

## Sample Letter to Provider

Dear Provider:

Welcome to the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The CACFP is a nutrition program that pays providers for nutritious meals served to children. There are two levels of payment depending on certain criteria.

### What determines if I will receive the higher payment?

The higher payment is based on one of the following:

- School data
- Census data
- Provider income

### Am I eligible for the higher payment based on school or census data?

No. You are not eligible for the higher payment based on either school or census data.

### Am I eligible for the higher reimbursement based on income?

Perhaps, if you meet the eligibility requirements based on your household income **or** if any member of your household receives Basic Food, Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR).

### If a household member currently receives benefits from one of these programs or I believe my family income would qualify my home for the higher payment, what should I do?

Complete the attached Provider Income-Eligibility Application, following the directions on the form. There is a separate section for each way your home may qualify: family income or benefit participant. Complete Part 6 by signing and dating the form. Part 7 is optional.

### I am not sure if my family income qualifies. How do I decide?

If your income is the same as or less than the amount on the line for your family size on the Income-Eligibility Guidelines table below, you may be eligible for the higher payment. Complete and return the Provider Income-Eligibility Application to our office.

## INCOME-ELIGIBILITY GUIDELINES REDUCED-PRICE MEALS

Effective July 1, 2024–June 30, 2025

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$27,861	\$2,322	\$ 1,161	\$1,072	\$536
2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$77,626	\$6,469	\$3,235	\$2,986	\$1,493
7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
For each add'l family member, add:	\$9,953	\$830	\$415	\$383	\$192

### Will this information be kept confidential?

Yes. The information may be made available only to a limited number of our agency staff or employees of the Office of Superintendent of Public Instruction, U.S. Department of Agriculture, or the U.S. General Accounting Office when they are reviewing our program.

**What do I need to submit to verify my income?**

We have attached a list of the types of documentation that may be used. To qualify for the higher payment, income must be verified.

**What do I need to submit to verify participation in Basic Food, TANF, or FDPIR?**

- A letter of authorization from the Basic Food office showing the beginning and ending dates.
- A document showing the beginning and ending dates of the TANF certification.
- A document showing current eligibility for FDPIR.

**How long is the Provider Income-Eligibility Application in effect?**

The Provider Income-Eligibility Application will be in effect for 12 months from the date it is signed, verified, and dated by the sponsor.

**We do not qualify right now. What should I do if a household member becomes unemployed?**

If a household member becomes unemployed, your household size increases, or your income decreases for other reasons, you should notify us. We can assist you in completing a new Provider Income-Eligibility Application.

Sincerely,

FDCH Sponsor

Enclosure: Provider Income-Eligibility Application

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

INCOME TO REPORT	DOCUMENTATION NEEDED FOR VERIFICATION
<b>Earnings from Employment</b>	
Wages/salaries/tips	IRS Form 1040 submitted last year; current pay check stub or pay envelope that shows how often pay is received; letter from employer stating gross wages paid and how often
Strike benefits	Current pay check stubs
Unemployment compensation	Notice of eligibility from state employment security office; check stub
Worker's compensation	Current pay check stubs; letter from worker's compensation
Net income from self-owned business	IRS Form 1040 and Schedule C or documentation of income and expenses
Net income from farm business	Business or farming papers such as ledger or tax records
<b>Welfare/Child Support/Alimony</b>	
Public assistance payments	Benefit letter with beginning and ending date
Welfare payments	Benefit letter with beginning and ending date
Alimony/child support payments	Court decree, agreement, or copies of checks received
<b>Pensions/Retirement/Social Security</b>	
Pensions	Benefit/award letter with statement of benefits/award received
Supplemental security income	Benefit/award letter with statement of benefits/award received
Retirement income	Benefit/award letter with statement of benefits/award received
Veteran's payments	Benefit/award letter with statement of benefits/award received
Social Security	Benefit/award letter with statement of benefits/award received
<b>Military Households</b>	
All cash income including military housing/uniform allowances. Does not include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.).	Current pay check or leave earning statement
<b>Foster Child's Income</b>	
ONLY funds from welfare agency identified by category for personal use of child (clothing, school fees, etc.); funds from child's family for personal use; and earnings from other than occasional or part-time employment. DO NOT COUNT funds from the welfare agency for shelter, care, etc.	
<b>Other Income</b>	
Disability benefits	Benefit letter with statement of benefits received
Cash withdrawn from savings	Document showing amount received, how often, and date received
Interest/dividends	Document showing amount received, how often, and date received
Income from estates/trusts/investments	Document showing amount received, how often, and date received
Regular contributions from persons not living in the household	Document showing amount received, how often, and date received
Net royalties/annuities/net rental income	Document showing amount received, how often, and date received
Any other income (including, but not limited to, income in lieu of providing insurance, and military Basic Allowance for Subsistence (BAS)).	Document showing amount received, how often, and date received
<b>No Income</b>	
	Explanation of how food, clothing, and housing is provided; explanation of when income is expected