

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

Dear Parent:

Your child(ren) is enrolled for childcare 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, 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 |

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 _____.

Thank you for your cooperation.

Mountainview Staff

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

2.
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

3. **fax:**
(833) 256-1665 or (202) 690-7442; or

4. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

| PART 1 – CHILDREN'S INFORMATION (REQUIRED) | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------|
| Child's Name | Birthdate | Age | Days of Attendance | Arrival Time | Departure Time | Circle Meals and Snacks Normally Received |
| | | | Sun Mon Tu Wed Th Fri Sat | | | Breakfast P.M. Snack Lunch A.M. Snack Supper Eve. Snack |
| | | | Sun Mon Tu Wed Th Fri Sat | | | Breakfast P.M. Snack Lunch A.M. Snack Supper Eve. Snack |
| | | | Sun Mon Tu Wed Th Fri Sat | | | Breakfast P.M. Snack Lunch A.M. Snack Supper Eve. Snack |
| | | | Sun Mon Tu Wed Th Fri Sat | | | Breakfast P.M. Snack Lunch A.M. Snack Supper Eve. Snack |
| PART 2 – HOUSEHOLD MEMBER RECEIVING BASIC FOOD/TANF/FDPIR IN WA STATE – Any household member receiving benefits can establish eligibility for children in the household. If listing case number or ID, please skip to part 5. | | | | | | |
| PART 3 – TOTAL HOUSEHOLD GROSS ANNUAL INCOME The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box, if no SSN. See <i>Privacy Act Statement and Sources of Income on the back of this page (Annual Income Conversion by pay frequency: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12)</i> | | | | | | |
| List names (First and Last) of everyone in your household, including foster children | | Annual Earnings from | Annual Welfare, Alimony, Child Support | Retirement, Pensions, Social Security, Other | | |
| 1. | \$ /yr | \$ /yr | \$ /yr | \$ /yr | | |
| 2. | \$ /yr | \$ /yr | \$ /yr | \$ /yr | | |
| 3. | \$ /yr | \$ /yr | \$ /yr | \$ /yr | | |
| 4. | \$ /yr | \$ /yr | \$ /yr | \$ /yr | | |
| 5. | \$ /yr | \$ /yr | \$ /yr | \$ /yr | | |
| 6. | \$ /yr | \$ /yr | \$ /yr | \$ /yr | | |
| Number of Household Members | | Last 4 of SSN (check box if no SSN) | | | | |
| PART 4 – CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL) | | | | | | |
| We are required to ask for information about your children's race and ethnicity. This information helps to make sure we are fully serving our community. Responding to this section is optional, it will not affect your children's eligibility for receiving meals during care. | | | | | | |
| Ethnicity (check one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race (check one or more): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native Hawaiian or Pacific Island <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White | | | | | | |
| PART 5 – PARENT/GUARDIAN SIGNATURE AND CERTIFICATION—(REQUIRED) SIGNATURE CONFIRMS ALL INFORMATION PROVIDED IS CORRECT AND ACCURATE | | | | | | |
| *I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.* | | | | | | |
| Signature _____ | | Print Name _____ | | Date _____ | | |
| Address _____ | | City, State, Zip _____ | | Phone Number _____ | | |
| DO NOT FILL OUT – CENTER USE ONLY | | | | | | |
| Institution Representative Signature _____ | | Date _____ | | Total Annual Income \$ _____ <input type="checkbox"/> Free <input type="checkbox"/> Reduced-Price <input type="checkbox"/> Above-Scale | | |
| INVALID WITHOUT SIGNATURE AND DATE (see back for effective date requirements) | | | | OSPI USE ONLY <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> AS OSPI Rep. _____ | | |

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, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Basic Food, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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 the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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:

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

FAX: (833) 256-1665 or (202) 690-7442; or ***Only use this address if you are filing a complaint of discrimination.**
EMAIL: program.intake@usda.gov

This institution is an equal opportunity provider.

EIEA Effective Date

If the institution uses the parent/guardian signature date as the effective date, the form must be signed by the institution representative within the same month as the parent, or the following month. If the institution representative does not sign the EIEA within these timeframes, the institution representative's signature date must be used as the effective date.

Valid TANF or Basic Food Number Guidelines and Contact Resources for WA State Recipients

Consists of seven to nine digits, such as 004235555
A parent may omit the zeros preceding the number and write as (ex. 4235555)
May start with 002, 003, 004, 005 or 05
Does not include any letters

Is not a social security number (unless it's a tribal case number).
Does not start with a 200 series number
Is not a case number for state-paid childcare
Is not an EBT card number

| DSHS Customer Service Number: (877) 501-2233 | | Basic Food and TANF website: www.washingtonconnection.org | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Earnings from Work | Public Assistance, Alimony, Child Support | Pension, Retirement, Other Sources of Income | Sources of Child Income |
| <ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none"> Basic pay and cash bonuses (does NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing | <ul style="list-style-type: none"> Unemployment benefits Workers' compensation Supplemental Security Income Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits | <ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Regular cash payments from outside household | <p>Examples:</p> <ul style="list-style-type: none"> A child of legal working age has a regular full or part-time job where they earn a salary or wages A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits A child receives regular income from a private pension fund, annuity, or trust |