

Name of Facility Becky Gates Children's Center Telephone 979-458-5437
Address of Center 1125 Hensel Dr. College Station, Tx 77843
Street Address City Zip Code

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. This child care center offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

1. Do I need to fill out a Meal Benefit Form for each of my children in day care? You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household only if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to: [(Name of Center, address, phone number)].**

2. Who can get free meals without providing income information? Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children (reference question #8 for more information on foster children) and children enrolled in a Head Start Program (HSP), Early Head Start Program (EHSP), or Even Start Program (ESP) and have not entered kindergarten) are also eligible for free meals. Households with children enrolled in a HSP, EHSP or ESP can provide a certification letter from the program of the child's enrollment and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

3. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Income Chart, sent with this application. Children in households participating in WIC may be eligible for reduced price meals.

4. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

5. Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

6. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

7. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

8. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children can provide the Texas Department of Family and Protective Services Form 2085FC, *Placement Authorization Foster Care/Residential Care*, to their child's caregiver and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

9. We are in the military, do we include our housing and supplemental allowances as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

10. (Pricing program only) Will the information I give be verified? Maybe. We may ask you to send written proof to verify the information you submitted on the form. **What if I disagree with the decision about the information I complete on this form?** You can talk to **[enter name of staff person that handles complaints/disagreements]**, either in person or by telephone at **[enter phone number for the staff person above]**. You may ask for a hearing by calling or writing to: **[name, address, phone number]**.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, contact the center at the telephone number listed above.

Sincerely,



Signature of Child Care Center Administrator



Child and Adult Care Food Program Form Instructions

The Becky Gates Children's Center participates in the CACFP. It is a federal program that provides reimbursement for healthful meals and snacks served to children and adults. The center rotates two, six-week seasonal menus, updated annually including family feedback. We offer a variety of fruits and vegetables, lean proteins, whole grains, and culturally diverse foods. We use locally sourced items when available. The CACFP provides nutritious meals to children and helps them develop good eating habits which they will retain in later years. Both of these nutritional goals can be effectively pursued through family-style meal service. The center also has a special allergy and dietary policy and tries to accommodate children based on their health needs.

Enrollment and income eligibility forms must be updated annually. To minimize the amount of paperwork families must do monthly, we are having all families renew at the same time each year.

Please complete the following – forms **must** be completed by hand:

- **PARTICIPANT ENROLLMENT FORM** (one per child)
 - Required information:
 - Child's Name, date of birth, age and sex
 - Original date child enrolled at BGCC
 - Food Allergies (diagnosed)
 - Normal days of attendance
 - Meals normally eaten at facility
 - Typical arrival and departure times
 - Parent/Guardian signature, name, address, and telephone numbers
- **INCOME ELIGIBILITY FORM** (one per family/household)
 - **Part 1:** All Household Members
 - Names of Enrolled Child(ren)
 - List all children (first and last name) enrolled at BGCC.
 - Names of **all** household members (including enrolled children)
 - List names of all household members including first, middle initial and last name. A **household** is a group of related or unrelated individuals who are living as one economic unit (i.e., sharing living expenses).
 - Check if the child is a foster child.
 - Check if the household member does not have an income.

- **Part 2: Benefits**
 - If a child receives Temporary Assistance for Needy Families (TANF) payments or Supplemental Nutrition Assistance Program (SNAP) benefits, indicate the child's full name and the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete part 3 or 4.
 - If you have a SNAP or TANF case number for at least one of your children enrolled at the center, the eligibility extends to all your children enrolled at the center. Skip part 3 and 4.
- **Part 3: Skip** – Does not Apply to BGCC
- **Part 4: Total Household Gross Income** – you must tell us how much and how often received.
 - Name: List only household members with income.
 - Gross income and how often it is received (self-employed report income after expenses in box 1)
 - Earnings from work before deductions
 - Welfare, child support, alimony
 - Pensions, retirement, Social Security, SSI, VA Benefits
 - Other Income
 - Report income by source and when income is paid (i.e., weekly, monthly, etc.) for each household member.
 - The income reported on the application must include all income before taxes and before other deductions (gross wages).
 - Income exclusions not to be reported or counted include payments received for the care of foster children.
- **Part 5: Signature and Last Four Digits of Social Security Number (Adult must sign)**
 - The adult household member completing the application must complete the printed name, date, home address, and telephone number.
 - The adult signing the application must provide the last four digits of his/her social security number. If you do not have a social security number, mark the box "I do not have a Social Security number."
 - The adult household member completing the application must sign the form.
 - If you have a Social Security number but fail to provide the last four digits, the form is invalid.

Participant Enrollment Form (Sample)

NEW UPDATE DROP IN

Institution Name: CHILD CARE PLUS Agreement Number: CE ID 02051

Facility/Provider Name: First Foundation Learning Center 1191

Child and Adult Care Food Program (CACFP) Participant Enrollment Form

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The enrolled participant will receive nutritious meals and snacks at no cost to you. CACFP needs verification of enrollment for each participant in this facility. Please fill out the parent/guardian section of this form, sign it and return it to the above facility/provider. Provide information for one participant per section. **(In order for the institution to receive reimbursement for meals served/claimed, this form must be completed for each enrolled participant annually.)**

Parent/Guardian Please Complete:

Participant's (Child) Name: Parker Miller Date of Birth: 10-25-16 Age: 3 months

Sex: Male Female Date participant enrolled in the facility: 2-1-18

Food Allergies: Yes No If "yes" specify: _____

(If the participant cannot be served the CACFP Meal Pattern, a statement from the participant's Health Care Provider must be provided.)

Check Days of Normal Care at facility: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Check meals normally eaten at facility: Breakfast AM Snack Lunch PM Snack Supper Evening Snack

Please list the normal times of arrival and departure (check am or pm): Arrive: 7:00 am pm Depart: 6:30 am pm

RACE OF PARTICIPANT: You are NOT required to answer this question.

White Black or African American America Indian/Alaska Native

Asian Native Hawaiian or Other Pacific Islander

ETHNIC IDENTITY: You are NOT required to answer this question.

Hispanic or Latino Not Hispanic or Latino

If participant is an infant (0-11 months), please complete this box. Check all applicable choice(s) below:

This institution/facility offers Parents Choice IFF formula for infants through CACFP. It is your choice whether or not to use this formula based on your infant's needs. Baby foods provided by the institution/facility must be in compliance with the infant meal pattern as required by 7CFR 226.20.

Please mark your preference (choose all that apply)	Today's Date <u>2-6-18</u> Birth - 5 months	Today's Date <u>2-6-18</u> 6 - 11 months
I will bring expressed breastmilk for my infant.		
I want the provider to provide the infant formula for my infant.		
I will bring the infant formula for my infant. Please list the kind of infant formula you will bring.	<u>YES</u> <u>Similac</u>	<u>YES</u> <u>Similac</u>
According to CACFP requirements, in order to claim meals for reimbursement, the provider must provide infant cereal and other foods when your infant is developmentally ready to accept them.	Please mark your preference	
	I want the provider to provide the infant cereal and other foods for my infant.	
	<u>YES</u>	
I will bring the infant cereal and/or other foods for my infant.		Today's Date <u>2-6-18</u> 6 - 11 months

Note to parents who are getting formula through the WIC Program: Your baby is eligible to get formula from this child care institution facility as well as from the WIC Program. It is your decision which formula you want your baby to use when she is at child care. If you find you are getting more formula than your baby needs, you may wish to talk with your WIC nutritionist or your child care provider.

I hereby certify the information given on this sheet is true and correct to the best of my knowledge. I also certify that I was given CACFP Meal Benefits Income Eligibility Form Letter to Household, the WIC information, Building for the Future Flyers, Civil Rights Appeals Procedures.

Parent/Guardian Signature: Aubrey Miller Date: 2-6-18

Print Name: Aubrey Miller

Address: 123 School House Rd. City: Spring State: TX Zip Code: 77380

Home Telephone Number: 654-321-0000 Date Dropped: _____

Work Telephone Number: _____ Emergency Telephone Number: _____

In accordance with Federal Law and U.S. Department of Agriculture 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 Adjudication and Compliance, 1400 Independence Avenue SW, Washington, DC 20250-9401 or call (866) 632-9992, (202) 260-1026 or (202) 401-0216 (TDD). This institution is an equal opportunity provider and employer.

CACFP Meal Benefit Income Eligibility Form (SAMPLE)



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members																																						
Name of Enrolled Child(ren): <u>Parker Miller</u>																																						
Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.			CHECK IF NO INCOME																																		
<u>Parker MILLER</u>	<input type="checkbox"/>			<input checked="" type="checkbox"/>																																		
<u>Aubrey Miller</u>	<input type="checkbox"/>			<input type="checkbox"/>																																		
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Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. If no one receives these benefits, skip to part 3. NAME: _____ ELIGIBILITY NUMBER: _____																																						
Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed <i>List of Eligible Federal/State Funded Programs (H1660)</i> , provide the name of the program and eligibility number: NAME: _____ ELIGIBILITY NUMBER: _____ Check here if no case number <input type="checkbox"/>																																						
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 25%; padding: 2px;">A. Name (List only household members with income)</th> <th colspan="4" style="padding: 2px;">B. Gross income and how often it was received <small>Note: Self-employed report income after expenses in box 1</small></th> </tr> <tr> <th style="width: 15%; padding: 2px;">1. Earnings from work before deductions</th> <th style="width: 15%; padding: 2px;">2. Welfare, child support, alimony</th> <th style="width: 15%; padding: 2px;">3. Pensions, retirement, Social Security, SSI, VA benefits</th> <th style="width: 15%; padding: 2px;">4. All Other Income</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;"><small>(Example)</small> <i>Jane Smith</i></td> <td style="padding: 2px;">\$200/weekly</td> <td style="padding: 2px;">\$150/twice a month</td> <td style="padding: 2px;">\$100/monthly</td> <td style="padding: 2px;">\$200/bi-monthly</td> </tr> <tr> <td style="padding: 2px;"><u>Aubrey Miller</u></td> <td style="padding: 2px;">\$ 500/ Weekly</td> <td style="padding: 2px;">\$ /</td> <td style="padding: 2px;">\$ /</td> <td style="padding: 2px;">\$ /</td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;">\$ /</td> <td style="padding: 2px;">\$ /</td> <td style="padding: 2px;">\$ /</td> <td style="padding: 2px;">\$ /</td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;">\$ /</td> <td style="padding: 2px;">\$ /</td> <td style="padding: 2px;">\$ /</td> <td style="padding: 2px;">\$ /</td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;">\$ /</td> <td style="padding: 2px;">\$ /</td> <td style="padding: 2px;">\$ /</td> <td style="padding: 2px;">\$ /</td> </tr> </tbody> </table>					A. Name (List only household members with income)	B. Gross income and how often it was received <small>Note: Self-employed report income after expenses in box 1</small>				1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income	<small>(Example)</small> <i>Jane Smith</i>	\$200/weekly	\$150/twice a month	\$100/monthly	\$200/bi-monthly	<u>Aubrey Miller</u>	\$ 500/ Weekly	\$ /	\$ /	\$ /		\$ /	\$ /	\$ /	\$ /		\$ /	\$ /	\$ /	\$ /		\$ /	\$ /	\$ /	\$ /
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