

**Child and Adult Care Food Program
LETTER TO PARENTS
Child Care Centers**

Dear Parents:

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). This program pays centers for nutritious meals served to all children while in care.

How much does the center receive in payment for meals served to my child while in care?

The amount of payment received is based on the income status of the families in our center. We receive a higher payment for those families that are low-income.

How do you determine the income status of my family?

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

I'm not sure if my family income qualifies. 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 for your child(ren). When self-employed, net income may be reported. **Please complete the Enrollment/Income Eligibility Application in ink and return it to our office as soon as possible.**

**Income Guidelines
Reduced-Price Meals
Effective July 1, 2025–June 30, 2026**

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$28,953	\$2,413	\$ 1,207	\$1,114	\$557
2	\$39,128	\$3,261	\$1,631	\$1,505	\$753
3	\$49,303	\$4,109	\$2,055	\$1,897	\$949
4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144
5	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340
6	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536
7	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731
8	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927
For each add'l family member, add:	\$10,175	\$848	\$424	\$392	\$196

If I receive payment from DSHS for child care, should I complete these forms?

Yes. DSHS payments for child care do not qualify a family for the higher payment.

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 Parts 1 and 5 and may write "above-scale" in Part 3.

If I choose not to report my household income, do I still need to return the Enrollment/Income-Eligibility Application?

Yes. If you choose not to fill out the income portion of the Enrollment/Income Eligibility Application (E/IEA), you must still complete Part I, the "Children's Information" section, and Part 5. Federal regulations require that all child care centers collect information on the normal days and hours child(ren) are expected to be in care and the expected meals to be received.

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

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

1. You receive Basic Food, Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) for any member of your household.
2. Your child is a foster child.

If a household member currently receives benefits from one of these programs, or I believe my family income would qualify my child, what should I do?

Complete the attached Enrollment/Income-Eligibility Application, following the directions on the form. There is a separate section for each way your child may qualify.

Will this information be kept confidential?

Yes. The information will be made available only to a limited number of our 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.

Will the center make menu substitutions for my child?

If your child has been determined by a doctor to be disabled, and the disability would prevent the child from eating the regular meals at the center, we will make any substitutions prescribed by the doctor at no extra charge.

What do I need to bring to the center if my child needs menu substitutions?

You must bring the doctor's note that prescribes the alternative foods needed and verifies special meals are needed due to the disability.

Whom should I contact if I have any questions?

Contact our office at _____.

Thank you for helping us provide healthy meals for your child.

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, 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

This institution is an equal opportunity provider.

For double sided printing

PART 1 – CHILDREN'S INFORMATION (REQUIRED)							
Child's Name	Birthdate	Age	Days of Attendance	Arrival Time	Departure Time	Circle Meals and Snacks Normally Received	Check Below if Foster Child
			Sun Mon Tu Wed Th Fri Sat			Breakfast A.M. Snack P.M. Snack Supper Lunch Eve. Snack	<input type="checkbox"/>
			Sun Mon Tu Wed Th Fri Sat			Breakfast A.M. Snack P.M. Snack Supper Lunch Eve. Snack	<input type="checkbox"/>
			Sun Mon Tu Wed Th Fri Sat			Breakfast A.M. Snack P.M. Snack Supper Lunch Eve. Snack	<input type="checkbox"/>
			Sun Mon Tu Wed Th Fri Sat			Breakfast A.M. Snack P.M. Snack Supper Lunch Eve. Snack	<input type="checkbox"/>
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 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)							
List names (First and Last) of everyone in your household, including foster children	Annual Earnings from Work Before Deductions	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 – OFFICIAL USE ONLY				CATEGORY			
Institution Representative Signature				Total Annual Income \$			
INVALID WITHOUT SIGNATURE AND DATE (see back for effective date requirements)				<input type="checkbox"/> Free (Basic Food/TANF/FDPIR) <input type="checkbox"/> Free (foster child)(ren) <input type="checkbox"/> Free <input type="checkbox"/> Reduced-Price <input type="checkbox"/> Above-Scale			
				<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.

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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

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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	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
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	

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	Income Sources of Child	Examples:	
<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 • Rental income • Regular cash payments from outside household 	<ul style="list-style-type: none"> Earnings from work Social Security -Disability Payments -Survivors Benefits Income from any other source 	<ul style="list-style-type: none"> • 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 	