



**Child and Adult Care Food Program  
2016-2017 Adult Day Care Income Eligibility Form Letter**

Dear Participant or Guardian,

Please complete, sign and return the **Income Eligibility Form** to the adult day care center as soon as possible. This form allows our center to receive reimbursement from the Child and Adult Care Food Program for the meals and snack we serve. The reimbursement helps keep our fees low while providing you with high quality, nutritious meals. The information on this form is kept confidential and will not be used elsewhere. If you are unable to complete and sign the form, a guardian or household member may complete it. Please use the following instructions as you complete the form.

**Option 1:** If you currently receive benefits from Medicaid or Supplemental Security Income (SSI), or if any person in your household receives benefits from Temporary Assistance for Needy Families (TANF), Supplemental Food Assistance (SNAP), also known as Food Stamps, or the Food Distribution program on Indian Reservations (FDPIR), please complete the information in **Part 1, 2 and 5**. Skip **Part 3 and 4**.

**Option 2:** If **Part 2** of the form does not apply to you, please complete **Part 1, 3, 4, and 5**. Provide the following information to enable our center to receive the maximum meal reimbursement possible from the Child and Adult Care Food Program.

**Part 3:** Please list your total gross income **AND** the total gross income of your spouse and all other people you live with who depend on you for financial support. Income may be from the current month, the amount projected for the first month the application is made, or the month prior to the application.

**Part 4:** If you did not provide a Medicaid, SSI, TANF, SNAP, or FDPIR number in Part 2, you must provide the last four digits of your Social Security Number. The disclosure of a Social Security Number is voluntary; however, the last four digits of the Social Security Number, or an indication of "none," are required for the approval of this form.

**Part 5:** Print your name, address, and telephone number. Sign and date the form.

**HOUSEHOLD INCOME CHART**

If your income and the income of persons who live with you and depend on you for financial support is at or below the amounts for the size of your household, please complete and return the IEF to the adult day care center to allow the center to receive meal reimbursement from the Child and Adult Care Food Program.

Household Size	1	2	3	4	5	6	7	8	For each additional person add:
Yearly	21,978	29,637	37,296	44,955	52,614	60,273	67,951	75,647	+ 7696
Monthly	1,832	2,470	3,108	3,747	4,385	5,023	5,663	6,304	+ 642
Weekly	423	570	718	865	1,012	1,160	1,307	1,455	+148

This chart is not used for determining eligibility by center staff, but is a guide for families completing the form.

If you have questions about the CACFP, contact the adult day care center's CACFP Sponsor.

Name of CACFP Sponsor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The USDA is an equal opportunity provider, employer and lender.

