

Child and Adult Care Food Program
LETTER TO ADULT PARTICIPANT, ADULT HOUSEHOLD MEMBER, LEGAL
GUARDIAN
Adult Care Centers

Dear Participant:

Our center does not charge separately for meals because it participates in the U.S. Department of Agriculture’s (USDA) Child and Adult Care Food Program (CACFP). The CACFP is a program that pays centers for nutritious meals served to all eligible participants in attendance.

How much does the center receive in payment for meals served to participants?

The amount of payment received depends on the income status of the participants in our center. We receive a higher payment for those participants/families that are low income.

How does the center determine the income status of my family?

The information you provide on the enclosed Income-Eligibility Application determines the income status and payment level to the center.

I am not sure if I qualify. How do I decide?

If your gross income (before deductions) is the same as or less than the amount on the line for your family size on the income guidelines table below, the center is eligible for the higher payment. When self-employed, net income may be reported. **Please complete and return the Income-Eligibility Application to our office as soon as possible.**

INCOME 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

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
For each add'l family member, add:	\$9,953	\$830	\$415	\$383	\$192

If my household income is greater than the income guidelines for reduced-price meals, or if I choose not to report my income, what should I do?

You should complete Part 4 and may write "above-scale" in Part 3.

Is there another way for the center to receive the higher payment other than using my family income?

Yes. Participants may be eligible for the higher payment based on one of the following:

1. Any member of the household receives Basic Food or Food Distribution Program on Indian Reservations (FDPIR).
2. The participant(s) receives Supplemental Security Income (SSI) or Medicaid.

If a household member currently receives Basic Food or FDPIR, or if the participant currently receives SSI or Medicaid, what should I do?

Complete the attached Income-Eligibility Application, completing Part 2 and Part 4.

Whose signature must be on the Income-Eligibility Application?

All forms require the signature of the adult participant or an adult household member, or legal guardian in Part 4 of the Income-Eligibility Application.

Whom should I contact if I have any questions?

Contact our office at [Phone Number](#).

Thank you for helping us provide healthy meals.

Sincerely,

Signature of Center Director

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, audiotope, 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

This institution is an equal opportunity provider.