



Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled at SUM Child Development, Inc. facilities. Children need healthy meals to learn. SUMCD 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.

**For Children Enrolled in all SUMCD facilities:**

(Head Start and Early Head Start children are free and do not need to complete this form)

We ask our families to complete the attached Meal Benefit Income Eligibility Form. All children in our facilities receive their meals at no separate charge, but the determination of eligibility category affects the amount of Federal funding our facilities receive to help pay for meals and snacks we provide to all enrolled children.

1. **Do I need to fill out a Meal Benefit Form for each of my children?** No, you may complete one form for all **enrolled** children in the household (do not include early head start or head start siblings).
2. **Do I need to provide income information?** Only if you fall within the Federal Income Guideline Chart shown on this application for free or reduced meals. If you do not receive any income, please write a 0 in the income area. If you are above income guidelines write "above guidelines" and print your child's name on the form.
3. **Who can be categorically eligible for free meals?** 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**) benefits can get free meals. Foster children are eligible for free meals as well as Head Start and Early Head Start. Children in households participating in WIC may be eligible for reduced meals.
4. **SNAP and TANF households:** Must provide their nine-digit county case number provided by the County Assistance Office (COA) on the Meal Benefit Eligibility Application (Part 2). No income information is needed as long as you include your county case number. If you reside in Union County your case number will begin with 60. If you reside in Snyder County, your case number will begin with 55. If you reside in Mifflin County, your case number will begin with 44. **Please note that you cannot use the numbers on your Medical Assistance Card or EBT Access Cards.**
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 share income and expenses. You must include yourself and all 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 (wages, welfare, pension, and support payments, alimony, unemployment compensation, social security, Supplemental Security Income (SSI), Veteran's benefits, disability benefits, and additional cash received or withdrawn from any other sources, including savings, investments, trust accounts, and other resources) for all members of your household, by source. 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, SUMCD will receive a higher level of reimbursement. Please notify us if your income increases during the year. Any decreases in household size or increases in income which exceeds \$50 per month or \$600 per year, should be reported. You should notify us if you become unemployed and the loss of income during the period of unemployment causes your household income to be within the income eligibility standards.

**(Over – Continued on back side)**

7. **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.
8. **Can I Apply of Free or Reduced Price Meals Later?** You may apply for free or reduced price meals at any time during the year. If you are not eligible now but have a decrease in household income, an increase in household size, become unemployed or begin to receive Food Stamps or TANF, complete a Meal Benefit Application at that time.
9. **Is my Social Security Number required?** You must include the last four digits of the parent or guardian signing the Meal Benefit Income Eligibility Form (or an indication that he/she does not have a number). The Social Security Number is not required for foster children or for those receiving SNAP, TANF or FDPIR benefits.

**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**Non-discrimination Statement:** 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, audiotope, 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 <https://www.ascr.usda.gov/ad-3027-usda-program-discrimination-complaint-form> 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:

Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

Fax: (202) 690-7442

Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

Thank you for your cooperation

.Child & Adult Care Food Program July 1, 2018 to June 30, 2019			
Reduced Price Meal Income Chart			
Household Size	Yearly Reduced	Monthly Reduced	Weekly Reduced
1	\$22,459	\$1,872	\$432
2	\$30,451	\$2,538	\$586
3	\$38,443	\$3,204	\$740
4	\$46,435	\$3,870	\$893
5	\$54,427	\$4,536	\$1,047
6	\$62,419	\$5,202	\$1,201
7	\$70,411	\$5,868	\$1,355
8	\$78,403	\$6,534	\$1,508
Each additional person	\$7,992	+\$666	+\$154