ST. MARY'S SCHOOL

CACFP Household Letter
Separate Meal Charges

Dear Parent/Guardian:

We provide nutritious meals every day to the children at Play Island Preschool at St. Mary's School.

The cost is $3.05 for each full-priced meal and $0.00 for each reduced-price or free meal.

Your child(ren) may qualify for free or reduced-price meals with assistance from the Child and Adult Care Food Program (CACFP). **To apply for free or reduced-price meals, complete the enclosed CACFP Household Income Statement** following the instructions. If your household income is higher than the guidelines shown on the instructions page, please write "over income" on the Household Income Statement, include your child(ren)'s name(s), and return the form.

Return your completed Household Income Statement form to:

Erin Wendt
St. Mary's School
140 S 10th Street
PO Box 500
Bird Island, MN 55310

Commonly Asked Questions:

I already receive Minnesota Family Investment Program (MFIP) or Supplemental Nutrition Assistance Program (SNAP) benefits. Do I qualify for free meals? Yes. You should provide your case number on the form instead of income information if anyone in your household is approved for one of these programs: SNAP, MFIP, or Food Distribution Program on Indian Reservations (FDPIR).

In addition, children in foster care receive free meals regardless of household income.

You *may* qualify for free or reduced-price meals if you participate in the *Women, Infants, and Children* (WIC) program or *Medical Assistance* program (MA). Please fill out a Household Income Statement form.

Who should I include as members of my household? Include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends). Include anyone who is temporarily away. For example: a college student.

What if my income is not always the same? List the amount that you normally earn. Include overtime pay if you regularly work overtime. For fluctuating income like seasonal work, list the average monthly income.

Do I need to provide my Social Security number? If household incomes are reported on the form, the person signing the form must include the last four digits of his/her Social Security number. If you don't have a Social Security number, indicate that on the form.

Will the income information I give be checked? Yes, we may ask you to send written proof of your income sources.

May I apply for meal benefits if someone in my household is not a United States (U.S.) citizen? Yes. You or your children or other household members do not have to be U.S. citizens for your children to receive meal benefits.

How will my information be kept? We will keep your information on file as private data. The back page of the form has more information about data privacy.

What if I disagree with the decision about meal benefits? You should talk to us, and we can review the decision.

If I don't qualify now, may I apply later? Yes. You may apply at any time if your income decreases, your household size increases, or you start receiving SNAP, MFIP, or FDPIR benefits.

If you have any questions or need help, please call the school at **320-365-3693**.

Sincerely,

Erin Wendt

Administrative Assistant

St. Mary's School - Bird Island
140 S 10th Street
P.O. Box 500
Bird Island, MN 55310
(320) 365-3693

DEPARTMENT OF EDUCATION

How to Complete the Household Income Statement Form

Fill out a Child and Adult Care Food Program—Household Income Statement if any of the following apply:

- Any person in your household currently participates in one of these programs: Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), or
- You have one or more children in foster care in the household (a welfare agency or court has legal responsibility for the child) or
- Your total household income (gross earnings before deductions, not take-home pay) is less than or equal to the income shown below for your household size. Include any children in foster care as members of the household. Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2026–June 30, 2027.

Maximum Total Income

Household Size	$ Annual	$ Monthly	$ Twice Per Month	$ Every Two Weeks	$ Weekly
1	29,526	2,461	1,231	1,136	568
2	40,034	3,337	1,669	1,540	770
3	50,542	4,212	2,106	1,944	972
4	61,050	5,088	2,544	2,349	1,175
5	71,558	5,964	2,982	2,753	1,377
6	82,066	6,839	3,420	3,157	1,579
7	92,574	7,715	3,858	3,561	1,781
8	103,082	8,591	4,296	3,965	1,983
Add for each additional person	10,508	876	438	405	203

1. Children to List

List all infants and children in the household and their birthdates, even if they are not related. Attach another page if needed to list all children. Fill in circles to show which children are enrolled at this child care center. If any children are in foster care, fill in the circle.

Providing ethnic and racial information for each child is optional and does not affect approval for CACFP benefits. This information helps to make sure we are fully serving our community.

2. Case Number

If any household member currently participates in SNAP, MFIP or FDPIR assistance programs, check the box to indicate which assistance program and write in the corresponding case number. Then go to number 4. If no one in your household participates in SNAP, MFIP or FDPIR, leave number 2 blank and continue on to number 3.

Note: Benefits received from Child Care Assistance, Medical Assistance (MA), Women, Infants, and Children (WIC) and Person Master Index (PMI) numbers **do not** qualify for this purpose and cannot be reported on the Household Income Statement in number 2.

3. Adults/Incomes/Last Four Digits of Social Security Number

- If any children have regular earning, write in the amount of income and fill in a circle for frequency. Do not write in an hourly wage. Do not include occasional earnings like babysitting or lawn mowing.
- List all adults living in the household (everyone not listed in number 1) whether related or not, such as grandparents, other relatives or friends. Include any adult who is temporarily away from home, like a student away at college. Attach another page if necessary.
- List gross incomes before deductions, not take-home pay. **Do not list an hourly wage rate.** For adults with no income to report, enter a '0' or leave the section blank. This is your certification (promise) that there is no income to report for these adults.
- For each income, fill in a circle to show how often the income is received: weekly, every two weeks, twice per month or monthly. For fluctuating income like seasonal work, list average monthly income.
- For farm or self-employment income **only**, list the net income per year or month after business expenses. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
- The adult household member signing the form must provide the last four digits of their Social Security number or check the box if they do not have a Social Security Number.

4. Signature and Contact Information

An adult household member must sign and date the form.

DEPARTMENT OF EDUCATION

Child and Adult Care Food Program – Child Care Centers Household Income Statement – July 2026

1 List all infants, children and students through grade 12 in the household, even if they are not related. If more space is needed, attach another sheet.

Child's First Name	Middle Initial (MI)	Child's Last Name	Birthdate	If yes, fill in one or more circles for each child. **Ethnicity and Race are Optional**								
				Enrolled at this center?	Child in Foster Care?	**Ethnicity**	**Race – One or more may be selected**					
						Hispanic / Latino?	American Indian or Alaskan Native?	Asian?	Black or African American?	Native Hawaiian or other Pacific Islander?	White?
				○	○	○	○	○	○	○	○
				○	○	○	○	○	○	○	○
				○	○	○	○	○	○	○	○
				○	○	○	○	○	○	○	○

2 Do any household members **currently** participate in SNAP, MFIP or FDPIR? **If yes, check which program and write the corresponding case number below: Go on to number 4**. **If no**, go to number 3. **Note: Child Care Assistance, Medical Assistance, WIC benefits, and PMI numbers do not qualify** under this section 2.

☐ **SNAP** Case number_____ ☐ **MFIP** Case number_____ ☐ **FDPIR** Case number_____

3 Report income for all household members. Skip this step if you answered yes to number 2 or if all participants are children in foster care.

A. Child Income. Include the total income a child earns or receives. Child Income: _____ ○ Weekly ○ Every two weeks ○ Twice per Month ○ Monthly

B. Adult Income. Include yourself and record total income below. List all adult household members even if they don't receive income.

Adults – Full Name List the full name of each household member who is living with you and shares income and expenses. Enter all income(s) in whole dollars. If zero income write 0. Include any college students temporarily away.	**Gross Pay from Work** Do not write in an hourly wage						**Farm or Self-Employment**	**Public Assistance, Child Support, Alimony**					**All Other Incomes**				
	Gross pay before taxes (not take-home pay)	Weekly	Every two weeks	Twice per month	Monthly	Annual	Net Income after business expenses. State if annual or monthly.	Payments received	Weekly	Every two weeks	Twice per month	Monthly	Pension, retirement, disability, unemployment, Veterans benefits, etc.	Weekly	Every two weeks	Twice per month	Monthly
	$	○	○	○	○	○	$	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	$	○	○	○	○	$	○	○	○	○

C. Last four digits of signer's Social Security Number (SSN) or no SSN (required): X X X–X X–☐☐☐☐ or ☐ I don't have an SSN.

4 I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that this information is given in connection with receipt of federal funds and that officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted under applicable federal and state laws.

Signature of adult household member (required): _____ Printed Name: _____Date: _____

Sponsor Use Only—Do Not Write Below

Approved: ☐ A—Foster ☐ A—Case Number ☐ A—Income ☐ B—Income ☐ C Total Household Members: _____ Total Income: $_____ per _____

Effective Dates: From _____ through _____ Sponsor Signature _____ Date _____

DEPARTMENT OF EDUCATION

Child and Adult Care Food Program – Child Care Centers Household Income Statement – July 2026

Farmer or Self-Employed

Income is your *net* income (after deducting business expenses) from farm or self-employment during the year, which is shown on Schedule C or F from the federal tax return. A loss from farm or self-employment must be listed as zero income and does not reduce other household income for the purpose of completing this form.

Seasonal Worker

Income is your expected *average gross income* before deductions (*not* take-home pay) from seasonal work during the year. List your *average gross income* from seasonal work per month or other frequency.

Privacy Act Statement / How Information Is Used

The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give this information but if you do not, we cannot approve your child for free or reduced-price school 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 child in foster care, or you provide a Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservation (FDPIR) assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

Only authorized officials will have access to the information you provide on this form. We will use your information to determine if your child qualifies for free or reduced-price meals, and for administration and enforcement of the program. We may share your information with other 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. We require written consent from you before sharing information for other purposes.

While listing your children's race and ethnicity is voluntary, CACFP uses the percentages of participants in each racial and ethnic category to make sure CACFP is operated in a nondiscriminatory manner and in compliance with federal and civil rights laws. The information is not required and will not affect approval of benefits.

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 teletypewriter [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: 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.

Office Use Only: Verification (Pricing Program Only)

Date Verification Sent: _____ Response Due: _____ Second Notice: _____ Result: ○ No Change ○ A to B ○ A to C ○ B to A ○ B to C

Reason for change: ○ Income ○ Case number not verified ○ Foster status not verified ○ Refused cooperation ○ Other: _____

Signature of verifying official: _____ Date: _____