

**CHILD AND ADULT CARE FOOD PROGRAM  
 LETTER TO PARENT/GUARDIAN  
 NON-PRICING INSTITUTIONS**

Dear Parent/Guardian:

The \_\_\_\_\_ participates in the Child and Adult Care Food Program (CACFP) administered by the United States Department of Agriculture (USDA). Please help us comply with the requirements of the CACFP by completing, signing and returning the attached Free/Reduced Price (F/RP) Meal Application as soon as possible. This information is necessary to receive CACFP reimbursement for the meals served to participants in our program. These funds assist in providing more nutritious meals to participants. All participants in our program receive their meals "Free" of charge, but the amount of Federal funding is affected by the eligibility category of each participant. For the Institution to determine the eligibility category, the F/RP Meal Application must be completed as follows:

All participants who are recipients and/or members of a household currently receiving benefits through FOOD STAMPS, FAMILY INDEPENDENCE TEMPORARY ASSISTANCE PROGRAM (FITAP), FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR), and MEDICAID-Adult Day Health Care (ADHC) are automatically eligible to receive "Free" meal benefits. Complete **PART 1** of the F/RP Meal Application and the Food Stamp case number, FITAP, and FDPIR identification numbers in **PART 3**; **ADC only** complete Medicaid or Food Stamp case numbers in **PART 2**, if applicable and **SSI** recipients check SSI in **PART 2** and complete **PART 3**. An adult household member/guardian must also sign and date the application in **PARTS 4 or 5**.

If a Food Stamp, FITAP, FDPIR or (Medicaid-ADC) case number is **not reported**, **PARTS 3 or 4 (A-B)** must be completed FOR ALL OTHER HOUSEHOLDS on the F/RP Meal Application including the name of the enrolled participant and any other household members belonging to same economic unit, the total monthly income for those household members by source and the hours/days of expected care and meals. If an adult day care participant is the recipient of **SSI**, **PART 3** must be completed (this participant may be considered a household of one.) The Department of Agriculture defines a **household** as a group of related or unrelated individuals (does not include residents of an institution or boarding house) who are living as one economic unit (i.e., sharing living expenses). An adult household member/guardian must sign, date and give his/her social security number in **PARTS 4 or 5**.

A foster child who is the legal responsibility of a welfare agency or court may be certified as eligible for "Free" meals regardless of household income. The personal use funds for clothing or housing allowance is considered income for a "Foster Child." Please contact the Center for additional information if a foster child will be enrolled in our program.

The reported income must be last month's total gross household income listed by source, for each household member. If last month's income does not accurately reflect the circumstances, a projection of the annual income may be provided, and last year's income may be used as a basis for making this projection if no significant changes have occurred. If the household's income is equal to or less than the amounts indicated for the household size on the chart below, the Center will receive a higher level of reimbursement.

**Confidentiality of Information:** This form will be placed in the Institution's files and all information given will be treated as **confidential**. The information is used to determine the level of reimbursement that may be received based upon the participant's eligibility for F/R meals. **However, the Institution may provide officials of other child nutrition, health and education programs information on the F/RP Meal Application to determine benefits for those programs as required by regulations.**

**INCOME ELIGIBILITY GUIDELINES FOR REDUCED PRICE MEALS** (Effective July 1, 2008, through June 30, 2009)

Household Size	Annual	Monthly	Twice/Month	Every Two Weeks	Weekly
1.....	19,240	1,604	802	740	370
2.....	25,900	2,159	1,080	997	499
3.....	32,560	2,714	1,357	1,253	627
4.....	39,220	3,269	1,635	1,509	755
5.....	45,880	3,824	1,912	1,765	883
6.....	52,540	4,379	2,190	2,021	1,011
7.....	59,200	4,934	2,467	2,277	1,139
8.....	65,860	5,489	2,745	2,534	1,267
For each additional family member add.....	+6,660	+555	+278	+257	+129

*The Louisiana Department of Education, Division of Nutrition Assistance administers the Child and Adult Care Food Program (CACFP) and if you have any questions or concerns, you may contact a program representative at (225) 342-3720 or 1-877-453-2721.*

All meals served to participants under the Child and Adult Care Food Program are served "Free" regardless of race, color, national origin, sex, age, or disability. The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audio tape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). 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.*  
 Thank you for your cooperation.

Sincerely,  
 Institution Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number of Center: ( \_\_\_\_\_ ) \_\_\_\_\_