

**Sample Letter for Adult Non-Pricing Institutions
Child and Adult Care Food Program**

Dear Adult Participant:

Please fill out the attached form and return it as soon as possible. The form will be kept in our files and treated as confidential. The information you give will help us get money for the meals served to adults in our program through the U. S. Department of Agriculture’s Child and Adult Care Food Program.

If you receive SNAP (Food Stamps), SSI (Supplemental Security Income) and/or Medicaid fill out Part 3 of the form with your case number.

If you do not have a SNAP (Food Stamps), SSI (Supplemental Security Income) and/or Medicaid case number, you **must** fill out the Income section of Part 3 on the form. In the case of adult participants, household (family) income refers to the adult participant and the spouse and any dependents that reside with the adult participant. An adult participant living with their parents is considered a household (family) separate from their parents.

The income you report must be last month’s total household income, before any taxes or anything else is taken out, for each household member. List the amount you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month.

Forms must be signed and dated in Part 3 (IEF without enrollment) and in Part 4 (IEF with enrollment).

Thank you for taking the time to fill out this form. If you need any help, please contact us at _____.

INCOME ELIGIBILITY GUIDELINES FOR REDUCED PRICE MEALS

Effective Date July 1, 2022 – June 30, 2023

FAMILY SIZE	YEARLY	MONTHLY	WEEKLY
1	\$25,142	\$2,096	\$484
2	\$33,874	\$2,823	\$652
3	\$42,606	\$3,551	\$820
4	\$51,338	\$4,279	\$988
5	\$60,070	\$5,006	\$1,156
6	\$68,802	\$5,734	\$1,324
7	\$77,534	\$6,462	\$1,492
8	\$86,266	\$7,189	\$1,659
For each additional household member, add:	\$8,732	\$728	\$168

USDA Nondiscrimination Statement

For all other FNS nutrition assistance programs, state or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

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.