

# HOUSEHOLD LETTER; West Shore Child Care Center

**Dear Parent or Guardian:**

Please help us comply with the requirements of the United States Department of Agriculture's Child and Adult Care Food Program (CACFP) administered through the Ohio Department of Education by completing the attached Income Eligibility Application for free and reduced price meals. All information will be treated with strict confidentiality. The CACFP allows our center to receive reimbursement for meals served to eligible children in our program. The completion of the Income Eligibility Application is optional. Complete the application on the reverse side using the instructions below for your type of household. An application must contain complete information to be considered for free or reduced price meals. Households are no longer required to report changes regarding the increase or decrease of income or household size or when the household is no longer certified eligible for food stamps or Ohio Works First (OWF). Once properly approved for free or reduced price benefits, a household will remain eligible for these benefits for a period not to exceed 12 months. During periods of unemployment, your child(ren) is eligible for meal reimbursement provided the loss of income during this time causes the family to be within eligibility standards for meals. In operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability §226.23(e)(2)(iv). We have included information about free medical benefits through Ohio's Healthy Start & Healthy Families programs.

**PART 1 – CHILD INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART**

- a) Print the name of the child(ren) enrolled at the child care center. Children from the same household (except foster children) may be listed on the same application.
- b) List their age and birthday.

**PART 2 – HOUSEHOLDS RECEIVING FOOD STAMPS OR OWF: COMPLETE THIS PART AND PART 5 – If a child is a member of a food stamp or OWF household, the child is automatically eligible to receive free CACFP benefits subject to application completion.**

- a) Circle the type of benefit receiving.
- b) List a current food stamp or OWF case number for each child. This will be a 10 or 12-digit number.
- c) Sign the application in PART 5. An adult household member must sign.

**SKIP PART 3 – Do not** list names of household members or income if you list a food stamp or OWF case number for each child.

**PART 3 – ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 5**

- a) Write the names of all household members including yourself and the child(ren) that attends the child care center, whether they receive income or not. A household is defined as a group of related or unrelated individuals who are living as one economic unit that share housing and/or significant income and expenses of its members. Attach another piece of paper if you need more space to list all household members.
- b) Income is any money received on a recurring basis, including gross earned income. Write the amount of income each household member received the previous month, before taxes or anything else is taken out, in the appropriate column. If any amount during the previous month was more or less than usual, write that person's usual monthly income. To figure monthly income: weekly income x 4.33, income paid every 2 weeks x 2.15, income paid twice a month x 2. Examples of household sources of income may include: Earnings from work such as wages, salaries, tips, strike benefits, unemployment compensation, worker's compensation, net income from self-owned business or farm; welfare, public assistance, child support payments, and alimony; pensions, retirement income, social security, veteran's payments, or supplemental security income; other income such as disability benefits, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, regular contributions from persons not living in the household, net royalties/annuities, net rental income, or other income.
- c) **An adult household member must sign the application and give his/her social security number (SS#) or indicate that they do not have a SS# in PART 5.**

**PART 4 – HOUSEHOLDS WITH A FOSTER CHILD: COMPLETE THIS PART AND PART 5 – In certain cases, foster children are eligible for free or reduced price meals regardless of the income of the household with whom they reside. If you are completing the application for a foster child living with you, complete the application as a family of one since a foster child is the legal responsibility of a welfare agency or court. Complete a separate application for each foster child.**

- a) List the foster child's monthly "personal use" income. Write "0" if the foster child does not receive "personal use" income.
- b) An adult member of the foster home or case worker must sign the application in PART 5.
- c) A social security number is not needed for the foster child's application.

"Personal use" income is: (1) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (2) all other money the child receives, such as money from his/her family and money from the child's full-time or regular part-time jobs.

**PART 5 – SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART**

- a) All applications must have the signature of an adult household member.
- b) An application that lists monthly income must have the social security number of the adult who signs. If the adult does not have a social security number, write "none" or something else to show that the adult does not have a social security number. If you listed a food stamp or OWF number for each child or if you are applying for a foster child, a social security number is not needed.

**PART 6 – RACIAL/ETHNIC IDENTITY – OPTIONAL**

You are not required to answer this question to be eligible to get free or reduced price meals. This information is collected to make sure that everyone is treated fairly and will be kept confidential. No child will be discriminated against because of race, color, national origin, gender, age or disability.

**HEALTHY START AND HEALTHY FAMILIES**

Families with children eligible for free or reduced price meals may be eligible for FREE health care coverage through Ohio's Healthy Start & Healthy Families programs. These programs include coverage for doctor visits, immunizations, physicals, prescriptions, dental, vision, mental health, substance abuse and more. Please call **1-800-324-8680** for more information or to request an application. Information can also be found on the web at [www.state.oh.us/odifs/ohp/bcps/hsh/index.stm](http://www.state.oh.us/odifs/ohp/bcps/hsh/index.stm). "Note: If you have an Ohio Medicaid Card, you are already getting these services.

**NON-DISCRIMINATION STATEMENT:** "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, gender, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**REDUCED INCOME ELIGIBILITY GUIDELINES**

Guidelines to be effective from July 1, 2008 through June 30, 2009

Households with incomes less than or equal to the reduced price values below are eligible for free meal benefits.

<u>HOUSEHOLD SIZE</u>	<u>YEAR</u>	<u>MONTH</u>	<u>TWICE PER MONTH</u>	<u>EVERY TWO WEEKS</u>	<u>WEEK</u>
1	19,240	1,604	802	740	370
2	25,900	2,159	1,080	997	499
3	32,560	2,714	1,357	1,253	627
4	39,220	3,269	1,635	1,509	755
5	45,880	3,824	1,912	1,765	883
6	52,540	4,379	2,190	2,021	1,011
7	59,200	4,934	2,467	2,277	1,139
8	65,860	5,489	2,745	2,534	1,267