

Letter to Parents

Dear Parent/Guardian:

The Imperial Valley College Developmental Preschool and Infant Center child care center participates in the Child and Adult Care Food Program (CACFP) offered by the U.S. Department of Agriculture (USDA) and serves meals at no separate charge to all enrolled children. The reimbursement received from the CACFP helps with our food costs, and therefore, enables us to keep our fees for care as low as possible.

Please help us comply with the requirements of the USDAs CACFP. Please complete, sign, and return the attached Meal Benefit Form (MBF) to the center as soon as possible. However, you are not required to submit the MBF to participate in the program. All children enrolled in our center receive their meals at no separate charge, but the determination of eligibility category affects the amount of funding received by our center. This information is necessary to receive the reimbursement for the meals we served to children in our program. If your first language is not English, you have a right to ask us for written or oral translation of these materials free of charge in your native language.

If your household currently receives benefits under the CalFresh Program (formerly Food Stamps), the California Work Opportunity and Responsibility for Kids (CalWORKs), or the Food Distribution Program on Indian Reservations (FDPIR) you only need to list your current CalFresh, CalWORKs, or FDPIR case number on the MBF. You must also have an adult sign and date the MBF.

However, if your household does not receive benefits under CalFresh, CalWORKs, or FDPIR please complete the MBF and make sure you:

- Provide the names of all household members and their income by source; and
- Have an adult sign, date, and provide the last four digits of his or her social security number, or check the box **Check here if no SSN** if the adult does not have a SSN.

For All Households:

The USDA defines a household as a group of related or unrelated individuals (not residents of a boarding house or an institution) who are living as one economic unit (i.e., sharing living expenses). Therefore, the income reported on the MBF must include the gross income of all members of your household, by source.

The **income** you report must be the total gross income received last month, listed by source for each household member. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no

significant change has occurred, you may use last year's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Eligibility Guideline Chart, the center receives a higher level of reimbursement for meals served to your child(ren).

Once properly approved for free or reduced-price benefits, whether through income or proof of benefits as supported by a current CalFresh, CalWORKs, or FDPIR case number, your child(ren) will remain eligible for those benefits for 12 months.

Foster Children:

For households with foster children, please contact us for additional information.

Confidentiality of Information on the Meal Benefit Form:

We will use the information on the form to decide the level of reimbursement our center is eligible to receive. We will place the MBF in our food program files and keep the information confidential. Only upon your request, will we share the information on your form with officials of other child nutrition, health, and education programs so they can use it to determine benefits for those programs.

U.S. DEPARTMENT OF AGRICULTURE 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

(3) E-mail: program.intake@usda.gov

This institution is an equal opportunity provider.

Note: The protected classes for the CACFP are race, color, national origin, age, sex, and disability.

Thank you for your cooperation. If you have any questions or need assistance in filling out the MBF, please contact:

| | |
|------------------------------|---------------------|
| CENTER REPRESENTATIVE | PHONE NUMBER |
|------------------------------|---------------------|

INCOME ELIGIBILITY GUIDELINES

| EFFECTIVE FROM JULY 1, 2017, THROUGH JUNE 30, 2018 | | | | | |
|---|-----------|----------|-----------------|-----------------|--------|
| Children from households with incomes at or below the following levels are eligible for free or reduced-price meal benefits. | | | | | |
| GROSS INCOME OF HOUSEHOLD | | | | | |
| HOUSEHOLD SIZE | ANNUAL | MONTHLY | TWICE PER MONTH | EVERY TWO WEEKS | WEEKLY |
| 1 | \$ 22,311 | \$ 1,860 | \$ 930 | \$ 859 | \$ 430 |
| 2 | 30,044 | 2,504 | 1,252 | 1,156 | 578 |
| 3 | 37,777 | 3,149 | 1,575 | 1,453 | 727 |
| 4 | 45,510 | 3,793 | 1,897 | 1,751 | 876 |
| 5 | 53,243 | 4,437 | 2,219 | 2,048 | 1,024 |
| 6 | 60,976 | 5,082 | 2,541 | 2,346 | 1,173 |
| 7 | 68,709 | 5,726 | 2,863 | 2,643 | 1,322 |
| 8 | 76,442 | 6,371 | 3,186 | 2,941 | 1,471 |
| FOR EACH ADDITIONAL FAMILY MEMBER, ADD: | \$ 7,733 | \$ 645 | \$ 323 | \$ 298 | \$ 149 |

*Household is synonymous with family and means a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit sharing housing and all significant income and expenses.

This scale does not apply to households that receive CalFresh, CalWORKs, or FDPIR. Those children are automatically eligible for free meal benefits.