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

Group Child Care and Outside of School Hours Centers **FFY 2027, Rev. 6/26**

Dear Parent or Guardian:

- Child care
- 4K
- Camp
- School Age

Stevens Point Area YMCA is enrolled in the CACFP, a USDA program which provides federal
(Name of Agency)

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. To provide a quality meal service without additional charge, we request that every family of our enrolled children complete a new Household Size-Income Statement (HSIS) each year. Please complete and return the HSIS to our office. This information will be kept strictly confidential in our files. Only one complete HSIS is required for all children in your household. If the HSIS is approved as eligible for free or reduced-price, our agency will receive the higher meal reimbursement rate 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 form if no one in your household receives benefits from FoodShare (Supplemental Nutrition Assistance Program (SNAP)), FDPIR (Food Distribution Program on Indian Reservations), Wisconsin Works (W-2) Programs, and your household income is higher than the amount shown for your household size within the table on the next page. 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.

Completing the Form
In the table on page 1 of the HSIS, list all infants and children enrolled at the center and specify their age. If any children are in foster care, check the box. If a member of the household does not currently participate in a benefits program listed in Part 1, provide the income children earn or receive and indicate frequency of pay. The "Sources of Income for Children" chart on page 3 will help you with this section.

Determining Eligibility based on Participation in Benefits Programs → *Complete Part 1 and Part 3 of the HSIS*
Our agency receives the Free meal reimbursement rate for children in households receiving benefits from FoodShare Wisconsin (WI), FDPIR, or Wisconsin Works (W-2) Programs. W-2 Programs is Wisconsin's Temporary Assistance for Needy Families (TANF) program. It provides employment preparation services, case management, and cash assistance to eligible families with the following programs: Trial Employment Match Program (TEMP), Community Service Jobs (CSJ), Case Management, W-2 Transitions (W-2T), Custodial Parent of an Infant (CMC), and At-Risk Pregnancy (ARP). **W-2 Programs ARE NOT the WI Child Care Subsidy Program.**

For eligibility based on receiving benefits from FoodShare WI, FDPIR, or W-2 Works Programs you must include the following information on the HSIS:

a. The names of your enrolled children in the table on page 1.
b. Check box marked for the benefit your household receives and its case number. DO NOT list:
   - Case numbers for Medicaid, SSI, OR Wisconsin Child Care Subsidy program
   - The16-digit Quest Card number (starts with 5077) for FoodShare WI
c. Signature of an adult member in the household and signature date in Part 3.

Determining Eligibility by Household Size and Income → *Complete Part 2 and Part 3 of the HSIS*
If your household earns a total income that is less than or equal to the income levels listed within the table below, we will receive higher meal reimbursement rates *("Free" or "Reduced-price" meal rate)* for your children.

For eligibility based on your household size and income, you must include the following information on the HSIS:

a. Full names of all household members who share income and expenses, including children, parents, and non-related people.
b. Income received by each household member, identified by source of income and its pay frequency.
c. The signature of an adult member of the household and signature date in Part 3.
d. 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.

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Household-Size Income Scale (Effective July 1, 2026 to June 30, 2027)

Household Size	Annual Income Level (at or below)
1	$29,526
2	$40,034
3	$50,542
4	$61,050
5	$71,558
6	$82,066
7	$92,574
8	$103,082
For each additional Household Member, add:	+$10,508

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 documentation specified below 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:** Completed HSIS with the 'Foster Child' box checked next to your foster children's names. When including them on an HSIS completed for 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 eligibility will be based on the benefits or income information provided on the 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.

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 last four digits of the Social Security Number are 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.

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.

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

Signature of Agency Representative

Source of Income for Children

Sources of Child Income	Examples
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages
Social Security (Disability Payments, Survivors Benefits)	• 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	A friend or extended family member regularly gives a child spending money
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults

Earnings from Work	Public Assistance, Child Support, Alimony payments received	All other income: Pension, disability, retirement, unemployment, Veterans benefits, etc.
• Salary, wages, cash bonuses • Net income from self-employment (farm or business) **If you are in the U.S. Military:** • Basic pay and cash bonuses (do NOT • include combat pay, FSSA, or privatized • housing allowances) • Allowances for off-base housing, food, • and clothing	• Unemployment benefits • Workers compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	• Social Security (including railroad • retirement and black lung benefits) • Private Pensions or Disability Benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from • outside household

CACFP ENROLLMENT FORM

Child Care Name:

Parent/Guardian Instructions:
This form can be used for up to three children per household. In the spaces below list the child's name, current age, the days and hours normally in care, and the meals normally received while in care. If the child is of school age report the hours in care both before and after school. Child and Adult Care Food Program (CACFP) regulations require that the enrollment form be updated annually and signed by the child's parent or guardian. **This form can be used for three years for the same child(ren), to meet the annual updating requirements.**

HOURS AND MEALS WHILE IN CARE

Child's Name:	Days Normally in Care (Check ✓)	From	To	From	To	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
	☐ Sunday					☐	☐	☐	☐	☐	☐
	☐ Monday					☐	☐	☐	☐	☐	☐
	☐ Tuesday					☐	☐	☐	☐	☐	☐
Date of Birth:	☐ Wednesday					☐	☐	☐	☐	☐	☐
	☐ Thursday					☐	☐	☐	☐	☐	☐
	☐ Friday					☐	☐	☐	☐	☐	☐
	☐ Saturday					☐	☐	☐	☐	☐	☐

Meals Normally Received While in Care (Check ✓)

Additional Information (Year One):	Additional Information (Year Two):	Additional Information (Year Three):

HOURS AND MEALS WHILE IN CARE

Child's Name:	Days Normally in Care (Check ✓)	From	To	From	To	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
	☐ Sunday					☐	☐	☐	☐	☐	☐
	☐ Monday					☐	☐	☐	☐	☐	☐
	☐ Tuesday					☐	☐	☐	☐	☐	☐
Date of Birth:	☐ Wednesday					☐	☐	☐	☐	☐	☐
	☐ Thursday					☐	☐	☐	☐	☐	☐
	☐ Friday					☐	☐	☐	☐	☐	☐
	☐ Saturday					☐	☐	☐	☐	☐	☐

Meals Normally Received While in Care (Check ✓)

Additional Information (Year One):	Additional Information (Year Two):	Additional Information (Year Three):

HOURS AND MEALS WHILE IN CARE

Child's Name:	Days Normally in Care (Check ✓)	From	To	From	To	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
	☐ Sunday					☐	☐	☐	☐	☐	☐
	☐ Monday					☐	☐	☐	☐	☐	☐
	☐ Tuesday					☐	☐	☐	☐	☐	☐
Date of Birth:	☐ Wednesday					☐	☐	☐	☐	☐	☐
	☐ Thursday					☐	☐	☐	☐	☐	☐
	☐ Friday					☐	☐	☐	☐	☐	☐
	☐ Saturday					☐	☐	☐	☐	☐	☐

Meals Normally Received While in Care (Check ✓)

Additional Information (Year One):	Additional Information (Year Two):	Additional Information (Year Three):

PARENT/GUARDIAN SIGNATURE

Parent/Guardian Signature (Year One):	Date *Mo./Day/Yr.*	*Parent/Guardian Initials (Year Two):*	Date *Mo./Day/Yr.*	*Parent/Guardian Initials (Year Three):*	Date *Mo./Day/Yr.*

HOUSEHOLD SIZE—INCOME STATEMENT (HSIS)

Child and Adult Care Food Program - Group Child Care and Outside of School Hours Centers - FFY 2027, Rev. 6/26

An adult household member must complete this form and return it to the center. Refer to the *Household Letter* for instructions on completing this form.

In the table below, list all children enrolled at the center and specify their age. If any children are in foster care, check the box. If a member of the household does not currently participate in a benefits program listed in Part 1 below, provide the income children earn or receive and indicate frequency of pay. The "Sources of Income for Children" chart in the *Household Letter* will help you with this section. If more space is needed, attach another HSIS.

Ethnicity and Race Questions: Providing ethnic and racial information is optional. This center is required by Federal law to ask for this information. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. Complete for both ethnicity and race.

									Ethnicity: Choose Yes / No *Optional*	Race: Select all categories that apply to your child *Optional*				
Child Last Name	Child First Name	Age	Child in Foster Care?	Income child earns or receives	Weekly	Every 2 Weeks	2x Month	Monthly	Ethnicity: Hispanic or Latino?	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
			☐	$	☐	☐	☐	☐	☐ Yes ☐ No	☐	☐	☐	☐	☐
			☐	$	☐	☐	☐	☐	☐ Yes ☐ No	☐	☐	☐	☐	☐
			☐	$	☐	☐	☐	☐	☐ Yes ☐ No	☐	☐	☐	☐	☐
			☐	$	☐	☐	☐	☐	☐ Yes ☐ No	☐	☐	☐	☐	☐
			☐	$	☐	☐	☐	☐	☐ Yes ☐ No	☐	☐	☐	☐	☐

PART 1: BENEFITS

Do any household members currently participate in FoodShare Wisconsin (WI), Wisconsin (WI) Works Programs, or Food Distribution Program on Indian Reservations (FDPIR)? If yes, check the program and write the corresponding case number below; then go to Part 3. If no, go to Part 2 on the next page.

☐ **FoodShare WI (10-digit case number):** ____________________ *DO NOT list a 16-digit Quest Card number or number that starts with 5077.*

☐ **WI Works Programs (10-digit case number):** ____________________ *DO NOT list a WI Childcare Subsidy number. This is NOT a WI Works Program and does not qualify a child as free in CACFP.*

☐ **FDPIR (9-digit case number):** ____________________

If you completed Part 1, go to Part 3 on the next page. If you did not complete PART 1, complete Part 2 and Part 3 on the next page.

This institution is an equal opportunity provider.

CACFP

HOUSEHOLD SIZE—INCOME STATEMENT (HSIS)

Child and Adult Care Food Program - Group Child Care and Outside of School Hours Centers - FFY 2027, Rev. 6/26

PART 2: HOUSEHOLD SIZE AND INCOME

If you did not complete PART 1, complete the table below then go to PART 3.

- List full names of all adults and children, not listed on page 1, who are living in the household, including yourself and people who do not receive income.
- List all income on the same line as the person who receives it. Record each income source only once. Check the box for how often income is received. The "Sources of Income for Adults" and "Sources of Income for Children" charts in the *Household Letter* will help you with this section.

Name of Other Household Members List all adults and children, not listed on page 1, who are living in the household and share income and expenses, even if not related.	**Check if No Income**	Earnings from Work, Gross pay before taxes (not take-home pay)	Weekly	Every 2 Weeks	2x Month	Monthly	Annually	Public Assistance, Child Support, Alimony payments received	Weekly	Every 2 Weeks	2x Month	Monthly	Annually	All other income: Pension, disability, retirement, unemployment, Veterans benefits, etc.	Weekly	Every 2 Weeks	2x Month	Monthly	Annually
	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐

Last four digits of signer's Social Security Number (SSN) (or check 'None' if you do not have a SS#): ***-**- ___ ___ ___ ___ Check if no SSN ☐

PART 3: SIGNATURE

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

______________ Date (Mo/Day/Year)

FOR CENTER USE ONLY

Basis for Eligibility (complete one):

- **Benefits/Foster:** ☐ FoodShare WI ☐ W-2 Programs ☐ FDPIR ☐ Foster Child(ren)
- **Total Household Size (children and adults):** _______ **Total Income (children and adults):** ___________ / ___________
  Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, 2x Month x 24, Monthly x 12 Amount Frequency

Eligibility Determination: ☐ Free ☐ Reduced ☐ Non-Needy

Determining Official's Initials/Approval Date (Mo/Day/Year): ________________ **Effective Month of Determination (Month/Year):** __________
Form expires one year from the Effective Month of Determination