

**Child and Adult Care Food Program
Mountainview Daycare Nutrition Program
3131 Smokey Point Drive, 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 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

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 or in-box@mdnp.org.

Thank you for your cooperation.

Mountainview Staff

Enclosure: Family 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.

OSPI Child Nutrition Services (Rev. 06/24)

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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.

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

PART 1 – NAME OF CHILD CARE PROVIDER

PART 2 – CHILDREN’S INFORMATION—List all children in care

Child’s Name	Birthdate	Is this a foster child?	Is this child enrolled in Head Start?	Is this child eligible for free or reduced-price meals at school?
		Yes _____ No _____	Yes _____ No _____	Yes _____ No _____
		Yes _____ No _____	Yes _____ No _____	Yes _____ No _____
		Yes _____ No _____	Yes _____ No _____	Yes _____ No _____
		Yes _____ No _____	Yes _____ No _____	Yes _____ No _____

INSTRUCTIONS

Please check the boxes that apply to help determine the other parts of this form to complete:

- ☐ A family member in our household receives benefits from Basic Food, TANF, or FDPIR. (Please complete Part 3 and 5.)
- ☐ One or more of the children in Part 2 is a foster child. (Please complete Part 5.) If any non-foster children, complete Part 3 or 4.
- ☐ My child(ren) qualify for Free/Reduced-Price meals based on household income. (Please complete Part 4 and 5.)

PART 3 – HOUSEHOLD MEMBER RECEIVING BASIC FOOD, TANF, OR FDPIR—Only one household member receiving benefits must be listed in order to establish eligibility for all children in the household.

Name	Circle One	Case Number or Identification Number
	Basic Food TANF FDPIR	

PART 4 – TOTAL HOUSEHOLD INCOME FROM LAST MONTH—Not required if you have reported a case number in Part 3

List Names (First and Last) of everyone in your household, including foster children	Gross Income from Last Month – Tell us how much and how often (or net income if self-employed) (if None, Write “0”)			
	Earnings from Work Before Deductions	Alimony, Child Support	Retirement, Pensions, Social Security	Job Two or Any Other Income
Jane Smith (example)	\$ <u>1000</u> / <u>month</u>	\$ <u>300</u> / <u>month</u>	\$ _____ / _____	\$ <u>100</u> / <u>week</u>
1.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

If Part 4 is completed, the adult signing the form must list the last four digits of their Social Security Number or the box must be checked that they do not have one (see Privacy Statement on the back of this page).

Adult’s Social Security Number (last four digits) XXX-XX-_____

☐ I do not have a Social Security Number.

PART 5 – SIGNATURE AND CERTIFICATION – REQUIRED

I certify all of the above information is true and correct and all income is reported. I understand this information is being given for the receipt of federal funds; that institution officials may verify the information on the application; and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Parent	Date Signed	
Print Name of Parent	Home Telephone	Work Telephone

_____ Initial here if you consent to allowing your provider to collect your form and provide it to the sponsor. Your provider will not review your form.

PART 6 – CHILDREN’S ETHNIC AND RACIAL IDENTITIES (You are not required to answer this)

Check the ethnic and racial category of your child. We need this information to be sure that everyone receives benefits on a fair basis.

Ethnicity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

No child will be discriminated against because of race, color, national origin, sex, age, or disability.

Race:

- ☐ White
☐ Black or African American
☐ Asian
☐ American Indian or Alaskan Native
☐ Native Hawaiian or Pacific Islander
☐ Multi-Racial

Privacy Act Statement: This explains how we will use the information you give us. 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, we cannot approve your child for free or reduced-price meals. 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 Supplemental Nutrition Assistance Program (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 if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. 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.

PART 7 – FOR SPONSOR USE ONLY

Household Size: _____ Income \$ _____ Annual ☐ Monthly ☐ Twice Per Month ☐ Every Two Weeks ☐ Weekly ☐

OR

Basic Food ☐ TANF ☐ FDPIR ☐ Foster Child ☐

Maximum Income per IEGs \$ _____

Head Start ☐ NSLP ☐

Not Eligible ☐

Reason for Denial: Income Too High ☐

Incomplete Application ☐

Signature of Determining Official

Date Signed

Effective Date (within current month)

Not valid without signature and date.

FIEA Effective Date: If the institution is using the parent/guardian signature date as the effective date, the form must have been signed by the institution representative within the same month the parent signed the form or the immediate following month. If the institution representative does not evaluate and sign the FIEA within these guidelines, the institution representative’s signature date must be used as the effective date.