

2007-2008
Child and Adult Care Food Program



Dear Parent or Guardian,

Congratulations! You have chosen a childcare provider that participates in the Child and Adult Care Food Program (CACFP). Participating in the CACFP means that your provider cares about good nutrition for children, will introduce and serve a variety of nutritious foods for your child to eat, and will serve foods appropriate for your child's nutritional needs. The provider you have chosen cannot charge a separate fee for meals, nor ask you to provide food for your child for meals claimed on the CACFP, except in some special cases. Depending upon the hours in care, your provider will be serving your child breakfast, morning snack, lunch, afternoon snack, dinner, and/or late snack.

Please complete, sign, and return this Income Eligibility Form (IEF) to the center as soon as possible. This information is necessary for the center to receive CACFP reimbursement for the meals served to your children. The Colorado Department of Public Health and Environment assures that this form is confidential and the information you supply will not be used elsewhere.

Please list your household's total gross income from last month. The U.S. Department of Agriculture, which funds this program, defines a household as a group of related or unrelated individuals who are living as one economic unit and who share housing and all significant income and expenses. If your household's income is less than or the same as the amounts indicated for your household's size on the chart below, the center will receive more meal reimbursement money from the Child and Adult Care Food Program (CACFP) to help provide the best meals possible for all children in care.

If your children are currently receiving benefits under Food Stamps or the Food Distribution Program on Indian Reservations (FDPIR), income reporting in Part 2 is not required.

Household Income Chart*

Household Size	1	2	3	4	5	6	7	8	For each additional person add:
Yearly	18,889	24,327	31,765	38,203	44,641	51,079	57,517	63,955	6,438
Monthly	1,575	2,111	2,648	3,184	3,724	4,257	4,794	5,330	537
Weekly	364	488	611	735	859	983	1,107	1,230	124

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

CACFP REQUIRED MEAL ITEMS				
MEALS	COMPONENTS	AGE 1-2	AGE 3-5	AGE 6-12
Breakfast	Fluid Milk	½ cup	¾ cup	1 cup
	Juice or Fruit or Vegetable	¼ cup	½ cup	½ cup
	Bread or Bread Alternate	½ slice	½ slice	1 slice
Snack	Fluid Milk	½ cup	½ cup	1 cup
	Juice or Fruit or Vegetable	½ cup	½ cup	¾ cup
	Meat or Meat Alternate	½ ounce	½ ounce	1 ounce
	Bread or Bread Alternate	½ slice	½ slice	1 slice
Lunch Supper	Fluid Milk	½ cup	¾ cup	1 cup
	Juice or Fruit or Vegetable (Must serve at least 2 different varieties.)	¼ cup total	½ cup total	¾ cup total
	Bread or Bread Alternate	½ slice	½ slice	1 slice
	Meat or Poultry or Fish	1 ounce	1½ ounces	2 ounces
	Cheese or	1 ounce	1½ ounces	2 ounces
	Egg or	½	¾	1
	Cooked Dry Beans and Peas or	¼ cup	¾ cup	½ cup
	Peanut Butter or	2 Tbsp	3 Tbsp	4 Tbsp
	Yogurt, Plain or Flavored (May be served at snack also.)	4 ounce or ½ cup	6 ounces or ¾ cup	8 ounces or 1 cup

SAMPLE MENU	
BREAKFAST	<ul style="list-style-type: none"> ◆ Oatmeal ◆ Baked Apples & Raisins ◆ Milk
SNACK	<ul style="list-style-type: none"> ◆ Soft Pretzels ◆ 100% Mixed Berry Juice
LUNCH/SUPPER	<ul style="list-style-type: none"> ◆ Turkey and Cheese Tortilla Roll ups ◆ Orange Slices ◆ Sliced Tomatoes ◆ Milk

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Child and Adult Care Food Program (CACFP) Income Eligibility Form (IEF) 2007-2008

Part 1 Children Enrolled in Child Care

List names, ages, and racial or ethnic identity of children who are enrolled in the center. **Note:** A =Asian; AI/AN=American Indian or Alaskan Native; B/AA=Black or African American; H/L=Hispanic or Latino; H/PI=Hawaiian or Pacific Islander; W=White.

Last Name	First Name	Age	Racial/Ethnic Identity
			<input type="checkbox"/> A <input type="checkbox"/> AI/AN <input type="checkbox"/> B/AA <input type="checkbox"/> H/L <input type="checkbox"/> H/PI <input type="checkbox"/> W
			<input type="checkbox"/> A <input type="checkbox"/> AI/AN <input type="checkbox"/> B/AA <input type="checkbox"/> H/L <input type="checkbox"/> H/PI <input type="checkbox"/> W
			<input type="checkbox"/> A <input type="checkbox"/> AI/AN <input type="checkbox"/> B/AA <input type="checkbox"/> H/L <input type="checkbox"/> H/PI <input type="checkbox"/> W

Part 2 Food Stamps or FDPIR (Food Distribution Program on Indian Reservations)

Enter the case number here: _____ **GO TO PART 4.**

Part 3 Incomes to Report

Gross Income/Salary/Wages
<ul style="list-style-type: none"> "Income" means gross income or cash income before deductions. Monetary compensation for services, including wages, salary, commissions, fees or withdrawals from savings, investments, trust accounts, and other accounts. Net income from farm self-employment and/or from non-farm self-employment. If income is negative list "0". <u>If income is 0, list "0" and complete a new form within 45 days and every 45 days thereafter until income is listed.</u>
Other Income
<ul style="list-style-type: none"> Social Security, public assistance (or Welfare) payments, alimony, child support payments, unemployment compensation. Private pensions or annuities, dividends or interest, income from estates or trusts, or net rental income, and net royalties. Student financial assistance (grants or scholarships) <u>not</u> used to meet education expenses. Regular contributions from persons not living in the household.

List the names of all household members who are not listed in Part 1. Write the amount of last month's income for each household member who has income. Indicate if income is weekly (W), monthly (M), or annually (A) by circling one.

Last Name	First Name	Gross Income/ Salary/Wages	Other Income	TOTALS Center Use Only
		\$ W M A	\$ W M A	\$ W M A
		\$ W M A	\$ W M A	\$ W M A
		\$ W M A	\$ W M A	\$ W M A
		\$ W M A	\$ W M A	\$ W M A
Total Number in Household _____ Note: When converting weekly to monthly income, multiply by 4.3 biweekly to monthly income, multiply by 2.16				Total Income: \$ W M A

Part 4 Signature and Social Security Number

I certify that all of the information on this form is true and correct and is being given in connection with the receipt of Federal Funds. Center officials may verify information. Deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Signature of Adult Household Member _____ Date _____ Printed Name _____ Social Security Number of the Adult Household Member signing this form: <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> </div>	Street Address _____ City _____ State _____ Zip Code _____ Home Telephone _____ Work Telephone _____ If the Adult Household Member signing this form does not have a Social Security Number, check this box. <input type="checkbox"/>
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FOR CENTER STAFF USE ONLY	
Income Category (check one): <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid (Ineligible for Free or Reduced Priced meals)	
This form is valid for one year from the determination date and only after the center's eligibility official has signed and entered the determination date.	
Signature of Center's Eligibility Official _____	Determination Date:
	Month Year