

Letter to Provider

Mountainview Daycare Nutrition Program
3131 Smokey Point DR, Suite 5A, Arlington, WA 98223
360-653-7273 ♦ in-box@mdnp.org

Dear Provider:

Welcome to the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The CACFP is a nutrition program that pays providers for nutritious meals served to children. There are two levels of payment depending on certain criteria.

What determines if I will receive the higher payment?

The higher payment is based on one of the following:

- School data
- Census data
- Provider income

Am I eligible for the higher payment based on school or census data?

No. You are not eligible for the higher payment based on either school or census data.

Am I eligible for the higher reimbursement based on income?

Perhaps, if you meet the eligibility requirements based on your household income **or** if any member of your household receives Basic Food, Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR).

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

Complete the attached Provider Income-Eligibility Application, following the directions on the form. There is a separate section for each way your home may qualify: family income or benefit participant. Complete Part 6 by signing and dating the form. Part 7 is optional.

I am 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, you may be eligible for the higher payment. Complete and return the Provider Income-Eligibility Application to our office.

Income-Eligibility Guidelines
Reduced-Price Meals
Effective July 1, 2026–June 30, 2027

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$29,526	\$2,461	\$ 1,231	\$1,136	\$568
2	\$40,034	\$3,337	\$1,669	\$1,540	\$770
3	\$50,542	\$4,212	\$2,106	\$1,944	\$972
4	\$61,050	\$5,088	\$2,544	\$2,349	\$1,175
5	\$71,558	\$5,964	\$2,982	\$2,753	\$1,377
6	\$82,066	\$6,839	\$3,420	\$3,157	\$1,579
7	\$92,574	\$7,715	\$3,858	\$3,561	\$1,781
8	\$103,082	\$8,591	\$4,296	\$3,965	\$1,983
For each add'l family member, add:	\$10,508	\$876	\$438	\$405	\$203

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

What do I need to submit to verify my income?

We have attached a list of the types of documentation that may be used. To qualify for the higher payment, income must be verified.

What do I need to submit to verify participation in Basic Food, TANF, or FDPIR?

- A letter of authorization from the Basic Food office showing the beginning and ending dates.
- A document showing the beginning and ending dates of the TANF certification.
- A document showing current eligibility for FDPIR.

How long is the Provider Income-Eligibility Application in effect?

The Provider Income-Eligibility Application will be in effect for 12 months from the date it is signed, verified, and dated by the sponsor.

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

If a household member becomes unemployed, your household size increases, or your income decreases for other reasons, you should notify us. We can assist you in completing a new Provider Income-Eligibility Application.

Sincerely,

Mountainview Staff

Enclosure: Provider Income-Eligibility Application

INCOME TO REPORT		DOCUMENTATION NEEDED FOR VERIFICATION
Earnings from Employment		
Wages/salaries/tips		IRS Form 1040 submitted last year; current pay check stub or pay envelope that shows how often pay is received; letter from employer stating gross wages paid and how often
Strike benefits		Current pay check stubs
Unemployment compensation		Notice of eligibility from state employment security office; check stub
Worker's compensation		Current pay check stubs; letter from worker's compensation
Net income from self-owned business		IRS Form 1040 and Schedule C or documentation of income and expenses
Net income from farm business		Business or farming papers such as ledger or tax records
Welfare/Child Support/Alimony		
Public assistance payments		Benefit letter with beginning and ending date
Welfare payments		Benefit letter with beginning and ending date
Alimony/child support payments		Court decree, agreement, or copies of checks received
Pensions/Retirement/Social Security		
Pensions		Benefit/award letter with statement of benefits/award received
Supplemental security income		Benefit/award letter with statement of benefits/award received
Retirement income		Benefit/award letter with statement of benefits/award received
Veteran's payments		Benefit/award letter with statement of benefits/award received
Social Security		Benefit/award letter with statement of benefits/award received
Military Households		
All cash income including military housing/uniform allowances. Does not include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.).		Current pay check or leave earning statement
Foster Child's Income		
ONLY funds from welfare agency identified by category for personal use of child (clothing, school fees, etc.); funds from child's family for personal use; and earnings from other than occasional or part-time employment. DO NOT COUNT funds from the welfare agency for shelter, care, etc.		
Other Income		
Disability benefits		Benefit letter with statement of benefits received
Cash withdrawn from savings		Document showing amount received, how often, and date received
Interest/dividends		Document showing amount received, how often, and date received
Income from estates/trusts/investments		Document showing amount received, how often, and date received
Regular contributions from persons not living in the household		Document showing amount received, how often, and date received
Net royalties/annuities/net rental income		Document showing amount received, how often, and date received
Any other income (including, but not limited to, income in lieu of providing insurance, and military Basic Allowance for Subsistence (BAS)).		Document showing amount received, how often, and date received
No Income		
		Explanation of how food, clothing, and housing is provided; explanation of when income is expected

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.

**Child and Adult Care Food Program
PROVIDER INCOME-ELIGIBILITY APPLICATION**

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

PART 1 – PROVIDER INFORMATION				
Provider's Name				
Provider's Home Address			Home Telephone	
City	State	Zip	Work Telephone	
PART 2 – HOUSEHOLD MEMBER RECEIVING BASIC FOOD, TANF, OR FDIPIR —Only one household member receiving benefits must be listed in order to qualify for Tier I rates. Documentation with begin and end dates must be submitted to support the benefits.				
Name		Circle One		Case Number or Identification Number
		Basic Food TANF FDIPIR		
PART 3 – FOSTER CHILDREN – List any foster children living in your home				
PART 4 – PROVIDER'S OWN – List the names of children in your household who are of child care age				
Child's Name			Age	Birthdate
1.				
2.				
3.				
PART 5 – TOTAL HOUSEHOLD INCOME FROM LAST MONTH —Not required if you have reported a case number in Part 2				
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
<i>Jane Smith (example)</i>	\$ 1000 / month	\$ 300 / month	\$ ____ / ____	\$ 100 / week
1.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
2.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
3.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
4.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
5.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
6.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
If Part 5 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 6 – CERTIFICATION				
I certify all of the above information is true and correct and all income is reported. I understand this income-eligibility application will be in effect for 12 months from the date it is signed, verified, and dated by the sponsor. 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 Provider			Date Signed	

PART 7 – 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 Other 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 8 – 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: \$ _____

Eligibility Determination by Sponsor: Tier I Home* ☐ Eligible to Claim Own Child ☐

*Verification Completed _____ Attach verification documentation (required for Tier I designation by this application).

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.

PIEA 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 PIEA within these guidelines, the institution representative's signature date must be used as the effective date.