



Child and Adult Care Food Program

Dear Parents and Guardians:

Your child care provider offers healthy meals and snacks to all enrolled children as part of their participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The main purpose of the CACFP is to help children receive nutritious food and well balanced meals. Your Provider receives reimbursement for healthy meals and snacks served to enrolled children, while in care, and families are not charged a separate fee for the meals and snacks served. The reimbursement for the Child and Adult Care Food Program participants is a two tiered system. To receive the higher Tier I rates, the child care home must either be located in a low income area based on school or Census Data or the Provider's own household must be low income. Your Provider does not meet any of these criteria. However, your Provider may receive the higher Tier I rates for your children's meals/snacks if your household income is at or below the levels listed in this letter, or if any member of your household receives the Food Assistance Program (FAP), Family Independence Program (FIP), Food Distribution Program on Indian Reservations (FDPIR) or any other categorically eligible program listed below.

1. Are you required to complete a Household Income Eligibility Statement (HIES) in order for your child(ren) to receive CACFP Benefits? No, but if you choose to, your Provider may receive a higher reimbursement for the meals and snacks served to your child(ren). If you do complete the form, you have the option of returning it directly to your Provider or directly to us at Vibrant Futures at the address below.

____ Initial here if you consent to allowing your child care home provider to collect your HIES in a sealed envelope along with this consent and provide it to the Sponsor. Your provider will not review your form.

2. Do you need to fill out a HIES for each of your children in child care? You may complete and submit one CACFP HIES for all children in your household **only** if the children in child care are enrolled in the same child care home. We cannot approve a form that is not complete, so be sure to read the instructions attached to the statement carefully and fill out all required information.

3. Who qualifies for the higher reimbursement without providing income information? Your provider will receive a higher reimbursement for meals served to foster children **and** children in households that are receiving Food Assistance Program (FAP - formerly Food Stamps), Family Independence Program (FIP), Food Distribution Program on Indian Reservations (FDPIR) and/or other categorically eligible programs as listed:

ALL CATEGORICALLY ELIGIBLE PROGRAMS

(For Households Participating in the CACFP with a Tier II Provider)

- Food Assistance Program (FAP)
- Family Independence Program (FIP)
- Food Distribution Program on Indian Reservations (FDPIR)
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- All Head Start Participants
- The Emergency Food Assistance Program (TEFAP)
- National School Breakfast Program and School Lunch Program

4. Who qualifies for the higher reimbursement based on income? Your provider may receive a higher reimbursement for the meals served to your children if **your** household income is within the reduced price limits on the federal income eligibility guidelines at the end of this letter. If your household income is greater than the levels shown on the CACFP income guidelines, it is not necessary for you to complete the HIES. Refer to the Instructions on the back of the HIES. Find the section on the back of the Statement that most closely defines your household and follow the directions for completing each part of the HIES.

5. May you fill out a HIES if someone in your household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care home.

6. Who should you include as members of your household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include any foster children living with you.

7. How do you report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member and the frequency the income is received. If recent income does not accurately reflect your circumstances, you may provide a projection of your income. If no significant change has occurred, you may use last month'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 federal income eligibility guidelines listed below, the family day care home will receive a higher level of reimbursement. Once properly approved for the higher reimbursement rate, whether through income or by providing a current FAP, FIP, FDPIR case number, or listing the name of other categorically eligible programs, you will remain eligible for those benefits until September 30, 2026. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

8. What if your income is not always the same? List the amount that you normally receive. For example, if you normally receive \$1,000 every two weeks, but you missed some work in the last two weeks and only received \$900, put down that you receive \$1,000 every two weeks. If you normally receive overtime, include it, but not if you only receive it sometimes.

9. What if you have foster children? Foster children that are under the legal responsibility of a foster care agency or court automatically qualify for the higher reimbursement. Any foster child in the household qualifies regardless of income. Households may include foster children on the HIES, but are not required to include payments received for the foster child as income.

10. If you are in the military, do you include your housing and supplemental allowances as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP), is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

The Child and Adult Care Food Program Income Scale is as follows:

Family Size	Yearly Income	Monthly Income	Weekly
1	\$29,526	\$2,461	\$568
2	40,034	3,337	770
3	50,542	4,212	972
4	61,050	5,088	1,175
5	71,558	5,964	1,377
6	82,066	6,839	1,579
7	92,574	7,715	1,781
For each additional family member add:	10,508	876	203
Income eligibility guidelines for July 1, 2026 – June 30, 2027			

If you have other questions or need help, call 616-451-8281.

Sincerely,

Vibrant Futures CACFP

Your family may be eligible to receive health insurance, called MICHild, through the State of Michigan. MICHild is a health insurance program for uninsured children of Michigan's working families. To determine if your family is eligible, call 1-888-988-6300 for an application or access an online application at www.michigan.gov/michild. At the web address, you can also access the MICHild brochure that briefly explains the insurance program.

Your family may be eligible to receive Women, Infants & Children (WIC), a health and nutrition program that has demonstrated a positive effect on pregnancy outcomes, child growth, and development. To determine eligibility, call 211 to find your nearest WIC clinic or access online information at www.michigan.gov/wic.

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HOUSEHOLD INCOME ELIGIBILITY STATEMENT

PROVIDER NAME: _____

RETURN THIS COMPLETED FORM TO: Vibrant Futures 233 FULTON St East, SUITE 107, GRAND RAPIDS, MI 49503-3262 (616) 451-8281

PART 1 – Households Receiving Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), or other categorically eligible Program. If any member of your Household receives FAP, FIP, or FDPIR, please provide the name and case number for the person who receives the benefits.

Name: _____ Program (circle): FAP FIP FDPIR Case Number: _____

PART 2 – Household Information – No FAP, FIP, FDPIR # in PART 1, then you must complete PART 2 and PART 3

First and Last Names of All Household Members, Related and Unrelated, Including Yourself	Enrolled for Child Care (x)	Age	Birth Date	Foster Child (x)	Amount of Earnings from Work (before deductions)	How Often? (x)					Amount of Welfare, Child Support, or Alimony	How Often? (x)					Amount of All Other Income (Indicate source and amount)	How Often? (x)					Mark if No Income (x)
						W	B	2	M	A		W	B	2	M	A		W	B	2	M	A	
						e	I	x	o	n		e	I	x	o	n							
						k	W		n	n		k	W		n	n							
						l	e	M	t	a		l	e	M	t	a							
						y	k	h	h	l		y	k	h	h	l							

PART 3 – All Households: Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date)

I certify that all information on this form is true and that all income is reported. I understand that the day care home will receive 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.

Signature: _____ Print Name: _____ Date: _____ Phone # _____

Last four digits of Social Security Number: XXX-XX-

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☐ I do not have a Social Security Number

For Institution Use Only			
Total Household Members:	Total Annualized Income: \$ _____	How to annualize income: ____ Weekly: x 52 ____ Monthly: x 12 ____ Bi-Weekly: x 26 ____ Annually: Same ____ 2x Month: x 24	APPROVED CATEGORY Categorical Eligible: (Tier I): Foster FIP FAP FDPIR Other Income Eligible: Tier I Tier II
	Sponsor Signature: _____ Approval Date: _____		

**Instructions for FDCH Parents/Guardians
Household Income Eligibility Statement**

If you are applying for foster child(ren) only, follow these instructions:

Part 1: Do not complete.

Part 2: List name, age, and birth date of foster child(ren); check the box for foster child.

Part 3: Sign and date the form. The last four digits of a Social Security number are not necessary.

If your household receives Food Assistance Program (FAP), Family Independence Program (FIP), Food Distribution Program on Indian Reservations (FDPIR) benefits, or other categorically eligible program, follow these instructions:

Part 1: List the name and case number for any household member (including adults) receiving FAP, FIP, FDPIR, or other categorically eligible program.

Part 2: List the name, age, and birth date for all children Enrolled in Child Care and make sure to check the box.

Part 3: Sign and date the form. A Social Security number is not necessary.

Note: Benefits received under Medicaid, Women, Infants and Children (WIC), or Department of Health and Human Services (DHHS) Child Care Assistance Program (where DHHS pays a portion of your child care expense) does not automatically qualify for Tier I meal reimbursement to your provider.

All other households, including households where some of the children are foster children, follow these instructions (not required if household is over the income limits and don't have any foster children):

Part 1: Do not complete.

Part 2: List the names and ages of everyone (related or not related) living in your household, including you, other adults and children; (if you need more space, use a separate sheet of paper).

Place an X in the column for all children enrolled in child care;

List household members' ages and dates of birth;

Place an X in the next column if children in the household are foster children;

If no case number is indicated in Part 1, list (by person) the amount and source of income that person receives and the frequency the income is received. List earnings **before** deductions, welfare benefits, child support or alimony or any other income including retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits, Worker's Compensation, unemployment, strike benefits, regular contributions of people who do not live in your household or any other income; and place an X in the box for those listed who do not have any income.

If you are in the Military Housing Privatization Initiative or receive Combat Pay, do not include the housing allowance as Income.

Foster child payments received by the family from the placement agency are not considered income and do not have to be reported. The presence of a foster child in a family does not make all children in the household automatically eligible for Tier 1 meal reimbursement.

If you are a farmer or self-employed, income is gross farm or business income received in the month prior to application minus farm or business expenses. Gross wages from other jobs or income from other sources must also be listed as Income. A loss from self-employment must be listed as zero income and cannot reduce other income.

If you are a current Tier II provider, you must include documentation to verify all reported household income.

Part 3: Sign and date the form and list the last four digits of your Social Security number or check the box indicating "I do not have a Social Security number."

Help Determining Annualized Income

If your household receives income at different frequencies (i.e. one person may receive monthly retirement income and another may receive weekly pay checks) then all income must be annualized. Use the following chart to annualize income:

If paid every week, multiply the total gross income by 52.

If paid every two weeks, multiply the total gross income by 26.

If paid once a month, multiply monthly income by 12.

If paid twice a month, multiply the total gross income by 24.

If paid once a year, enter the yearly income amount.

Return the completed statement to Vibrant Futures.

Privacy Act Statement: 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 Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution 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.

USDA Nondiscrimination Statement In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [USDA Program Discrimination Complaint Form](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or (2) **fax:** (833) 256-1665 or (202) 690-7442; or (3) **email:** program.intake@usda.gov. This institution is an equal opportunity provider. USDA Civil Rights Complaint Link: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

