[Insert Center or Sponsoring Organization Letterhead]

Dear Participant/Parent-Guardian:

This letter is intended for adults/parents or parents/guardians of participants enrolled in a day care center. [Name of Center] offers healthy meals to all enrolled participants as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). CACFP provides reimbursements for healthy meals and snacks served to participants enrolled in care. Please help us comply with the CACFP requirements by completing the attached Household Income Eligibility Statement (HIES). In addition, by filling out this form, we will be able to determine eligibility for free or reduced-price meals.

1. Do I need to fill out a HIES for each participant enrolled in care? You may complete and submit one CACFP Household Income Eligibility Statement for all participants enrolled in day care in your household only if those in day care are enrolled in the same center. We cannot approve an incomplete form, so be sure to read the instructions carefully and fill in all required information. Return the completed form to: [Name of Center, address, phone number].

2. Which adult and childcare institutions can receive free meal reimbursement without providing household income information? Adults receiving Medicaid, Supplemental Security Income (SSI), Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) are eligible for free meals. Children in households receiving FAP, FIP, or FDPIR can get free meals. Foster children and children enrolled in Head Start Programs are also eligible for free meals.

3. Who can get reduced-price meals? You may get low-cost meals if your household's income is within the reduced-price limits on the federal income eligibility guidelines, **effective July 1, 2026, until June 30, 2027**, shown below:

Family Size	Yearly Income	Monthly Income	Weekly Income
1	$29,526	$2,461	$568
2	$40,034	$3,337	$770
3	$50,542	$4,212	$972
4	$61,050	$5,088	$1,175
For each additional family member, add:	$10,508	$876	$203

Refer to the Instructions for Participants/Parents/Guardians Household Income Eligibility Statement on how to complete the HIES. Find the category that best describes your household, then follow the directions to complete each part of the HIES. If your household income is higher than the levels shown on the above CACFP income guidelines, you don't need to complete the HIES form.

Families with Children:
Your family may be eligible to receive MIChild, a state-sponsored health insurance program, through the State of Michigan. MIChild is a health insurance program for uninsured children of Michigan's working families. To determine whether your family is eligible, call 1-855-789-5610 to request an application or access an online application at the MIChild website. You can also access the MIChild brochure that briefly explains the insurance program.

Your family may be eligible to receive Women, Infants & Children (WIC), a health and nutrition program that has demonstrated a positive effect on pregnancy outcomes, child growth, and development. To determine eligibility, call (517) 355-8951 or visit the Women, Infants, & Children (WIC) website to learn about WIC and locate a local WIC agency.

4. May I fill out a form if someone in my household is not a U.S. citizen? Yes. Participants and family members do not have to be U.S. citizens to qualify for the center's meal benefits.

5. Who should I include as members of my household? You must include all people in your household (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you. You may also include foster children who live with you.

6. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member, along with the frequency of receipt. If recent income does not accurately reflect your circumstances, you may provide a projection of your income. If no significant change has occurred, you may use last month'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 federal income eligibility guidelines listed above, the family day care home will receive a higher level of reimbursement. Once properly approved for the higher reimbursement rate, whether through income or by providing a current FAP, FIP, or FDPIR case number or by listing the name of other categorically eligible programs, you will remain eligible for those benefits for 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income unemployment causes your household income to be within the eligibility standards.

7. What if my income is not always the same? List the amount that you normally receive. For example, if you normally receive $1,000 every two weeks but missed some work in the last two weeks and only received $900, enter $1,000 every two weeks. If you normally receive overtime, include it; if you only receive it sometimes, don't include it.

8. What if I have foster children? Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the HIES, but are not required to include payments received for the foster child as income.

9. We are in the military. Do we include our housing and supplemental allowances as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, regarding deployed service members, only that portion of their income made available to the household by them or on their behalf will be counted as household income. Combat Pay, including Deployment Extension Incentive Pay (DEIP), is also excluded and will not be counted as household income. All other allowances must be included in your gross income. In the operation of child feeding programs, the U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you have other questions or need help, call [phone number].

Sincerely,

[signature]

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language) should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at: U.S Department of Agriculture USDA Program Discrimination Complaint Form, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: **mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or **fax:** (833) 256-1665 or (202) 690-7442; or **email:**

program.intake@usda.gov.

This institution is an equal opportunity provider.

USDA Civil Rights Complaint form

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