

LETTER TO PARENTS (Child Care Center—Pricing Program)

Dear Parents:

The Early Childhood & Education Services Program serves nutritious meals five days a week. Children may purchase lunches for \$4.00/day (billed monthly). Morning and afternoon snacks are provided at no additional charge.

Children from households with income less than or equal to the income eligibility guidelines on the reverse side of this letter are eligible for free or reduced-price meals. The costs for reduced-price meals are covered by the program at no cost to the families.

You may apply at any time for your child(ren) to receive free or reduced-price meals by completing the enclosed Meal Benefit Form (MBF) and returning it to the child care center. All information must be complete and signed by an adult household member. If your first language **is not** English, you have the right to ask us for written or oral translation of 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), the Food Distribution Program on Indian Reservations (FDPIR), or the Kinship Guardian Assistance Payment (Kin-GAP) you only need to list your current CalFresh, CalWORKs, FDPIR, or Kin-GAP 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, FDPIR, or Kin-GAP 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 Social Security Number" if the adult does not have a social security number.

The U.S. Department of Agriculture 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 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, Kin-GAP, or FDPIR case number, your child(ren) will remain eligible for those benefits for 12 months.

Households that do not currently qualify for free or reduced-price meals may later report loss of employment or income. The information may be used to place your child(ren) in the free or reduced-price meal category.

During anytime of the year, a Child and Adult Care Food Program representative may verify your eligibility information. Deliberate misrepresentation of information may be subject to prosecution under applicable state and federal laws. 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.

Within 21 days of receiving the completed eligibility application, the child care center will notify you regarding your child's eligibility category.

Nondiscrimination 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, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 866-632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339, or 800-845-6136 (Spanish). The USDA is an equal opportunity provider and employer.

If you have any questions, or need assistance completing the eligibility form, please contact:

NAME Mia Shellabarger	TELEPHONE NUMBER (805) 893-5307
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Please contact the child care center if you do not agree with the determination of your child(ren)'s eligibility. If you wish to review the decision further, you have the right to a fair hearing. You may request a hearing by contacting:

NAME MIA SHELLABARGER/LESLIE VOSS	TELEPHONE NUMBER (805)893-5307/(805)893-3347	
ADDRESS ORFALEA FAMILY CHILDREN'S CENTER	CITY Santa Barbara, CA	ZIP CODE 93106

INCOME ELIGIBILITY GUIDELINES

<u>EFFECTIVE FROM JULY 1, 2016 THROUGH JUNE 30, 2017</u>					
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	\$ 21,978	\$ 1,832	\$ 916	\$ 846	\$ 423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
FOR EACH ADDITIONAL FAMILY MEMBER, ADD:	\$ 7,696	\$ 642	\$ 321	\$ 296	\$ 148

* 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, FDPIR, OR KIN-GAP BENEFITS. THOSE CHILDREN ARE AUTOMATICALLY ELIGIBLE FOR FREE MEAL BENEFITS.