

**Mountainview Daycare Nutrition Program**  
**3131 Smokey Point DR, Suite 5A, Arlington, WA 98223**  
**360-653-7273**

Dear Parent:

Your child(ren) is enrolled for child care at the home of a provider participating in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP is a program that pays providers for nutritious meals served to children while in their child care.

**Am I required to complete this application in order for my children to receive CACFP benefits?**

No, but if you choose to do so, your provider may receive a higher reimbursement for the meals served to your child. If you do complete the form, you have the option to return the application to your provider or you may mail the application to the address on the return envelope from the sponsor. If you choose to return the application to your provider, be sure to initial the place on the form that indicates your consent to do this. Your provider will not review your form.

**How does my provider get the higher reimbursement?**

The information you provide on the enclosed Family Income-Eligibility Application determines the income status of your family and the payment level the provider will receive.

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

Yes. Your provider may be eligible for the higher payment for your child(ren) based on one of the following:

1. At least one member of your household receives Basic Food, Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR).
2. Your child qualifies for free or reduced-price meals at school.
3. Your child is enrolled in Head Start.
4. Your child is a foster child.

**If my child currently receives benefits from one of these programs or I believe my family income would qualify my child for the higher payment, what should I do?**

Complete the attached Family Income-Eligibility Application, following the directions on the form. There is a separate section for each way your child may qualify. Everyone needs to complete Part 5 by signing and dating the form. Part 6 is optional.

**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, the U.S. Department of Agriculture, or the U.S. General Accounting Office when they are reviewing our program.

**I'm 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, your provider is eligible for the higher payment for your child(ren). Complete and return the Family Income-Eligibility Application to our office.

**Income-Eligibility Guidelines**  
**Reduced-Price Meals**  
 Effective July 1, 2021–June 30, 2022

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$23,828	\$1,986	\$993	\$917	\$459
2	\$32,227	\$2,686	\$1,343	\$1,240	\$620
3	\$40,626	\$3,386	\$1,693	\$1,563	\$782
4	\$49,025	\$4,086	\$2,043	\$1,886	\$943
5	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105
6	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266
7	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428
8	\$82,621	\$6,886	\$3,443	\$3,178	\$1,589
For each add'l family member, add:	\$8,399	\$700	\$350	\$324	\$162

**How long are the Family Income-Eligibility Applications in effect?**

The Family Income-Eligibility Application will be in effect for 12 months from the date it is signed, evaluated, and dated by the sponsoring organization.

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

If a household member becomes unemployed, household income decreases, or family size increases, you should notify us. We can assist you in completing a new Family Income-Eligibility Application.

**Whom should I contact if I have any questions?**

Contact our office at 360-653-7273.

Thank you for your cooperation.

*Mountainview Staff*

Enclosure: Family Income-Eligibility Application

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, 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: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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