

## HOUSEHOLD LETTER

### HOUSEHOLD LETTER FOR THE CHILD AND ADULT CARE FOOD PROGRAM (Non-Pricing Adult Day Care Centers) – FFY 2012

Dear Household Member:

The \_\_\_\_\_ serves nutritious meals without an  
(Name of Sponsoring Organization)

additional charge because the center receives added reimbursement for each adult participant whose household income is at or below the level shown on the household size-income scale below. In order to continue this meal service without an additional charge to you, please complete and return the attached application. This information is kept confidential in our files, and is required to determine the appropriate rate of reimbursement under the Child and Adult Care Food Program. If your income is higher than the amount indicated below for your household size, you do not need to complete the application. Once properly approved for free or reduced price benefits, a household will remain eligible for those benefits for a period not to exceed 12 months.

(Effective July 1, 2011 to June 30, 2012)

Household Size	Monthly Income Level (at or below)
1	\$1,679
2	2,268
3	2,857
4	3,446
5	4,035
6	4,624
7	5,213
8	5,802
For each Additional Household Member, Add	589

Households with incomes less than or equal to the reduced-price standards would be eligible for free or reduced price meal benefits. The center is eligible for additional reimbursement for meals served to adult participants having household member(s) who become unemployed provided that the loss of income during the period of unemployment causes the household income to be within the eligibility guidelines indicated above.

When eligibility is established by household size and income, a complete application must include: (a) names of all household members including the name of the adult participant; (b) the last four digits of the social security number of the adult household member signing the application or an indication of "none"; (c) household income received by each household member identified by source of income; and (d) the signature of an adult member of the household and date signed.

When eligibility is established by Food Stamp (FoodShare Wisconsin) case number, FDPIR, SSI, or Medicaid assistance number, a complete application must include: (a) the name of the adult participant; (b) the appropriate Food Stamp (FoodShare Wisconsin), FDPIR, or SSI or Medicaid assistance number for the adult participant; and (c) the signature of an adult member of the household and date signed.

**PRIVACY ACT STATEMENT:** The National School Lunch Act requires that, unless a food stamp (Food Share Wisconsin), FDPIR, SSI, or Medicaid identification number is provided, you must include the social security number of the adult household member signing the application, or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the person does not possess one, the application cannot be approved. The social security number may be used for verifying the information you report on the application. Verification may include audits, investigations, contacting the state employment security office and employers, and checking the written information provided by the household to confirm the information received. If incorrect information is discovered, a loss of benefits or legal action may occur. These facts must be told to the household member whose social security number is reported on the application. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, and the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health and nutrition programs.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

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Signature of Sponsor Representative