

SOLANO FAMILY & CHILDREN'S SERVICES

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LETTER TO PARENT/GUARDIAN - DAY CARE HOMES FOR CHILDREN ENROLLED IN TIER II HOMES

July 1, 2018 – June 30, 2019

Dear Parent/Guardian:

This letter is for parents/guardians who have children enrolled in the home of _____, who is a provider that participates in the federal Child and Adult Care Food Program (CACFP) through an agreement with our agency. The CACFP is a program under the U.S. Department of Agriculture and, like the National School Lunch Program (NSLP), it assists licensed child care providers in providing healthy and nutritious meals to your children. One of the most important resources your provider receives from the CACFP is reimbursement for the nutritious meals and healthy snacks they feed your child.

Since July 1997, the CACFP has used a "geographical area" or a "household income eligibility" to determine the provider's reimbursement level. Your provider's home is located in a Tier II geographical area. **You may be able to help your provider!**

If your family or child participates in a qualifying program, or your household meets the income eligibility guidelines included with this letter, your provider will receive a higher level of reimbursement. If you meet the income eligibility guidelines, have a foster child, or are participating in a qualifying program, please take a few moments to complete the Meal Benefit Form (MBF). It will be placed in our files and kept confidential. Please note that your children will participate in the CACFP whether or not the form is returned.

When you have completed the MBF, you have **two** options:

1. Mail the MBF directly to our agency using the pre-printed return envelope
2. Return the MBF to your provider **sealed** in the pre-printed return envelope

If you choose option 2, please sign below, and enclose this letter with your MBF. Your signature certifies that you have agreed for your provider to transmit your MBF on your behalf to our agency.

Printed Name of Parent/Guardian

Signature

Date

Thank you.

Sincerely,

Teresa Godfrey

CACFP Manager

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: Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave, SW, Washington DC, 20250-9410; 2) Fax: (202) 690-7442; 3) email: program.intake@usda.gov
This institution is an equal opportunity provider

Income Eligibility Guidelines

Effective from July 1, 2018 through June 30, 2019

Recipients of the following programs are automatically eligible for Tier I reimbursement rates:

- CalFresh Program (formerly known as Food Stamps)
- California Work Opportunity and Responsibility to Kids Program (CalWORKs)
- Food Distribution Program on Indian Reservation (FDPIR)
- Foster Care Program
- Head Start or Even Start

The scale below is for determining the participant's eligibility category for federal meal reimbursement if they are not recipients of any of the previous programs. Participants from households with total gross incomes at or below the following levels may be eligible for Tier I reimbursement rates.

Tier I Eligibility Scale Effective from July 1, 2018 – June 30, 2019

Gross Income of Household					
Household Size*	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 22,459	\$ 1,872	\$ 936	\$ 864	\$ 432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
For Each Additional Family Member Add:	\$ 7,992	\$ 666	\$ 333	\$ 308	\$ 154

* 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.