

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 for serving more nutritious meals. The amount of money our agency receives from this program is based on the income levels of our families. **In order to continue providing a quality meal service without additional charge, every family of our enrolled children must complete new Household Size-Income Statement forms (HSIS) each year.**

**Please complete and return the attached HSIS form to our office. This information will be kept strictly confidential in our files.**

You are not required to complete and return this HSIS 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), FDIPIR (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 return the HSIS form to us with "N/A" written on it along with your signature and date.

### Determining Eligibility based on Participation in Benefits Programs:

Our center receives the highest reimbursement rate for children in households receiving FoodShare Wisconsin, FDIPIR benefits, or W-2 Cash Benefits (paid placement programs and not child care subsidy).

**For determining 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, FDIPIR, 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

If your household earns a total income that is less than or equal to the income levels listed within this table, our center receives higher reimbursement rates for your enrolled children.

**For determining 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:** our center receives the highest reimbursement rate for foster children. If you have a foster child(ren), you must either complete a separate HSIS for the foster child(ren) or include the foster child(ren) as a household member(s) 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:** our center receives the highest reimbursement rate for children enrolled in Head Start. In order to do so, we need to obtain the Head Start administering agency's written certification of the child's Head Start enrollment along with her/his Head Start eligibility period. Simply noting that your child is enrolled in Head Start on your submitted HSIS form is not sufficient for qualifying him/her at the highest reimbursement rate. The written Head Start certification only qualifies the child enrolled in Head Start and not siblings or other children residing in the household.

**Use of Information Statement:** Unless you provide a SNAP, FDIPIR, 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 from the Head Start administering agency, 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 higher reimbursement rate. 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 the higher reimbursement rates, 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 to offer 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](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](mailto:program_intake@usda.gov). This institution is an equal opportunity provider.