return this HSIS form if your household income is higher than the amount indicated for your household size within the table below and no one in your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP) (FoodShare Wisconsin), FDPIR (Food Distribution Program on Indian Reservations), or W-2 Cash Benefits (paid placement programs, and not child care subsidy). In this case, however, we would appreciate you returning this form to us with "N/A" written on it along with your signature and date.

→ **Determining Eligibility based on Participation in Benefits Programs:**

Our agency will receive the highest meal reimbursement rates for children in households receiving FoodShare Wisconsin, FDPIR benefits, or W-2 Cash Benefits (paid placement programs and not child care subsidy) and they will receive meals free of charge when their households return a completed HSIS form.

In order to determine eligibility based on your household's receipt of any of these benefits, you must include the following information on the HSIS (a-c):

- (a) The names of your enrolled children;
- (b) The signature of an adult member of the household and signature date; and
- (c) The appropriate case number for FoodShare Wisconsin, FDPIR, or W-2 Cash Benefits.

W-2 Cash Benefits are paid placement programs that do not include Wisconsin Shares Child Care (W-2 Child Care Assistance). W-2 paid placement programs include Community Service Job (CSJ), Caretaker of an Infant (CMC), W-2 Transition (W-2 T) and At Risk Pregnancy (ARP). **DO NOT provide case numbers for Medicaid, SSI, or if you only receive W-2 Child Care Assistance; receipt of these benefits does not qualify your household at the higher reimbursement rates.**

→ **Determining Eligibility by Household Size and Income:**

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

Our agency will receive higher meal reimbursement rates for children in households earning a total income that is less than or equal to the income levels listed within this table and they will receive meals either free of charge or at the reduced price when their households return a completed HSIS form.

In order to determine eligibility based on your household size and income, you must include the following information on the HSIS (a-d):

- (a) Names of all household members including children, parents or other persons who live with you in the same household;
- (b) Household income received by each household member identified by source of income and how often each source is received;
- (c) The signature of an adult member of the household and signature date; and
- (d) The last four digits of the social security number of the adult household member signing the HSIS or an indication he/she does not have a social security number.

Foster children and Children Enrolled in Head Start: Our agency will receive the highest meal reimbursement rates for these children and they will receive meals free of charge when their guardians/parents return a completed HSIS form or provide the specified documentation as follows:

Foster children: you must either complete a separate HSIS for your foster children or include them as household members on the same HSIS that includes the rest of your household, with your non-foster children. When including foster children on your HSIS completed for your non-foster children, only report your foster child's income specifically identified for his/her personal use that is received from a welfare agency and/or in-hand from any source.

Children Enrolled In Head Start: we must obtain written certification of the child's Head Start enrollment along with their eligibility period from the Head Start administering agency. Simply noting that your child is enrolled in Head Start on your HSIS form is not sufficient for qualifying him/her at the highest reimbursement rate and receiving meals free of charge. The written Head Start certification only qualifies the child enrolled in Head Start for free meals, not siblings or other children residing in the household.

Use of Information Statement: Unless you provide a SNAP, FDPIR, or W-2 Cash Benefits case number, you are applying for a foster child, or submit written certification of your child's Head Start enrollment, the Richard B. Russell National School Lunch Act requires that the adult household member signing the HSIS report the last four digits of his/her social security number on the HSIS. If the adult household member signing the HSIS does not possess a social security number, he/she must indicate so on the HSIS. It is not mandatory to provide the last four digits of the social security number, but if it is not provided or an indication is not made that the adult household member signing the HSIS does not have one, the HSIS cannot be approved for the free or reduced-price meals. The last four digits of the social security number may be used to verify the correctness of information reported on the HSIS for ensuring proper administration and enforcement of the Child Nutrition Programs.

Sharing Eligibility Information: Children's eligibility information may be shared with other State agencies and other Child Nutrition programs, in accordance with disclosure protection requirements, without prior notification. If your children are eligible for free or reduced-price meals, they 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 share your children's eligibility information with Medicaid and BadgerCare, 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 for offering to enroll your children. (Filling out the HSIS 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. (This notification will not change whether your children's meals are eligible for meal reimbursement.)**

Your eligibility information provided on the HSIS may be shared with auditors for program reviews and law enforcement officials for investigating violations of program rules.

Signature of Sponsor Representative

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, audiotape, 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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.

HOUSEHOLD SIZE—INCOME STATEMENT

Child and Adult Care Food Program

An adult household member must complete this form and return it to the center.

First and Last Name(s) of Enrolled Child(ren)	Center
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PART 1: BENEFITS

If any member of your household currently receives FoodShare Wisconsin, Wisconsin Works Cash Benefits, and/or FDPPIR (Food Distribution Program on Indian Reservations), **check the box for the benefit currently received and provide the case number.**
Complete PART 3 and return it to the center's office. Do not complete PART 2. If no one receives these benefits, go to PART 2.

- FoodShare Wisconsin (10 or 16 digit #) Wisconsin Works Cash Benefits (10 digit #) FDPPIR (9 digit #)

Case Number/Quest Card Number: _____

If only receiving W-2 Child Care Assistance, do not provide a case number; you must complete Part 2 of this form for eligibility determination.

PART 2: TOTAL HOUSEHOLD SIZE AND INCOME

- 1) List full names of all household members, including yourself and all children. (*Ages are optional.*)
 - 2) List all gross income (before deductions or taxes, social security, etc.) on the same line as the person who receives it. Self-employed household members should report net income. Check the box for how often it is received. Record each income only once.
- If you provided a case number in Part 1, you do not need to complete this part (Part 2).**

1) List full names of all household members below		Age	Check if Foster Child	2) List gross income and how often it is received												All Other Income Received Last Month (indicate frequency)					
				Gross income from work	Weekly Every 2	Twice per Month	Annually	Welfare Payments, Child Support, and/or Alimony	Weekly Every 2	Twice per Month	Annually	Pensions, Retirement, Social Security, SSI, VA benefits	Weekly Every 2	Twice per Month	Annually						
			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	/__	<input type="checkbox"/>
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			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	/__	<input type="checkbox"/>

Part 3: ALL HOUSEHOLDS

ETHNICITY AND RACE DATA COLLECTION – Completion is optional

This center is required by Federal law to ask the following two questions concerning ethnicity and race. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. **Please answer both questions.**

IS YOUR CHILD(REN) HISPANIC OR LATINO? Yes, Hispanic or Latino No, neither Hispanic nor Latino

SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO YOUR CHILD(REN):

- American Indian or Alaska Native Black or African American White Asian Native Hawaiian or Other Pacific Islander

ADULT HOUSEHOLD MEMBER SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SS#)

If Part 2 is completed, the adult signing the form must list the last four digits of his/her SS# or check "None" if you do not have a SS#.

I CERTIFY that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on this form; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Adult Household Member	Signature Date Mo./Day/Yr.	Last 4 digits of SS# (or check "None" if you do not have a SS#) ***_**_ _____ <input type="checkbox"/> None
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FOR CENTER USE ONLY – All 3 sections and the Effective Month of Determination must be completed

Section 1: Basis of Determining Eligibility (A or B)		Section 2: Eligibility Determination	Section 3: Determining Official's Initials & Approval Date
A. Household Size & Income Total Household Size _____	B. Benefits/Foster <input type="checkbox"/> FoodShare WI <input type="checkbox"/> W-2 Cash Benefits <input type="checkbox"/> FDPPIR <input type="checkbox"/> Foster Child(ren)	<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Non-Needy	_____ **Effective Month of Determination _____ Month/Year
* Total Income \$ _____ / _____ (\$ Amount) (Time Period)			

*Use the following conversion factors to determine yearly income only when multiple pay frequencies are reported:

Weekly income x 52 = Yearly income; Every 2 weeks income x 26 = Yearly income; Twice a month income x 24 = Yearly income; Monthly income x 12 = Yearly income.

**This form expires one year from the *Effective Month of Determination*.

**NOTIFICATION LETTER FOR DETERMINATION
OF ELIGIBILITY FOR FREE OR REDUCED-PRICE MEAL BENEFITS**

Date: _____

Dear: _____

After reviewing your submitted Household Size-Income Statement for receiving free or reduced-price meals, the following determination has been made:

- Your child(ren)'s eligibility has not changed.
- Beginning _____, your child(ren) will receive meals at no cost.
- Beginning _____, your child(ren) will receive meals at the Reduced-price charge of:
_____ for lunch/supper, _____ for breakfast and _____ for snack.
- Your submitted Household Size-Income Statement has been determined as "Non-needy" and therefore your child(ren) will receive meals at the full price for the following reason(s):

If you are not eligible for free or reduced-price meals now but have a decrease in household income, become unemployed, become eligible for W-2 Cash Benefits, FDPIR, SNAP (FoodShare Wisconsin), or have an increase in household size, you may submit a new Household Size-Income Statement for determining your household's eligibility to receive free or reduced-price meals at any time during the year.

If you do not agree with this determination or you desire to formally appeal the decision, please contact

_____ at _____
(Agency's Hearing Official) (Telephone number)

to discuss your appeal rights. The hearing procedures are enclosed.

Sincerely,

(Signature of Agency Representative)

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, audiotape, 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.

HEARING PROCEDURES

The following hearing procedures established in accordance with Child and Adult Care Food Program regulations [7 CFR Part 226.23(c)(4)] are to be followed by a household requesting a hearing when Free or Reduced-price meal benefits are denied or terminated as a result of verification.

1. If a household disagrees with the decision of the determining official, a request for a hearing may be made by calling or writing (*name of institution's hearing official*) at (*address and phone number of hearing official*). The request for fair hearing must be made within fifteen (15) calendar days of the date of the notification letter.
2. The hearing will be scheduled with reasonable promptness and convenience and the household shall be provided with at least ten (10) days' advance written notice of the time and place of the hearing.
3. The hearing will be conducted and the decision made by the hearing official, (*insert name of institution's hearing official*). This person did not participate in the decision under appeal.
4. The household has an opportunity to be assisted or represented by an attorney or other person.
5. The household may examine, prior to and during the hearing, the documents and records presented to support the decision under appeal.
6. The household may present oral or documentary evidence and arguments supporting a position.
7. The household may question or refute any testimony or other evidence and confront and cross-examine any adverse witnesses.
8. The decision of the hearing official will be based on the oral and documentary evidence presented at the hearing and made a part of the hearing record.
9. The parties concerned and any designated representatives thereof will be notified in writing of the decision of the hearing official.
10. For each hearing a written record will be prepared, including the decision under appeal, any documentary evidence, and a summary of any oral testimony presented at the hearing, the decision of the hearing official and the reasons therefore, and a copy of the notification to the parties concerned of the hearing official's decision.
11. Such written record will be preserved for a period of three (3) years after the end of the current fiscal year and shall be available for examination by the parties concerned or their representatives at any reasonable time and place during such period.