




Department of Health

ANDREW M. CUOMO
Governor

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Acting Commissioner

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Executive Deputy Commissioner

TO: CACFP Sponsors of Day Care Centers
FROM:  Dwight LaDu, Director
Child and Adult Care Food Program
DATE: April 23, 2015
SUBJECT: 2015 Revised Income Guidelines and Participant Data Form

Enclosed are documents updated with the current Income Eligibility Guidelines to be used in the administration of the Child and Adult Care Food Program. These items include:

1. CACFP-3673
Distribute the Letter to Households to participants along with the Income Eligibility Form for Child Care Centers (DOH-3688) or the Income Eligibility Form for Adult Day Care Centers (DOH-3834). Please use the enclosed order form (CACFP-3718) to obtain copies and for other languages. Forms are also available by calling 1-800-942-3858 and selecting option 5, or at our website www.health.ny.gov/CACFP.
2. CACFP-3687
The Income Eligibility Guidelines have been updated and should be used beginning July 2015 to categorize participants as Free, Reduced or Paid. Income Eligibility Forms are not required to be collected for Head Start Programs, Homeless Shelters and At-Risk Only programs.
3. CACFP-3854C
Please complete the Participant Data Form for each center and keep it on file. CACFP staff will view it at the next review of your CACFP operations. For CIPS certified, update this information online on each center application.

Please call us with any questions at 1-800-942-3858 and select option 4.

Enclosures:

Letter to Households (CACFP-3673)
Order Form for Sponsors of Day Care Centers (CACFP-3718)
Income Eligibility Guidelines for Sponsors of Day Care Centers (CACFP-3687)
Participant Data Form for Sponsors of Day Care Centers (CACFP-3854C)

Dear Parent, Guardian or CACFP Participant:

This center participates in the Child and Adult Care Food Program (CACFP) and serves nutritious meals each operating day. The information requested on the attached Income Eligibility Form for Child Care or Adult Day Care Centers determines how much reimbursement this center will receive from CACFP for these meals and snacks, based on the United States Department of Agriculture (USDA) family income criteria listed below.

We encourage you to complete the form promptly so your center can maximize its reimbursement for healthy meals and snacks. One form needs to be completed for each household every year except for children enrolled in Head Start or At-Risk Only programs. All information on the form will be confidential and used only for the purpose of determining CACFP reimbursement for meals and snacks served at this center.

Foster children are automatically eligible for the highest rate of reimbursement from CACFP. Households with both foster and non-foster children in day care may complete one form, including the foster child as a household member. Eligibility determination for the non-foster children will be based on the information reported on the form by the household.

**INCOME ELIGIBILITY GUIDELINES
(Effective July 1, 2015 until June 30, 2016)**

HOUSEHOLD SIZE	REDUCED-PRICE MEALS		
	YEAR	MONTH	WEEK
1	21,775	1,815	419
2	29,471	2,456	567
3	37,167	3,098	715
4	44,863	3,739	863
5	52,559	4,380	1,011
6	60,255	5,022	1,159
7	67,951	5,663	1,307
8	75,647	6,304	1,455
FOR EACH ADDITIONAL FAMILY MEMBER	+7,696	+642	+148

SPONSOR/CENTER OFFICIAL

SPONSORING ORGANIZATION

DATE

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INCOME ELIGIBILITY GUIDELINES
(Effective July 1, 2015 until June 30, 2016)

HOUSEHOLD SIZE	FAMILY INCOME EQUALS OR IS BELOW:			FAMILY INCOME IS BETWEEN:			FAMILY INCOME EQUALS OR IS ABOVE:		
	FREE MEALS			REDUCED MEALS			PAID MEALS		
	YEAR	MONTH	WEEK	YEAR	MONTH	WEEK	YEAR	MONTH	WEEK
1	15,301	1,276	295	15,301-21,775	1,276-1,815	295-419	21,775	1,815	419
2	20,709	1,726	399	20,709-29,471	1,726-2,456	399-567	29,471	2,456	567
3	26,117	2,177	503	26,117-37,167	2,177-3,098	503-715	37,167	3,098	715
4	31,525	2,628	607	31,525-44,863	2,628-3,739	607-863	44,863	3,739	863
5	36,933	3,078	711	36,933-52,559	3,078-4,380	711-1,011	52,559	4,380	1,011
6	42,341	3,529	815	42,341-60,255	3,529-5,022	815-1,159	60,255	5,022	1,159
7	47,749	3,980	919	47,749-67,951	3,980-5,663	919-1,307	67,951	5,663	1,307
8	53,157	4,430	1,023	53,157-75,647	4,430-6,304	1,023-1,455	75,647	6,304	1,455
FOR EACH ADDITIONAL FAMILY MEMBER	+5,408	+451	+104	+7,696	+642	+148	+7,696	+642	+148

Using the Income Eligibility Guidelines – The income eligibility guidelines are used to categorize the household income reported on the income eligibility form into the free, reduced or paid category. For example, if the monthly income for a family of two is **\$1,726** or less, the center would be eligible for reimbursement at the Free rate. If the household income for a family of two is between **\$1,726** and **\$2,456** per month, the center would be eligible for reimbursement at the Reduced rate. If the household income for a family of two is **\$2,456** or more per month, the center would be eligible for reimbursement at the Paid rate.

Definition of Income – *Income* 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.

Definition of Household – Household means *family* as defined in Section 226.2. *Family* means, in the case of children, a group of related or nonrelated individuals, who are not residents of an institution or boarding house, but who are living as one economic unit or, in the case of adult participants, the adult participant, and if residing with the adult participant, the spouse and dependent(s) of the adult participant.

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PARTICIPANT DATA FORM
for Sponsors of Day Care Centers

CACFP regulations require that each center annually collect information on the race and ethnicity of the children or adults in care. By visual observation, using your best judgment, first count the number of children or adults in care at this center in each ethnic category. Record that number below in Section I. Then indicate the racial category for each child or adult in care at this center in Section II.

Center _____

Address _____

SECTION I. ETHNIC CATEGORY	# OF CHILDREN OR ADULTS
Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	
Not Hispanic or Latino	

SECTION II. RACIAL CATEGORY <i>(one or more categories may be selected for a participant)</i>	# OF CHILDREN OR ADULTS
American Indian or Alaskan Native – A person having origins in any of the original peoples of North or South America, and who maintains tribal affiliations or community attachment (includes Aleuts and Eskimos).	
Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent. This area includes China, Japan, Korea, India, and the Philippine Islands.	
Black or African American – A person having origins in any of the black racial groups of Africa.	
Native Hawaiian or other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.	
White – A person having origins in any of the original peoples of Europe, North Africa or the Middle East.	

Completed by _____ Date _____

Please maintain this form on file. It will be reviewed at your onsite review of CACFP operations.

In accordance with Federal Law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

ORDER FORM
for Sponsors of Day Care Centers

In case we need to call: Phone _____ Date _____

ALL ORDERS will be shipped to the Sponsor's address on file Package should be sent to the attention of _____

See FORM DESCRIPTIONS on Back

# Needed	Form #	Name
	1377	Crediting Foods in CACFP
	1378	Spanish 1377
	AD-475-C/4066	And Justice For All poster
	CACFP-101	Healthy Adult Meal Pattern
	CACFP-101ar	Arabic CACFP-101
	CACFP-101es	Spanish CACFP-101
	CACFP-101ht	Haitian-Creole CACFP-101
	CACFP-101ko	Korean CACFP-101
	CACFP-101ru	Russian CACFP-101
	CACFP-101zh	Chinese CACFP-101
	CACFP-102	Healthy Child Meal Pattern
	CACFP-102ar	Arabic CACFP-102
	CACFP-102es	Spanish CACFP-102
	CACFP-102ht	Haitian-Creole CACFP-102
	CACFP-102ko	Korean CACFP-102
	CACFP-102ru	Russian CACFP-102
	CACFP-102zh	Chinese CACFP-102
	CACFP-103	Healthy Infant Meal Pattern
	CACFP-103ar	Arabic CACFP-103
	CACFP-103es	Spanish CACFP-103
	CACFP-103ht	Haitian-Creole CACFP-103
	CACFP-103ko	Korean CACFP-103
	CACFP-103ru	Russian CACFP-103
	CACFP-103zh	Chinese CACFP-103
	CACFP-109	Sample Infant Lunch Menus
	CACFP-114	Menu Planning Form – Adult
	CACFP-115	Daily Attendance Record
	CACFP-116	Daily Meal Count Record
	CACFP-121	Infant Feeding Statement
	CACFP-123	CD – Food Production/Claim Form/BFTF
	CACFP-124C	Reimbursement Rates for Day Care Centers
	CACFP-127	60/90-Day Calendar
	CACFP-140	Menu Planning Form – Infant
	CACFP-141	Extension of Vendor Contract to Provide Meals and/or Snacks
	CACFP-142	Vendor Contract Packet

# Needed	Form #	Name
	CACFP-143	Invitation for Bid and Vendor Contract Packet
	CACFP-169	Day Care Center Enrollment Form
	CACFP-177	Is Your Center Breastfeeding Friendly?
	CACFP-178	Healthy Child Meal Pattern Requirements and Recommendations
	CACFP-178es	Spanish CACFP-178
	CACFP-182	Sample Child Care Menus
	CACFP-200	US and NYS Breastfeeding Labor Laws
	CACFP-3671C	Certificate of Authority for Sponsors of Day Care Centers
	CACFP-3673	Letter to Households
	CACFP-3673es	Spanish CACFP-3673
	CACFP-3673ru	Russian CACFP-3673
	CACFP-3673zh	Chinese CACFP-3673
	CACFP-3687	Income Eligibility Guidelines for Sponsors of Day Care Centers
	CACFP-3696A	Food Production Record Instruction Packet
	CACFP-3696B	Food Production Record – Breakfast/Snack/Lunch
	CACFP-3696C	Food Production Record – Lunch/Snack/Supper
	CACFP-3718	Order Form for Sponsors of Day Care Centers
	CACFP-4259	Monitor Checklist for Day Care Centers
	DOH-3682	Application for Participation of Individual Centers
	DOH-3688	Income Eligibility Form for Child Care Centers
	DOH-3688es	Spanish DOH-3688
	DOH-3688ru	Russian DOH-3688
	DOH-3688zh	Chinese DOH-3688
	DOH-3703	Claim for Reimbursement for Sponsors of Day Care Centers
	DOH-3834	Income Eligibility Form for Adult Day Care Centers
	DOH-3834es	Spanish DOH-3834
	DOH-3834ru	Russian DOH-3834
	DOH-3834zh	Chinese DOH-3834
	FBG	CD – Food Buying Guide
	FNS-258	CD – Feeding Infants Guide

WIC
4081-English
4082-Spanish

BUILDING FOR THE FUTURE										
English	ar-Arabic	bn-Bengali	bs-Bosnian	es-Spanish	fr-French	he-Hebrew	hmn-Hmong	ht-Haitian/Creole	ja-Japanese	
kar-Karen	km-Khmer	lo-Lao	pt-Portuguese	ru-Russian	th-Thai	vi-Vietnamese	yi-Yiddish	ymm-MaayMaay	zh-Chinese	

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FORM DESCRIPTIONS

FORM #	DESCRIPTION
1377	Resource identifying reimbursable foods in CACFP
AD-475-C/4066	Poster must be displayed at the sponsor's office and at each center, where parents and caregivers can see it.
CACFP-101	Chart indicating required components and minimum quantities of food for adults in care
CACFP-102	Chart indicating required components and minimum quantities of food for children 1-12 years old in care
CACFP-103	Chart indicating required components and minimum quantities of food for infants less than 1 year old in care
CACFP-109	Sample lunch menus for infants
CACFP-114	Aid for planning adult menu
CACFP-115	Sample daily attendance record
CACFP-116	Sample daily meal count sheet
CACFP-121	Must be completed if the parent/guardian declines the facility's offer to provide infant formula or other meal components
CACFP-123	Contains fill-in versions of the Food Production Record pages with instructions, claim form and Building for the Future
CACFP-124C	Current meal reimbursement rates
CACFP-127	Chart indicating the 60-day postmark deadline for monthly claims and the 90-day postmark deadline for adjusted claims
CACFP-140	Aid for planning infant menu
CACFP-141	Extension of Vendor Contract to Provide Meals and/or Snacks
CACFP-142	For annual food costs of <i>less</i> than \$100,000
CACFP-143	For annual food costs of <i>more</i> than \$100,000
CACFP-169	DCC participant info
CACFP-177	Breastfeeding Friendly self-assessment questions
CACFP-178	Recommendations and requirements for healthy meals
CACFP-182	Sample daily menus for children

FORM #	DESCRIPTION
CACFP-200	Breastfeeding labor laws that apply to all participating sponsors and independent centers.
CACFP-3671C	Used to notify CACFP of changes in sponsor administrator or authorized individual
CACFP-3673	Distribute yearly to families, along with the DOH-3688. Explains income eligibility categories and participant rights.
CACFP-3687	Chart indicating income criteria to qualify for free or reduced-price meals. FOR SPONSOR USE ONLY.
CACFP-3696A	Instruction packet for using Food Production Records.
CACFP-3696B	Workbook pages to record the amount of food prepared for meals/snacks.
CACFP-3696C	Workbook pages to record the amount of food prepared for lunch/snack/supper.
CACFP-3718	To order forms
CACFP-4259	Checklist used by sponsors to document required monitoring of centers
DOH-3682	Application for a center to participate in CACFP
DOH-3688	Distribute yearly to determine eligibility for free or reduced-price meals for children in care
DOH-3703	To submit monthly data for payment
DOH-3834	To determine eligibility for free or reduced-price meals for adults in care
FBG	The Food Buying Guide is available on CD only
FNS-258	The Feeding Infants Guide is available on CD only
WIC	Flyer must be displayed at the sponsor's office and at each center, where parents and caregivers can see it.
Building for the Future	Distribute to the families when children are enrolled in care

Forms can also be found at www.health.ny.gov/CACFP

Submit your order using **ONE** of these options:
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Mail to: NYS DOH CACFP – Orders 150 Broadway Room 650 Albany, NY 12204
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OR

Fax to: (518) 402-7252 <i>No need for cover page</i>

OR

Email to: CACFP@health.ny.gov
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For information about an order placed with CACFP, call 1-800-942-3858