



Memorandum

Date: June 20, 2017
To: CACFP Organizations
From: *MC* Mary Clayborne, Director
CACFP/SFSP Division
Subject: Meal Application

Enclosed is a 2017-2018 copy of the Household Meal Application. The attached documents cover the period July 1, 2017 through June 30, 2018. We are also providing you a WIC Memo, Fact Sheet and a "Sharing Information with Medicaid/SCHIP" Form. **Your organization must ensure that copies of these handouts are given to the parents of children enrolled in their center.**

The requirements of 226.23(f) state that free and reduced-price eligibility information must be updated annually and may not be more than 12 months old. Income eligibility forms are considered current and valid until the last day of the month in which the form was dated one year earlier. This means if the form was completed August 10, 2016, it is considered valid until the last day of August in 2017. To ensure that all meal applications are current, we recommend that you update prior to filing your July claim. However, you must have a current meal application on file for each enrollee claimed as Free or Reduced prior to filing the July claim and each month thereafter.

Please reproduce the Meal Application after adding your organization's name, contact information and phone number exactly as is, and send it home to parents of children whose meal applications have expired. An updated master roster should be completed to report the correct Free, Reduced and Paid categories on the July claim form. A copy of the master roster is enclosed. You may also go to <http://www.mde.k12.ms.us/OCN/CACFP> and click on "Free/Reduced Meal Application Package (CC)".

Upon written request, we can provide translations of the Meal Application. If you have questions, contact the Division of CACFP Help Desk at (601) 576-4954.

MC:tgk

Enclosures: Meal Application
Letter to Household
WIC Information
Income Eligibility Guidelines 2017-2018 (**NOT** to be published or issued to parents.)
"Sharing Information with Medicaid/SCHIP" Form
Master Roster

Family Meal Application for Child Care Centers and Family Day Care Homes 2017-2018

Part 1. All Household Members

Name of Enrolled Child(ren): _____

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits: If any member of your household received [MS SNAP], [FDPIR], or [MSTANF cash assistance], provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**
 NAME: _____ CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [Your School, Homeless Liaison, Migrant Coordinator at Phone #] Homeless Migrant Runaway

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income) <i>(Example)</i> <i>Jane Smith</i>	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$ / /
	\$ / /	\$ / /	\$ / /	\$ / /
	\$ / /	\$ / /	\$ / /	\$ / /
	\$ / /	\$ / /	\$ / /	\$ / /
	\$ / /	\$ / /	\$ / /	\$ / /

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)
 An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____
 Date: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____
 Last four digits of Social Security Number: _____ I do not have a Social Security Number

Family Meal Application for Child Care Centers and Family Day Care Homes 2017-2018

Part 6. Participant's ethnic and racial identities (optional)	
Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Don't fill out this part. This is for official use only.	
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12 Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year. Household size: _____ Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Tier I ___ Tier II ___ Reason: _____ Temporary: Free ___ Reduced ___ Time Period: _____ (expires after _____ days) Determining Official's Signature: _____ Date: _____ Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____	

The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Household size	Yearly
1	22,311
2	30,044
3	37,777
4	45,510
5	53,243
6	60,976
7	68,709
8	76,442
Each additional person:	7,733

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

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, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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Income Eligibility Guidelines

(Effective from July 1, 2017 to June 30, 2018)

Scale for Free Meals					
<i>Effective from July 1, 2017 to June 30, 2018</i>					
Household Size	Annual	Monthly	Twice per Month	Every 2 Weeks	Weekly
1	\$ 15,678	\$ 1,307	\$ 654	\$ 603	\$ 302
2	21,112	1,760	880	812	406
3	26,546	2,213	1,107	1,021	511
4	31,980	2,665	1,333	1,230	615
5	37,414	3,118	1,559	1,439	720
6	42,848	3,571	1,786	1,648	824
7	48,282	4,024	2,012	1,857	929
8	53,716	4,477	2,239	2,066	1,033
<i>For each additional Family member add</i>	+5,434	+453	+227	+209	+105

Scale for Reduced Price Meals					
<i>Effective from July 1, 2017 to June 30, 2018</i>					
Household Size	Annual	Month	Twice per Month	Every 2 Weeks	Weekly
1	\$ 22,311	\$ 1,860	\$ 930	\$ 859	\$ 430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
<i>For each additional Family member add</i>	+7,733	+645	+323	+298	+149

Agrees that the reduced price for lunch will not exceed 40 cents, that the reduced price for breakfast will not exceed 30 cents, that the reduced price for a snack shall not exceed 15 cents, and that the reduced price charge established will be below the full price for a lunch or breakfast or snack.