

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
HOUSEHOLD LETTER (Non-Pricing Programs)

For Group Child Care & Outside of School Hours Centers
FFY 2023, Rev. 6/22

Dear Parent or Guardian:

_____ is enrolled in the CACFP, a USDA program which
(Name of Agency)

provides federal assistance dollars to eligible child care centers for serving more nutritious meals. The amount of money our agency receives from this program is based on the income levels of our families. **In order to continue providing a quality meal service without additional charge, we request every family of our enrolled children to complete new a Household Size-Income Statement form (HSIS) each year. Please complete and return the attached HSIS form to our office. This information will be kept strictly confidential in our files.** Only one completed HSIS is required for all children in your household. Once we have properly approved your HSIS as eligible, our agency will receive the higher ("Free" or "Reduced-price") meal reimbursement rates for your enrolled children, for 12 months from the *Effective Month of Determination* regardless of any change in your household size and/or income or termination from Benefits Programs.

- You are not required to complete this HSIS if no one in your household receives benefits from FoodShare WI (the Supplemental Nutrition Assistance Program (SNAP)), FDIPIR (Food Distribution Program on Indian Reservations), Wisconsin Works Programs and your household income is higher than the amount shown for your household size within the table below. In this case, however, we would appreciate you returning the HSIS to us with "N/A" written on it along with your signature and date.

Determining Eligibility based on Participation in Benefits Programs → Complete Part 1 and Part 3 of HSIS form

Our agency receives the Free meal reimbursement rate for children in households receiving benefits from FoodShare WI, FDIPIR, or WI Works Programs. **Wisconsin Works Programs** is Wisconsin's Temporary Assistance for Needy Families (TANF) program. **It provides temporary cash assistance through work placement and training programs and IS NOT the WI Child Care Subsidy Program.** WI Works Programs include Trial Employment Match Program (TEMP), Community Service Jobs (CSJ), Case Management, W-2 Transitions (W-2T), Custodial Parent of an Infant (CMC), Minor Parents Services, Noncustodial Parents, and Pregnant Women.

You must include the following information on the HSIS (a-c) for eligibility based on receiving benefits from FoodShare WI, FDIPIR, WI Works Programs:

- (a) The names of your enrolled children;
 - DO NOT list case numbers for:
- (b) Checked box for the benefit your household receives and its case number; &
 - Medicaid, SSI, OR Wisconsin Child Care Subsidy program AND
- (c) The signature of an adult member in the household & signature date
 - DO NOT list 16-digit Quest Card number (starts with 5077) for FoodShare WI

Determining Eligibility by Household Size and Income → Complete Part 2 and Part 3 of HSIS form

Household-Size Income Scale (Effective July 1, 2022 to June 30, 2023)

Household Size	Annual Income Level (at or below)
1	\$ 25,142
2	\$ 33,874
3	\$ 42,606
4	\$ 51,338
5	\$ 60,070
6	\$ 68,802
7	\$ 77,534
8	\$ 86,266
For each additional Household Member, add:	+\$ 8,732

If your household earns a total income that is less than or equal to the income levels listed within this table, we will receive higher meal reimbursement rates ("Free" or "Reduced-price" meal rate) for your children. **For determining eligibility based on your household size and income, you must include the following information on the HSIS (a-e):**

- (a) Full names of all household members who share income and expenses, including children, parents, and non-related persons;
- (b) Income received by each household member identified by source of income and its pay frequency;
- (c) Total number of household members;
- (d) The signature of an adult member of the household and signature date; and
- (e) The last four digits of the social security number of the adult household member signing the HSIS or an indication he/she does not have a social security number.

- Disclosure of United States citizenship or immigration status is not required and is not a condition of eligibility for higher meal reimbursement rates.

Eligibilities of Foster, Runaway, Homeless, and Migrant Children, and Children

enrolled in Head Start: Our agency will receive the Free meal reimbursement rates for foster, runaway, homeless, and migrant children and children enrolled in Head Start who reside in your household, when you provide the respective documentation listed below. **The respective documentation is required for these**

children to be eligible for Free Meals: These children's eligibility for Free meals does not extend to other children in your household.

- **Foster children:** Your completed HSIS with the 'Foster Child' box checked next to your foster children's names. When including them on your HSIS completed for your non-foster children, any income reported for your foster children must only be for their personal use. Your foster children will then be eligible at the "Free" meal rate. Your non-foster children's eligibilities will be based on the benefits or income information provided on your household's completed HSIS form.
- **Children Enrolled In Head Start:** Written certification of your child's Head Start enrollment eligibility period from the Head Start administering agency.
- **Runaway, Homeless, and Migrant Children:** Written certification of the child's status from an official of the appropriate Runaway and Homeless Youth Program, Migrant Education Program, or school official.

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You are not required to provide this information, but if you do not, our agency cannot receive higher reimbursement rates for meals served to your children. You must include the last four digits of the social security number of the household member signing the form unless: the HSIS is only for your foster child(ren); you list a case number for receiving benefits from FoodShare WI, WI Works Cash Programs, or FDIPIR; or when the household member signing the HSIS checks "None" for not having a SS#.

Sharing Eligibility Information: Children's eligibility information may be shared in accordance with disclosure protection requirements without prior notification, with education, health, and nutrition programs to assess their eligibility for benefits. The law allows us to share your children's eligibility information with programs such as Medicaid or BadgerCare for ensuring their access to free or low cost health insurance, **unless you tell us not to.** This information may only be used for determining eligibility for their programs; if your children are eligible, they may contact you to offer their enrollment options. Filling out this HSIS does not automatically enroll your children in these programs. **If you do not want your information to be shared with these programs, notify us in writing. This notification will not change whether your children's meals are eligible for meal reimbursement.** Your eligibility information provided on the HSIS may also be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

Refer to the [USDA Non-Discrimination Statement and Complaint Filing Procedure](https://dpi.wi.gov/nutrition#discrimination) (https://dpi.wi.gov/nutrition#discrimination). This institution is an equal opportunity provider.

Signature of Agency Representative

**HOUSEHOLD SIZE—INCOME STATEMENT**

Child and Adult Care Food Program

An adult household member must complete this form (HSIS) and return it to the center. Complete one HSIS per household.

Refer to the accompanying *Household Letter* for instructions on completing this form.

First and Last Name(s) of Enrolled Child(ren):					Center																																																																																																																																																																																									
PART 1: BENEFITS Do any household members currently participate in FoodShare WI, WI Works Programs, or FDPIR? If yes, check the program and write the corresponding case number below; then go to Part 3. If no, skip to Part 2.																																																																																																																																																																																														
<input type="checkbox"/> FoodShare Wisconsin (10-digit case number): DO NOT list a 16-digit Quest Card number: _____					<input type="checkbox"/> Wisconsin Works (W-2) Programs (10-digit case number): Wisconsin Shares Child Care Subsidy benefits is NOT a W-2 Program. It does not qualify a child as free in the CACFP.																																																																																																																																																																																									
<input type="checkbox"/> FDPIR (9-digit case number): _____																																																																																																																																																																																														
PART 2: HOUSEHOLD SIZE AND INCOME If you did not complete PART 1, complete a, b, and c below; then go to PART 3.																																																																																																																																																																																														
a) Household Members Information: List full names of all members in first column, including yourself and all children.					b) List all income on the same line as the person who receives it. <ul style="list-style-type: none">Record each income source only once.Check the box for how often each income source is received.																																																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:25%;">Household Member Names</th><th style="width:5%;">(Optional) Age</th><th style="width:5%;">Check if Foster Child</th><th style="width:5%;">Check if No Income</th><th style="width:15%;">Gross wages, Net income (self-employed), Tips, Commission, Cash bonuses, Military pay & allowances, Work comp, Unemployment</th><th style="width:5%;">Weekly</th><th style="width:5%;">Every 2 Weeks</th><th style="width:5%;">Twice per Month</th><th style="width:5%;">Monthly</th><th style="width:5%;">Annually</th><th style="width:5%;">Retirement, Social Security, SSI, Disability, VA benefits, Child Support, Alimony</th><th style="width:5%;">Weekly</th><th style="width:5%;">Every 2 Weeks</th><th style="width:5%;">Twice per Month</th><th style="width:5%;">Monthly</th><th style="width:5%;">Annually</th><th style="width:15%;">Private pensions, Trusts, Annuities, Investments, Interest, Net rental income, Savings 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c) Record total # of household members: _____																																																																																																																																																																																														
PART 3: SIGNATURE An adult household member must sign and date this form If PART 2 is completed, the adult signing the form must list the last four digits of their SS# OR check "None" if they do not have a SS#.																																																																																																																																																																																														
ETHNICITY AND RACE DATA COLLECTION – Completion is optional This center is required by Federal law to ask the following two questions concerning ethnicity and race. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. Please answer both questions.																																																																																																																																																																																														
IS YOUR CHILD(REN) HISPANIC OR LATINO? <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, neither Hispanic nor Latino																																																																																																																																																																																														
SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO YOUR CHILD(REN): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander																																																																																																																																																																																														
I CERTIFY that all information on this form is true. I understand that this information is given in connection with the receipt of Federal funds and that CACFP officials may verify the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.																																																																																																																																																																																														
Signature of Adult Household Member					Signature Date Mo./Day/Yr.					Last 4 digits of SS# (or check "None" if you do not have a SS#) ****-**-____ <input type="checkbox"/> None																																																																																																																																																																																				
FOR CENTER USE ONLY – Complete all 3 sections																																																																																																																																																																																														
Section 1: Basis of Determining Eligibility (A or B)					Section 2: Eligibility Determination					Section 3: Determining Official's Initials/Approval Date Effective Month of Determination																																																																																																																																																																																				
A. Household Size & Income Total Household Size _____ *Total Income \$ _____ / _____ (\$ Amount) (Time Period)		B. Benefits/Foster <input type="checkbox"/> FoodShare WI <input type="checkbox"/> W-2 Programs <input type="checkbox"/> FDPIR <input type="checkbox"/> Foster Child(ren)			<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Non-Needy					Initials/Date: _____ **Effective Month of Determination: _____ Month/Year																																																																																																																																																																																				
*Convert to yearly income <u>only</u> when multiple pay frequencies are reported, using only these multipliers: Weekly x 52 Every 2 weeks x 26					Twice a month x 24 Monthly x 12					**This form expires one year from the Effective Month of Determination.																																																																																																																																																																																				