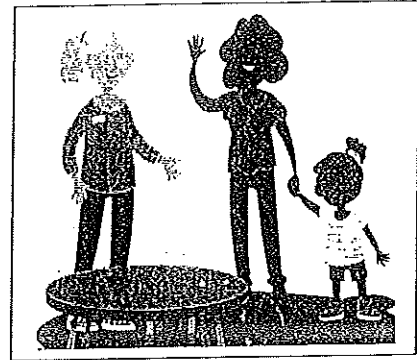


Building for the Future with CACFP

This day care receives support from the Child and Adult Care Food Program to serve healthy meals to your children.

Meals served here must meet USDA's nutrition standards.

Good nutrition today means a stronger tomorrow!



Meals--CACFP homes and centers follow meal requirements established by USDA.

| Breakfast | Lunch or Supper | Snacks (Two of the FIVE) |
|--|---|---|
| Fluid Milk Fruit or Vegetable Grains or Bread Meat/Meat Alternate | Fluid Milk Meat or meat alternate Grains or bread Vegetable Fruit | Milk Meat or meat alternate Grains or bread Fruit Vegetable |

Participating Facilities--Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- Child Care Centers: Licensed or approved public or private nonprofit child care Centers, Head Start programs, and some for-profit centers.
- Family Child Care Homes: Licensed or approved private homes.
- After School Care Programs: Centers in low-income areas provide free snacks to School-age children and youth.
- Emergency Shelters: Programs providing meals to homeless children.

Eligibility--State agencies reimburse facilities that offer non-residential day care to the following children:

- Children age 12 and under,
- Migrant children age 15 and younger, and
- Youths through 18 in after school care programs in needy areas.

Contact Information--If you have questions about CACFP, please contact one of the following:

Sponsoring Organization/Center

Carver Community Organization, Inc.
400 S.E. 8th Street
Evansville, IN 47713

Indiana Department of Education

CACFP Staff
School & Community Nutrition
115 West Washington Street
South Tower, Suite 600
Indianapolis IN 46204
800-537-1142 or 317-232-0850

CACFP Meal Benefit Income Eligibility Form
Letter to Household (Non-Pricing Centers)

July 1, 2023

Dear Households:

Carver Daycare & Preschool offers healthy meals and snacks to everyone in care as part of the Child and Adult Care Food Program (CACFP). Carver Daycare & Preschool receives support from CACFP to serve those meals. CACFP gives more support if your household income is less than or equal to the limits on this chart:

| Federal Income Standards for Reduced-Price Meals for July 1, 2023 - June 30, 2024 | | |
|--|---------------|----------------|
| Household size | Yearly Income | Monthly Income |
| 1 | 26,973 | 2,248 |
| 2 | 36,482 | 3,041 |
| 3 | 45,991 | 3,833 |
| 4 | 55,500 | 4,625 |
| 5 | 65,009 | 5,418 |

Please fill out a *CACFP Meal Benefit Income Eligibility* form. It will help us find out how much support Carver Daycare & Preschool receives. Please be sure to read the instructions carefully. Fill in all the information we request. We can only accept complete forms. Please submit the completed form to:

Ms. Bambi, Intake Specialist
Carver Daycare & Preschool
400 S.E. 8th Street
Evansville, IN 47713

Thank you for taking the time to fill out the form.

In the operation of child nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability. If you have questions or need help, please contact Ms. Bambi at 812-423-2612, or by fax 812-423-6941: ATTN: Ms. Bambi, or email: bdeig@carverorg.org

Sincerely,

Bambi Deig

Ms. Bambi Deig
Intake Specialist

This institution is an equal opportunity provider.



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

The United States Department of Agriculture has issued the following
INCOME ELIGIBILITY GUIDELINES effective **July 1, 2023- June 30, 2024**

| Household Size | Reduced Price Meals – 185% | | | | | Free Meals – 130% | | | | |
|---------------------------------|----------------------------|---------|-----------------|-----------------|--------|-------------------|---------|-----------------|-----------------|--------|
| | Annual | Monthly | Twice Per Month | Every Two Weeks | Weekly | Annual | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| 1 | 26,973 | 2,248 | 1,124 | 1,038 | 519 | 18,954 | 1,580 | 790 | 729 | 365 |
| 2 | 36,482 | 3,041 | 1,521 | 1,404 | 702 | 25,636 | 2,137 | 1,069 | 986 | 493 |
| 3 | 45,991 | 3,833 | 1,917 | 1,769 | 885 | 32,318 | 2,694 | 1,347 | 1,243 | 622 |
| 4 | 55,500 | 4,625 | 2,313 | 2,135 | 1,068 | 39,000 | 3,250 | 1,625 | 1,500 | 750 |
| 5 | 65,009 | 5,418 | 2,709 | 2,501 | 1,251 | 45,682 | 3,807 | 1,904 | 1,757 | 879 |
| 6 | 74,518 | 6,210 | 3,105 | 2,867 | 1,434 | 52,364 | 4,364 | 2,182 | 2,014 | 1,007 |
| 7 | 84,027 | 7,003 | 3,502 | 3,232 | 1,616 | 59,046 | 4,921 | 2,461 | 2,271 | 1,136 |
| 8 | 93,536 | 7,795 | 3,898 | 3,598 | 1,799 | 65,728 | 5,478 | 2,739 | 2,528 | 1,264 |
| For each additional person, add | 9,509 | 793 | 397 | 366 | 183 | 6,682 | 557 | 279 | 257 | 129 |

THE TOTAL HOUSEHOLD INCOME STATED ON THE ENROLLED CHILDREN'S INCOME APPLICATION MUST BE COMPARED TO THE ABOVE GUIDELINES PRIOR TO THE SUBMISSION OF THE JULY CLAIM FOR REIMBURSEMENT FOR THE CURRENT FISCAL YEAR.

Following is the definition of income:

In accordance with the Department's policy as provided in the Food and Nutrition Service publication Eligibility Manual for School Meals, "income," as the term is used in this Notice, means income before any deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions and bonds. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from nonfarm self-employment; (3) net income from farm self-employment; (4) Social Security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement, or pensions or veterans payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources that would be available to pay the price of a child's meal.

"Income," as the term is used in this Notice, does not include any income or benefits received under any Federal programs that are excluded from consideration as income by any statutory prohibition. Furthermore, the value of meals or milk to children shall not be considered as income to their households for other benefit programs in accordance with the prohibitions in section 12(e) of the Richard B. Russell National School Lunch Act and section 11(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1760(e) and 1780(b)).

If you have questions about the Income Eligibility Guidelines, please contact CACFP@doe.in.gov.

This institution is an equal opportunity provider.

CACFP Meal Benefit Income Eligibility Form Instructions

The Child and Adult Care Food Program (CACFP) makes good food a regular part of day care! Please fill out the *CACFP Meal Benefit Income Eligibility* form. It helps us find out if your household qualifies for free or reduced-price meals. This lets us know how much money CACFP will give to support your day care center.

Instructions

Here are instructions to help you fill out the form. Before you begin, turn the form over to learn why we ask for this information. It tells you how we use the information and what rights you have. It also tells you how to contact USDA if you believe you are treated unfairly.

Please make sure to fill in all of the requested information. Use a pen to mark your answers on one form. When you are finished, please return the form to us at:

Carver Community Organization - Daycare & Preschool
400 S.E 8th Street
Evansville, IN 47713

Step 1:

List everyone from your household attending the day care. Use one line for each person's name. Write one letter in each box. Stop if you run out of space. If there are more than five people, add their names on a second piece of paper.

Do you have any foster children? If you answer *Yes*, mark the *Foster Child* box next to the child's name. If you are only applying for foster children, finish Step 1 and go to Step 4. If you are applying for both foster and non-foster children, go to Step 2.

Are any children migrant, runaway, homeless, or enrolled in Head Start? If *Yes*, mark the correct boxes next to the child's name and go to Step 4.

Step 2:

For Childcare: You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR).

For Adult Daycare: You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), Supplemental Security Income (SSI), or Medicaid benefits.

Do any household members, including you, currently receive these benefits? If *Yes*, write the case number in the box and go to Step 4. You only need to provide one case number. If *No*, go to Step 3.

Step 3:

Report current income for all household members. Skip this step if you answered *Yes* in Step 2.

How do you report child income? Turn the form over and use the *Source of Income for Children* chart to see if your household has income to report. Write the amount in the boxes in part A of the form. Mark how often the amount is earned. Write *0* in the box if there is no income to report.

How do you report income of adult household members? Turn the form over and use the *Source of Income for Adults* chart to see if your household has income to report.

In part B, list the adults in your household, including you, even if each of you doesn't receive income. Include adults, such as grandparents, other relatives, and friends who live with you and share household income and expenses. Write the amount of income each of you receives, in the

boxes next to your names. Mark how often the amount is received. Write 0 in the box if there is no income to report.

Make sure you report the current amount of money you get before taxes. Don't include SNAP, FDPIR, WIC, student financial aid, or money you receive for a foster child as income.

Count the number of all children and adults in your household. Include all infants, children, students, and adults. Write the total number in the box under the list of adult household members.

Do you or another adult household member have a Social Security number? Write the last four digits in the boxes. If there is no Social Security number, mark the *Check if no SSN* box.

Points to Remember:

| If: | Then: |
|---|--|
| Your income isn't always the same | List the amount of money that you normally get. For example, don't include overtime pay, if you don't normally get it. If your income is normally higher or lower, you can report annual income instead. |
| Your household includes members who aren't citizens | Participants don't have to be U.S. citizens to qualify for meal benefits. |
| You are in the military | Don't include your Family Subsistence Supplemental Allowance (FSSA), combat pay, or the money you receive for privatized housing. If deployed, count any pay that is provided to your household as income. |

Step 4:

An adult household member must sign this form. The signer promises that all information is true and complete.

Print the name, address, and telephone or email of the adult signer. Sign and write today's date in the marked boxes.

Optional: We ask about the participants' ethnicity and race to make sure we do our best to serve our community. Providing this information is not required. You won't be denied benefits based on your race, color, national origin, sex, age, or disability

CACFP Meal Benefit Income Eligibility

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE:

Insert URL Here

STEP 1 List ALL children or adults in day care (if more spaces are required for additional names, attach another sheet of paper)

| Participant's First Name | Participant's Last Name | MI | Foster/Child | Migrant | Runaway | Homeless | Head Start |
|--------------------------|-------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | <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"/> | <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"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Check all that apply

STEP 2 List the following assistance programs any household member participates in - for child care-SNAP, TANF, or FDPIR, or for adult day-care-SNAP, FDPIR, SSI, or Medicaid

IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER: _____

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with ALL Adult Household Members section.

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

| Name of Household Members (First and last) | Earnings from Work | How often? | Child Income | How often? | Welfare/Child Support/Alimony | How often? | Pensions/Retirement/Social Security/SSI/VA Benefits | How often? |
|--|--------------------|---|--------------|---|-------------------------------|---|---|---|
| | \$ | Weekly Bi-Weekly Monthly Annually | \$ | Weekly Bi-Weekly Monthly Annually | \$ | Weekly Bi-Weekly Monthly Annually | \$ | Weekly Bi-Weekly Monthly Annually |
| | | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| | | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
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Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) or Primary Wage Earner or other Adult Household Member

Check if no SSN

STEP 4 Contact information and adult signature - SUBMIT COMPLETED FORM TO THE DAY CARE AT

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form _____ Today's Date _____

Address _____ City _____ State _____ Zip _____

Signature of Adult _____ Phone/Email _____

| Sources of Income for Children | |
|--|---|
| Sources of Child Income | Examples |
| Earnings from work | <ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages |
| Social Security - Disability Payments - Survivors Benefits | <ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits |
| Income from person outside of household | <ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money |
| Income from any other source | <ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust |

| Sources of Income for Adults | | |
|--|---|--|
| Earnings from Work | Public Assistance/Alimony/Child Support | Pensions/Retirement/All other sources of income |
| <ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing | <ul style="list-style-type: none"> Unemployment benefits Workers compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits | <ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment Income Earned interest Regular income Regular cash payments from outside household |

OPTIONAL Participant's Ethnic and Racial Identities (Optional)

We are required to ask for information about the participant's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect eligibility for receiving meals during care.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of 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 or other FDPIR identifier for your child 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 the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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 (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-2027) 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 Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7442; or
EMAIL: program.intake@usda.gov

***Only use this address if you are filing a complaint of discrimination.**
This institution is an equal opportunity provider.

DO NOT FILL OUT - Sponsor use only - The Determining Official's dated signature is required

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Monthly x 12 (required if earnings are in more than one frequency type)

Total Income: How often? Weekly Bi-Weekly Monthly Annually

Determining Official's Signature (required) Date (required)

Household size Categorical Eligibility

Eligibility: Free Reduced Paid Tier I Tier II

3rd Official's Signature Date

2nd Official's Signature Date

Use this space for income calculations:

CHILD ENROLLMENT FORM

iDOE/CACFP
June 2019

Name of Institution: Carver Community Org.
Name of Facility: Carver Daycare & Preschool

Sponsor ID Number: 1820158

Child's Name: _____

Birthdate: _____

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--|---|---|---|---|---|---|---|
| Please enter the normal hours your child is in care on the specific days of care. | | | | | | | |
| Please check (✓) the meals your child normally receives while in care. | Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____ | Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____ | Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____ | Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____ | Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____ | Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____ | Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____ |
| If your school-age child will be in attendance outside of the regular hours indicated above (snow days, school breaks, etc.) Please check (✓) here _____ | | | | | | | |

FOR INFANTS ONLY: All facilities must offer infant formula and meals/snacks to infants in care during meal service times

Infant Formula

This facility will provide the following iron-fortified infant formula:

Check here to accept: Check here to decline: Provide name of parent-provided formula: _____

Infant Meals and Snacks

Check here to accept: Check here to decline:

This information is required by CACFP federal regulations at §226.15 (e)(2) and (3) for each enrolled participant, and must be updated annually.

Printed name of parent/guardian: _____

Phone Number: _____

Signature of parent/guardian: _____

Date: _____

This institution is an equal opportunity provider.