

Child Care Income Application Letter

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center **Nur Islamic School of Louisville Early Childhood Center** offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Income Eligibility Application. In addition, by filling out the Enrollment form/Income Application, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

Income Guidelines for Free/Reduced Price Meals Effective July 1, 2017-June 30, 2018		
Household Size	Reduced Price Meals	
	<i>Monthly</i>	<i>Yearly</i>
1	\$1,860	\$22,311
2	\$2,504	\$30,044
3	\$3,149	\$37,777
4	\$3,793	\$45,510
5	\$4,437	\$53,243
6	\$5,082	\$60,976
7	\$5,726	\$68,709
8	\$6,371	\$76,442
For each additional family member add:	+\$645	+\$7,733

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 the participant 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 Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier 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 the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: 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:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Jamila Hamid

Institution Representative

(502) 459-9447

Phone Number

If you have questions about the CACFP and its administration, you may contact, Division Director at 502-564-5625 or at the following address: School and Community Nutrition, Kentucky Department of Education, 2 Hudson Hollow Suite B, Frankfort, KY 40601.

CHILD ENROLLMENT FORM/INCOME APPLICATION

Participant Information: (To be completed by Parent/Guardian)

If a child is a SNAP/K-TAP recipient or a Foster/Head Start participant, the child is automatically eligible to receive free Program meal benefits, subject to the requirements of 7 CFR 226.23.

If your participant receives assistance from the items below, they are automatically eligible for free meals. (Please complete and skip to section 3.)

Participant's Last Name	Participant's First Name	Date of Birth	Meals Normally Eaten (Circle all that apply)	SNAP or K-TAP # <u>List Entire SNAP or K-TAP CASE NUMBER Below</u>	Foster
			B AM L PM S LN		<input type="checkbox"/>
			B AM L PM S LN		<input type="checkbox"/>
			B AM L PM S LN		<input type="checkbox"/>
			B AM L PM S LN		<input type="checkbox"/>
			B AM L PM S LN		<input type="checkbox"/>

*Parent/Guardian works multiple shifts and participants may be in care different days/hours ___yes ___no

1. Income Application Household Members and Monthly Income:

NAMES OF HOUSEHOLD MEMBERS Including Children Not Listed Above Last, First	GROSS MONTHLY Income From Work (Before Deductions)	MONTHLY Income From Welfare Payments, Child Support, Alimony	MONTHLY Income From Pensions, Retirement, Social Security, Unemployment Compensation	Any Other MONTHLY Income Including Money Received from Kinship/Foster Child
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$

2. Signature and Social Security Number:

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

X _____
Signature of Adult Household Member _____
Home/Cell Phone Number

X _____ No Social Security Number X _____
Last four digits Social Security Number* **Date**

FOR SPONSOR USE ONLY. DO NOT WRITE BELOW THIS LINE.

Application approved for:

Free Meals SNAP/KTAP

Reduced Meals Foster

Paid Meals Income Household

Total Household Monthly Income _____

Household Size _____

Signature of Determining Official

Date

*7 CFR 226.15 (e)(2)

(Revised June 2017)

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USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. 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, 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: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

INFANT ADDENDUM TO ENROLLMENT

Dear Parent:

This child care center participates in the USDA Child & Adult Care Food Program (CACFP). This program provides reimbursement to the center for creditable meals served to your infant while in our care. We want to work with you to provide the very best nutritional care for your baby. Under the CACFP regulations, the center may NOT charge you a separate fee for meals that are claimed for reimbursement.

We use the meal pattern below, which was developed by the USDA for centers participating in the CACFP. The type and amount of foods served vary according to the age of the infant. However, the actual foods we provide will be based on what you tell us about your baby's own food needs.

Age	Breakfast	Lunch and Supper	Snack
Birth through 5 months	4-6 fluid ounces formula or breast milk	4-6 fluid ounces formula or breast milk	2-4 fluid ounces formula or breast milk
6-11 months	6-8 fluid ounces formula or breast milk 0-4 tablespoons infant cereal, meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½ cup of yogurt; or a combination of the above 0-2 tablespoons vegetable or fruit ³ or a combination of both	6-8 fluid ounces formula or breast milk 0-4 tablespoons infant cereal, meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½ cup of yogurt; or a combination of the above 0-2 tablespoons vegetable or fruit ³ or a combination of both	2-4 fluid ounces formula or breast milk 0-1/2 slice bread or 0-2 crackers or 0-2 crackers; or 0-4 tablespoons infant cereal or ready-to-eat breakfast cereal 0-2 tablespoons vegetable or fruit, or a combination of both

Talk with your health care provider and let us know whether you want to use breast milk or a formula while your child is in the center's care. We also need to know when you will introduce solid foods to your infant. You may choose for us to provide the formula, or you may provide the formula for your infant.

(Name of Daycare Center)

currently provides the following formula(s): **Target Brand Iron-Fortified Formula**

Please fill out the form below and return it to help us plan the meals for your infant. If this information changes, you will need to complete a new form.

Sincerely,

Jamila Hamid

(502) 459-9447

9/26/2017

Sponsor Representative

Phone Number

Date

MUST BE COMPLETED BY PARENT/GUARDIAN

Infant Name _____	Infant Birthdate ___/___/____
Check all that apply:	
<input type="checkbox"/> Parent will breast-feed the infant at the day care center or provide expressed breastmilk or iron fortified formula	
<input type="checkbox"/> Parent will provide additional baby food.	
<input type="checkbox"/> Parent will provide iron fortified formula/breast milk and Center will provide additional baby food	
<input type="checkbox"/> Center will furnish all iron fortified infant formula	
<input type="checkbox"/> Center will furnish all iron fortified infant formula and additional baby food	
_____ Parent/Guardian and/or Client Signature	_____ Date

*7 CFR 226.20(b) (5)