



STATE OF MICHIGAN  
DEPARTMENT OF EDUCATION  
LANSING



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**FISCAL YEAR 2007  
CHILD AND ADULT CARE FOOD PROGRAM  
OPERATIONAL MEMORANDUM #8**

**REVISED**

**TO:** Child and Adult Care Food Program Institutions

**FROM:** Mary Ann Chartrand, Director  
Grants Coordination and School Support

**DATE:** June 27, 2007

**SUBJECT: Household Child Income Eligibility Statements, Letter to Parent/Guardian, Income Eligibility Guidelines, Instructions and Automatic Eligibility for Head Start and Even Start.**

The purpose of this memorandum is to provide you with the necessary forms and instructions to assist you in determining children's eligibility for Category A (free) or Category B (reduced price) meal reimbursement, for the period beginning July 1, 2007 through June 30, 2008.

Read all information and instructions related to the Child and Adult Care Food Program (CACFP) Household Income Eligibility Statement form. Implement according to the instructions. Failure to do so may result in the loss of reimbursement. Provide a copy of this memorandum in its entirety to all staff who determine eligibility.

Please note several changes to the Household Income Eligibility Statement (IES):

- Households receiving Food Distribution on Indian Reservations (FDPIR) benefits are automatically eligible for Category A (free) meals. Applicants report the FDPIR case number in Part 2 of the IES;
- Foster child income eligibility information is now included on the IES. There is no longer a separate application for foster children;
- Civil rights information has been revised to comply with FNS Instruction 113-1 on Civil Rights. Institutions must collect ethnicity as well as race data for all participants. If the applicant does not identify the ethnicity or race of the child(ren), you must complete this part based on visual observation; and

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- Enrollment information is included on this form in Part 6. You may use this form to collect enrollment information or use your own enrollment form.

If you have any questions regarding this memorandum, please contact the CACFP at (517) 373-7391. Please keep this memo on file or in a notebook for quick and easy reference.

#### Attachments

Fiscal Year 2008 Michigan CACFP Household Income Eligibility Statement  
Household Income Eligibility Statement Instructions  
Automatic Eligibility for Head Start  
Automatic Eligibility for Even Start  
Income Eligibility Guidelines Chart  
Dear Parent/Guardian Letter  
Dear Parent/Guardian Letter (pricing program)

Michigan Department of Education  
Child and Adult Care Food Program  
**Fiscal Year 2008 Household Income Eligibility Statement**

RETURN THIS COMPLETED FORM TO:  
(Insert Institution's name, address, and telephone number)

**Part 1 – Foster Child** (Complete one form for each foster child) *Complete Parts 1, 4, 5, 6, and 7*

Name of Foster Child _____	Age _____	Birth Date _____
Child's personal use income per month \$ _____ If none available, list \$ 0.		
Only the foster child's full or part-time income, funds provided by the court or welfare agency for personal use, or trust funds are counted as income on this application. Do not include money from occasional jobs like lawn mowing and babysitting.		

**Part 2 – Households Receiving Food Stamp, FIP or FDPIR Benefits** *Complete Parts 2, 4, 5, and 6*

- List the first and last names of your child(ren) enrolled in the center, their age and birth date.
- Indicate if your child(ren) received Food Stamp/FIP/FDPIR benefits, and list the case number(s).
- Complete Parts 4, 5, 6, and sign the form. (You do not need to complete Part 3, if you complete Part 2).

Names of Children (first and last)	Age	Birth Date	Does this Child Receive
			Food Stamps <input type="checkbox"/> *FIP Benefits <input type="checkbox"/> +FDPIR <input type="checkbox"/> Case # _____
			Food Stamps <input type="checkbox"/> *FIP Benefits <input type="checkbox"/> +FDPIR <input type="checkbox"/> Case # _____
			Food Stamps <input type="checkbox"/> *FIP Benefits <input type="checkbox"/> +FDPIR <input type="checkbox"/> Case # _____
			Food Stamps <input type="checkbox"/> *FIP Benefits <input type="checkbox"/> +FDPIR <input type="checkbox"/> Case # _____

\*This refers to benefits under the FIP (Family Independence Program). It does NOT mean benefits received under Medicaid, WIC, or DHS's Child Care Assistance Program (where Department of Human Services (DHS) pays a portion of your child care expenses).  
+This refers to benefits under the Food Distribution Program on Indian Reservations (FDPIR).

**Part 3 – Households NOT Receiving Food Stamp, FIP or FDPIR Benefits** *Complete Parts 3, 4, 5, and 6*

- If you did not list a Food Stamp/FIP/FDPIR case number in Part 2, you must complete Parts 3, 4, 5, and 6 of this form. List the names and ages of **everyone** (related or not related) living in your household, including yourself, other adults and children. Place an "X" in the next column for children enrolled. If you need more space, use a separate sheet of paper. By person, list the amount and source of income received **last month**. You must list **gross income** before deductions for taxes, social security, etc. Check the box at the end of each line for those listed who do not have any income.
- Complete Parts 4, 5, 6, sign the form, and print your social security number or the word "NONE" if you do not have a social security number.

Names (first and last)	Enrolled for Child Care	Age	Child's Birth Date	Monthly Earnings from work (before deductions)	Monthly Welfare, Child Support, or Alimony)	All Other Income (Indicate source and amount)	Check if No Income
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

**Part 4 – All Households**

I certify that all of the information provided on this form is true and correct and that the Food Stamp/FIP/FDPIR case number is correct or that all income is reported. I understand this institution will get federal funds based on the information I give. I understand that program officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted.

Signature of Adult Household Member	Social Security Number	
Printed Name of Adult	Home Telephone Number	Work Telephone Number
Street Address	City, Zip	Date

For Institution Use Only		
Total Household Members:	Total Monthly Income: \$	Approved Category:
Institution Official Signature:	Approval Date:	<b>A</b> <b>B</b> <b>C</b>

This form is valid for 12 months from the date of institution signature. Approval date and signature are required.

**Part 5 – Civil Rights Information - All Households**

Provision of this information is voluntary, is not part of the Statement, and has no effect on the determination of eligibility to receive benefits. This information will be used to determine whether or not this institution is complying with applicable provisions of civil rights laws. If you do not provide this information, a representative of this institution is required to identify the race and ethnicity of your enrolled child based on visual observation.

**Ethnicity: Select one**       Hispanic or Latino      or       Not Hispanic or Latino

**Race: Select one or more**

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

**Identified by Adult Household Member**      or       **Identified by Institution Representative**

**Part 6 – Child and Adult Care Food Program Enrollment – All Households**

Circle the days and list the times your child(ren) is typically in care, and circle the meals and snacks usually received while at the center. If the time varies by day, specify the times/day. If your child attends school between the times s(he) is in day care, specify the hours your child is attending school.

Child's Name (first and last)	Typical Days in Care (circle all that apply)	List Times in Care	Meals/Snacks Received (circle all that apply)	List Hours Child is Gone for School
	MON TUES WED THU FRI SAT SUN		Breakfast AM Snack Lunch PM Snack Supper Evening Snack	
	MON TUES WED THU FRI SAT SUN		Breakfast AM Snack Lunch PM Snack Supper Evening Snack	
	MON TUES WED THU FRI SAT SUN		Breakfast AM Snack Lunch PM Snack Supper Evening Snack	
	MON TUES WED THU FRI SAT SUN		Breakfast AM Snack Lunch PM Snack Supper Evening Snack	
	MON TUES WED THU FRI SAT SUN		Breakfast AM Snack Lunch PM Snack Supper Evening Snack	
	MON TUES WED THU FRI SAT SUN		Breakfast AM Snack Lunch PM Snack Supper Evening Snack	

**Part 7 – Foster Child**

A foster child is a child who is living with a household but remains the legal responsibility of the welfare agency or court. A foster child is considered a household of one. Each foster child must have his/her own Household Income Eligibility Statement. Check the box that accurately describes the foster child's status.

- A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, an extension of the welfare agency or court.
- B. The child is a resident of a licensed "Group Foster" home or a residential institution.

**Help With Income**

**To Determine Monthly Income:**

- If paid every week, multiply the total gross income by 52 and divide by 12.
- If paid every two weeks, multiply the total gross by 26 and divide by 12.
- If paid once a month, use the total gross income.
- If paid twice a month, multiply the total gross income by 2.
- If paid once a year, divide the total gross income by 12.

**Farmer or Self-employed:**

Monthly income is gross farm or business income received in the month prior to this Statement minus farm or business expenses. Gross wages from other jobs or income from other sources must also be listed as income. A loss from self-employment must be listed as zero income and cannot reduce other income.

**Farmer, Self-employed or Seasonal Worker:**

If you or a member of your household received higher or lower than usual income last month, please list the expected average monthly income on the front of this Statement.

**Privacy Act Information: Social Security Numbers**

Section 9 of the National School Lunch Act requires that, unless your child's Food Stamp/FIP/FDPIR case number is provided, you must include the social security number of the adult household member signing this Statement or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the Statement cannot be approved. 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 Statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employees to determine income, contacting a Department of Human Services (DHS) county office to determine current certification for receipt of Food Stamps or FIP benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in loss of benefits, administrative claims or legal actions if incorrect information is reported.

**Food Stamp/FIP/FDPIR Recipients: Application Instructions**

If your household receives Food Stamp/FIP/FDPIR benefits for your child(ren) enrolled at the child care site, you must complete Part 2 and Part 4 of the Household Income Eligibility Statement.

**Non-discrimination Statement: What to do if you believe you have been treated unfairly**

In accordance with Federal law and U. S. Department of Agriculture (USDA) 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 Civil Rights, 1400 Independence Avenue, SW, Washington, D. C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

## Household Income Eligibility Statement Instructions

Child care institutions claiming Category A or B meal/snack reimbursement rates are required to:

1. Distribute the Dear Parent/Guardian letter and Household Income Eligibility Statement to the families of all children enrolled in their facility(s);
2. Review and determine the category for each completed Household Income Eligibility Statement; and
3. Maintain all Household Income Eligibility Statements on file.

The current *Household Income Eligibility Statement* and *Letter to Parent/Guardian* (dated 6/07 in the lower left hand corner of page 2) must be used for all children (including foster children) who will be claimed in Categories A or B during Fiscal Year 2008. If you charge separately for meals use the *Letter to Parent/Guardian* for pricing programs. Discard any blank Household Income Eligibility Statements dated before 6/07.

### Before you print...

- insert the name, address and telephone number of the institution at the top of the Letter to Parent/Guardian and the Household Income Eligibility Statement; and
- sign the second page of the Dear Parent/Guardian Letter.

Do not make any changes to the letter or Statement. Federal regulations and policies require the items and language that are used and prohibit the Category A Income Eligibility Guidelines from being printed on the Parent/Guardian Letter and Household Income Eligibility Statement.

We recommend printing Household Income Eligibility Statement forms on different colored paper each fiscal year. If possible, print Fiscal Year 2008 forms on white paper.

### Categorizing Forms

The Child and Adult Care Food Program institution is responsible for determining the category (A, B or C) of each form. Specific instructions on how to categorize the forms are explained below. The person who determines the category of each form must:

- use the Income Eligibility Guidelines for July 1, 2007, through June 30, 2008, beginning July 1, 2007;
- remind parents to complete income columns for all names listed on the form;

- identify the approved category by circling the applicable letter;
- if the applicant does not identify the ethnicity or race of the child(ren), you must complete this part based on visual observation; and
- date and sign the Household Income Eligibility Statement to certify that it is complete and correctly categorized. Category A and B meals can be claimed after the institution has completed the "For Institution Use Only" section.

Children who are ineligible, or who have an incomplete or missing Household Income Eligibility Statement, are to be claimed in Category C.

Sponsors/institutions approving zero income eligibility statements can approve them for 45 days only. After the 45 day timeframe, give the parent another application and/or inquire how the family is meeting household expenses with zero income. Document this follow-up contact.

### **Record Retention**

All Household Income Eligibility Statements collected and categorized by the institution must be retained for three years after the end of the fiscal year to which they pertain, or if an audit is outstanding, until the audit is closed.

### **Head Start and Even Start Programs**

The National School Lunch Act allows some children to be automatically eligible for free meals (Category A). Eligibility criteria and documentation requirements are enclosed.

### **At-Risk Afterschool Snacks/Suppers and Homeless Children in Emergency Shelters**

At-risk afterschool snack and supper programs and emergency shelters serving homeless children do not need to distribute or collect Household Income Eligibility Statements.

### **How to Determine Eligibility for Food Stamps, FIP, or FDPIR Households**

A child who is a member of a household receiving food stamps, Family Independence Program (FIP) or Food Distribution Program on Indian Reservations (FDPIR) benefits is automatically eligible for free (Category A) meals.

1. Review the Household Income Eligibility Statement for completeness. If a statement is not complete, return it to the family to complete. Otherwise, you cannot determine eligibility and the child would be classified as Category C. A complete form for these households must include:

Part 1: Not applicable.

Part 2: The name(s) of enrolled child(ren), age, birth date, and the food stamp, FIP, or FDPIR case number for each enrolled child.

In most cases, children in the same household will have the same food stamp, FIP, or FDPIR case number. The number must be listed for each child.

The configuration of a food stamp or FIP case number consists of two letters and seven numerals. Example: V1234567C

The number on a household's Electronic Benefit Transfer card for the food assistance program cannot be accepted as a food stamp case number.

FDPIR numbers may vary according to each tribal organization.

Part 3: This part does not need to be completed for children who have a food stamp, FIP, or FDPIR case number.

Part 4: The signature of the adult household member.

Part 5: If the ethnicity and race of the enrolled child(ren) is not completed by the applicant, the institution must complete using visual observation.

Part 6: Institutions may use this section to collect enrollment information or use their own enrollment form.

Part 7: Not applicable.

2. The person determining the eligibility of the completed Household Income Eligibility Statement should sign, date and circle A in the "For Institution Use Only" section, located at the bottom of page one of the form.

### **How to Determine Eligibility for Non-Food Stamp, Non-FIP, or Non-FDPIR Households**

A household not receiving food stamps, Family Independence Program (FIP) or Food Distribution Program on Indian Reservations (FDPIR) benefits must report the monthly income (gross) received by each household member, identified by source (such as earnings, wages, welfare, pensions, support payments, unemployment compensation, social security, and other cash income received or withdrawn from any other source, including savings, investments, trust accounts, and other resources.)

1. Review the Household Income Eligibility Statement for completeness. If a statement is not complete, return it to the family to complete. Otherwise, you cannot determine eligibility and the child would be classified as Category C. A complete form for these households must include:

Part 1: Not applicable.

Part 2: This part does not need to be completed for households who are reporting income.

Part 3: The names of all household members, their ages, and the enrolled child's birth date. An X should be in the next column for children enrolled in the center for child care.

The monthly income received for each household member identified by source.

Part 4: The signature of an adult household member and his/her social security number or the word "None" if he/she does not possess a social security number.

Part 5: If the ethnicity and race of the enrolled child(ren) is not completed by the applicant, the institution must complete using visual observation.

Part 6: Institutions may use this section to collect enrollment information or use their own enrollment form.

Part 7: Not applicable.

2. The person determining the eligibility of the complete Household Income Eligibility Statement must:

- determine the total number of household members and total monthly income. Enter this number in the "For Institution Use Only" section at the bottom of the Household Income Eligibility Statement;
- apply the total number of household members and the total income from the Household Income Eligibility Statement to the Income Eligibility Guidelines. This will determine the category of the child(ren);
- identify the category of the child(ren) by circling A, B or C in the "For Institution Use Only" section, located at the bottom of the form; and
- sign and date the form.

### **How to Determine Eligibility for a Foster Child**

A foster child is a ward of the court or welfare agency, placed in residence in a private household. Since the court or agency retains legal responsibility for such a child, the foster home is, in fact, an extension of that agency and the foster child is considered a family of one.

1. Review the Household Income Eligibility Statement for completeness. If a statement is not complete, return it to the foster family to complete. Otherwise, you cannot determine eligibility and the child would be classified as Category C. A complete form for this household must include:

Part 1: The foster child's name, age, birth date, and the child's personal use monthly income. Use a separate application for each foster child.

Funds provided by the welfare agency which are specifically identified by category for personal use of the child for items such as clothing, school fees, and allowances are counted as income. Funds identified for shelter and care, and medical and therapeutic needs are not considered as income for the child. Where welfare funds cannot be identified by category, no portion of the provided funds are considered as income. Funds personally received by the child such as funds received from trust accounts, monies provided by the child's family for personal use, and earnings from full-time and regular part-time employment are to be considered as income for the child. Occasional earnings should not be considered as income.

The foster child is considered a household of one; thus, the foster parents' household size or income is not used to determine eligibility.

- Part 2: Not applicable.
- Part 3: Not applicable.
- Part 4: The signature of an adult member of the foster home; however, a social security number is not needed on the foster child's statement.
- Part 5: If the ethnicity and race of the enrolled child(ren) is not completed by the applicant, the institution must complete using visual observation.
- Part 6: Institutions may use this section to collect enrollment information or use their own enrollment form.
- Part 7: The applicant must check the box that accurately describes the foster child's status.

2. The person determining the eligibility of the complete Household Income Eligibility Statement must:

- apply the family of one and the total income from the Household Income Eligibility Statement to the Income Eligibility Guidelines. This will determine the category of the child;
- identify the child's category by circling A, B, or C in the "For Institutions Use Only" section, located at the bottom of the form; and
- sign and date the form.

## **Automatic Eligibility for Head Start**

Head Start agencies may claim free meals (Category A) in the Child and Adult Care Food Program (CACFP) for children meeting the Head Start low-income criteria.

### **Eligibility Criteria**

The child must be enrolled as a participant in a Head Start Program authorized under the Head Start Act. Enrolled as a participant means "the official acceptance of a child by a Head Start program and the completion of all procedures necessary for the child to begin receiving services." This is limited to the participating child and does not include siblings and other family members.

The child must be a member of a family that meets the low-income criteria prescribed under the Head Start Act. This determination is made by the Head Start grantee based on the low-income specified in 45 CFR 1305.2 of the Head Start Program regulations.

### **Documentation Required**

The following documentation must be on file with your CACFP records for children automatically eligible:

- Statement of Income Eligibility – The Head Start statement of income eligibility for the period of time the child is enrolled as an income eligible Head Start participant; or
- CACFP Automatic Eligibility List and Certification Statement – A list of the names of income eligible Head Start participants attached to a certification statement. The certificate includes a statement certifying that the children in the list are enrolled as participants in Head Start and meet the low-income criteria prescribed under the Head Start Act. The certification statement must be signed and dated by a Head Start employee authorized to provide the certification on behalf of the Head Start Program.

The list of names and certification statement are valid for one year. An addendum may be attached to include children enrolled after the compilation of the original list.

A current list of names and certification statements are required each year.

**Records Retention**

The Head Start statement of income eligibility and/or the list of eligible children and Certification Statement must be retained and readily available for review by the U.S. Department of Agriculture, the Michigan Department of Education, or auditors for three years after the end of the fiscal year to which they pertain, or if an audit is outstanding, until the audit is closed.

**Other Children**

Children who are enrolled in Head Start but do not meet the Head Start's low income criteria or who are enrolled in other programs such as the Michigan School Readiness Program are not automatically eligible for free (Category A) meals. A Household Income Eligibility Statement is required for these children to determine eligibility for free and reduced price meals.

**Instructions**

At the beginning of each fiscal year, prepare a list of names of children enrolled as participants in Head Start who meet the low income criteria prescribed under the Head Start Act. List the names in alphabetical order with the first and last names of eligible children. Do not include names of children who are not eligible.

As new qualified children enroll, add their names to the list. Do not delete the names of children who are no longer enrolled.

Sign and date the certification statement and attach to the list of names.

Michigan Department of Education  
Child and Adult Care Food Program

## Certification Statement

# Head Start Eligibility for the Child and Adult Care Food Program



I certify that the children whose names are on the attached list are enrolled as participants in Head Start and meet the low-income criteria prescribed under the Head Start Act. I have not included names of children who do not meet the low-income criteria or those who are not enrolled as participants in Head Start.

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Signature of Authorized Official

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Title

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Date

## **Automatic Eligibility for Even Start**

Even Start agencies may claim free meals (Category A) in the Child and Adult Care Food Program (CACFP) for children enrolled in Even Start.

### **Eligibility Criteria**

The child must be enrolled as a participant in an Even Start Program authorized under the Elementary and Secondary Education Act of 1965 and the child must not yet be enrolled in kindergarten.

To be eligible for Even Start services, children must be between the ages of birth through seven years and have a parent or parents: (a) who are eligible for participation in an adult basic education program under the Adult Education Act or who are within the State's compulsory school attendance age range, as long as the local education agency provides or ensures the availability of the basic education component and (b) who are participating in the Even Start project.

### **Other Children**

Children who are not enrolled in Even Start are not automatically eligible for free (Category A) meals. A Household Income Eligibility Statement is required for these children to determine eligibility for free and reduced price meals.

### **Instructions**

Prepare a list of names of children enrolled as participants in the Even Start Family Literacy Program who have not yet entered kindergarten. List the names in alphabetical order with first and last names of eligible children. Do not include names of children who are not eligible.

A certification statement must be attached to the list of names and be signed and dated by the local project director or an individual authorized to provide the certification on behalf of the Even Start Family Literacy Program. As new qualified children enroll, add their names to the list. Do not delete the names of children who are no longer enrolled.

Retain the list of children and the certification statement for three years after the end of the fiscal year to which they pertain, or if an audit is outstanding, until the time the audit is closed.

Michigan Department of Education  
Child and Adult Care Food Program

## Certification Statement

# Even Start

## Eligibility For the Child and Adult Care Food Program



I certify that the children whose names are on the attached list are enrolled as participants in the Even Start Family Literacy Program and they have not yet entered kindergarten. I have not included names of children who are not enrolled as participants in the Even Start Family Literacy Program or children who have entered kindergarten.

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Signature of Authorized Official

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Title

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Date

Michigan Department of Education  
Child and Adult Care Food Program

Income Eligibility Guidelines July 1, 2007 - June 30, 2008						
Family Size	Category A		Category B		Category C	
	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly
1	0-\$13,273	0-\$1,107	\$13,274-\$18,889	\$1,108-\$1,575	\$18,890	\$1,576
2	0-\$17,797	0-\$1,484	\$17,798-\$25,327	\$1,485-\$2,111	\$25,328	\$2,112
3	0-\$22,321	0-\$1,861	\$22,322-\$31,765	\$1,862-\$2,648	\$31,766	\$2,649
4	0-\$26,845	0-\$2,238	\$26,846-\$38,203	\$2,239-\$3,184	\$38,204	\$3,185
5	0-\$31,369	0-\$2,615	\$31,370-\$44,641	\$2,616-\$3,721	\$44,642	\$3,722
6	0-\$35,893	0-\$2,992	\$35,894-\$51,079	\$2,993-\$4,257	\$51,080	\$4,258
7	0-\$40,417	0-\$3,369	\$40,418-\$57,517	\$3,370-\$4,794	\$57,518	\$4,795
8	0-\$44,941	0-\$3,746	\$44,942-\$63,955	\$3,747-\$5,330	\$63,956	\$5,331

For each additional family member add:

\$4,524	\$377	\$6,438	\$537	\$6,439	\$538
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(Insert Institution's name, address, and telephone number)

**RE: Child and Adult Care Food Program  
For the period of July 1, 2007 through June 30, 2008**

Dear Parent or Guardian:

Our center participates in the Child and Adult Care Food Program (CACFP). The main purpose of the CACFP is the help children receive nutritious food and well balanced meals. Meals and snacks must meet meal pattern requirements. You are not charged a separate fee for the meals and snacks served. We receive reimbursement for meals and snacks served to enrolled children while in care. Our center receives additional reimbursement for each child whose household is income eligible.

If your income meets the federal guidelines, or if you receive Food Stamps, Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, your children's meals are eligible for the center to receive additional reimbursement. Please complete both sides of the attached Household Income Eligibility Statement and return it to the center. The information will be kept confidential.

The CACFP income guidelines are as follows:

Family Size	Yearly Income	Monthly Income
1	\$18,889	\$1,575
2	\$25,327	\$2,111
3	\$31,765	\$2,648
4	\$38,203	\$3,184
For each additional family member add:	\$6,438	\$537

Below are specific instructions on how to complete the Household Income Eligibility Statement (IES). Find the category that most closely defines your household and follow the directions for completing each Part of the IES.

**Instructions for completing the Child and Adult Care Food Program  
Household Income Eligibility Statement**

**If your entire household gets Food Stamps, FIP or FDPIR benefits, follow these instructions:**

- Part 1: Do not complete.
- Part 2: List enrolled day care child(ren)'s first and last name, age, birth date, check benefit received, and list a case number.
- Part 3: Do not complete.
- Part 4: Sign and date the form. A social security number is not necessary.
- Part 5: Complete this part or it will be completed by center staff.
- Part 6: Complete this part.
- Part 7: Do not complete.

**If you are applying for a foster child, follow these instructions:**

- Part 1: Use a separate application for each foster child. List the child's name, age, birth date, check the box, and list the child's personal use monthly income, if any.
- Part 2: Do not complete.
- Part 3: Do not complete.
- Part 4: Sign and date the form. A social security number is not necessary.
- Part 5: Complete this part or it will be completed by center staff.
- Part 6: Complete this part.
- Part 7: Check the box that accurately describes the foster child's status.

**All other households, follow these instructions:**

- Part 1: Do not complete.
- Part 2: Do not complete.
- Part 3: Follow these instructions to report total household income from last month:

**Names**

List the first and last name of each person living in your household, related or not (such as grandparents, other relative, or friends). You must include yourself and all children living with you. Attach another sheet of paper if necessary.

**Enrolled for Child Care**

Place an X in the box for children enrolled for day care at this center.

**Age**

List the age of each child enrolled for day care at this center.

**Child's Birth Date**

List the birth date of each child enrolled for day care at this center.

**Monthly Earnings from Work**

List the gross income each person earned from work monthly. This is not the same as take-home pay. Gross income is the amount earned before taxes and deductions. Net income should only be reported for self-owned business, farm, or rental income.

**Monthly Welfare, Child Support or Welfare**

List the amount each person received last month from welfare, child support, and alimony.

**All Other Income**

List the amount each person received last month by source from pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA Benefits), disability benefits, regular benefits, regular contributions from people who do not live in your household, and any other income.

**No Income**

If the person does not have any income, mark the "Check if No Income" box.

- Part 4: Sign and date the form and list a social security number or write "None" if you do not have a social security number.
- Part 5: Complete this part or it will be completed for you by center staff.
- Part 6: Complete this part.
- Part 7: Do not complete.

Your family may be eligible to receive health insurance, named MIChild, through the State of Michigan. MIChild is a health insurance program for uninsured children of Michigan's working families. MIChild services are provided by many HMO's and other health care plans throughout Michigan. To determine if your family is eligible, call 1-888-988-6300 for an application or access an online application at [http://www.michigan.gov/mdch/0,1607,7-132-2943\\_4845\\_4931---,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2943_4845_4931---,00.html). At the web address, you can also access the MIChild brochure that briefly explains the insurance program.

Return the completed Household Income Eligibility Statement to the center. Should you become unemployed, contact our center to amend your Income Eligibility Statement. Please contact our office if you have any questions.

Sincerely,

Attachment: Household Income Eligibility Statement

In accordance with Federal law and U. S. Department of Agriculture (USDA) 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 Civil Rights, 1400 Independence Avenue, SW, Washington, D. C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

(Insert Institution's name, address, and telephone number)

**RE: Child and Adult Care Food Program  
For the period of July 1, 2007 through June 30, 2008**

Dear Parent or Guardian:

Our center participates in the Child and Adult Care Food Program (CACFP). The main purpose of the CACFP is the help children receive nutritious food and well balanced meals. Meals and snacks must meet meal pattern requirements. We receive reimbursement for meals and snacks served to enrolled children while in care. Our center receives additional reimbursement for each child whose household is income eligible.

The price for breakfast is \$\_\_\_\_\_, the price for lunch is \$\_\_\_\_\_, the price for snack is \$\_\_\_\_\_. Households with income less than or equal to the level shown on the CACFP income scale in this letter are eligible for A (free) or B (reduced price) meals. We offer reduced price breakfast for \$\_\_\_\_\_, lunches for \$\_\_\_\_\_, snack for \$\_\_\_\_\_. Each child who receives Food Stamps, Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) assistance is automatically eligible for free meals.

If you believe your income meets the guidelines, or if you receive Food Stamps, Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, complete both sides of the attached Household Income Eligibility Statement and return it to the center. The information will be kept confidential. We will use federal guidelines to determine if your children's meals are eligible for free or reduced price meals.

Children having parents or guardians who become unemployed are eligible for A (free) or B (reduced price) meals during the period of unemployment, provided that the loss of income causes the family income during the period of unemployment to be within the standards for those meals.

The CACFP income guidelines are as follows:

Family Size	Yearly Income	Monthly Income
1	\$18,889	\$1,575
2	\$25,327	\$2,111
3	\$31,765	\$2,648
4	\$38,203	\$3,184
For each additional family member add:	\$6,438	\$537

Below are specific instructions on how to complete the Household Income Eligibility Statement (IES). Find the category that most closely defines your household and follow the directions for completing each part of the IES.

**Instructions for completing the Child and Adult Care Food Program  
Household Income Eligibility Statement**

**If your entire household gets Food Stamps, FIP or FDPIR benefits, follow these instructions:**

- Part 1: Do not complete.
- Part 2: List enrolled day care child(ren)'s first and last name, age, and birth date, check benefit received, and list a case number.
- Part 3: Do not complete.
- Part 4: Sign and date the form. A social security number is not necessary.
- Part 5: Complete this part or it will be completed by center staff.
- Part 6: Complete this part.
- Part 7: Do not complete.

**If you are applying for a foster child, follow these instructions:**

- Part 1: **Use a separate application for each foster child.** List the child's name, age, birth date, check the box, and list the child's personal use monthly income, if any.
- Part 2: Do not complete.
- Part 3: Do not complete.
- Part 4: Sign and date the form. A social security number is not necessary.
- Part 5: Complete this part or it will be completed by center staff.
- Part 6: Complete this part.
- Part 7: Check the box that accurately describes the foster child's status.

**All other households, follow these instructions:**

- Part 1: Do not complete.
- Part 2: Do not complete.
- Part 3: Follow these instructions to report total household income from last month:

**Names**

List the first and last name of each person living in your household, related or not (such as grandparents, other relative, or friends). You must include yourself and all children living with you. Attach another sheet of paper if necessary.

**Enrolled for Child Care**

Place an X in the box for children enrolled for day care at this center.

**Age**

List the age of each child enrolled for day care at this center.

**Child's Birth Date**

List the birth date of each child enrolled for day care at this center.

**Monthly Earnings from Work**

List the gross income each person earned from work monthly. This is not the same as take-home pay. Gross income is the amount earned before taxes and deductions. Net income should only be reported for self-owned business, farm, or rental income.

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**No Income**

If the person does not have any income, mark the "Check if No Income" box.

- Part 4: Sign and date the form and list a social security number or write "None" if you do not have a social security number.
- Part 5: Complete this part or it will be completed for you by center staff.
- Part 6: Complete this part.
- Part 7: Do not complete.

The information on the application may be verified at any time during the year.

If you do not agree with the center's decision on your application, you may wish to discuss it with the center. If you wish to review the decision further, you have the right to a fair hearing. This can be done by writing or calling:

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_

Your family may be eligible to receive health insurance, named MIChild, through the State of Michigan. MIChild is a health insurance program for uninsured children of Michigan's working families. MIChild services are provided by many HMO's and other health care plans throughout Michigan. To determine if your family is eligible, call 1-888-988-6300 for an application or access an online application at [http://www.michigan.gov/mdch/0,1607,7-132-2943\\_4845\\_4931---,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2943_4845_4931---,00.html). At the web address, you can also access the MIChild brochure that briefly explains the insurance program.

Return the completed Household Income Eligibility Statement to the center. Should you become unemployed, contact our center to amend your Income Eligibility Statement. Please contact our office if you have any questions.

Sincerely,

Attachment: Household Income Eligibility Statement

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