

Dear Enrolled Participant, Household Member, or Guardian:

_____ is enrolled in the CACFP, a USDA program which
(Name of Agency)
provides federal assistance dollars to eligible adult day care centers for serving more nutritious meals. The amount of money our agency receives from this program is based on the income levels of the households of our enrolled participants. **In order to continue providing a quality meal service without additional charge, we request every household of our enrolled participants to complete new a Household Size-Income Statement form (HSIS) each year. Please complete and return the attached HSIS form to our office. This information will be kept strictly confidential in our files.** Only one completed HSIS is required per household. Once we have properly approved the HSIS as eligible, our agency will receive the higher ("Free" or "Reduced-price") meal reimbursement rates for the enrolled participants in this household, for 12 months from the *Effective Month of Determination* regardless of any change in the enrolled participant's household size and/or income or termination from Benefits Programs.

- You are not required to complete and return this form if: no one in the household receives benefits from the Supplemental Nutrition Assistance Program (SNAP) (FoodShare Wisconsin) or FDIPIR (Food Distribution Program on Indian Reservations); the enrolled participant(s) does not receive benefits from Medicaid or Supplemental Security Income (SSI); and the household income is higher than the amount indicated for its household size within the table below. In this case, however, we would appreciate you returning the HSIS form to us with "N/A" written on it along with your signature and date.

An enrolled participant within the household should complete this HSIS with assistance, if needed, from a household member or guardian.

Determining Eligibility based on Participation in Benefits Programs → Complete Part 1 and Part 3 of HSIS form

Our agency receives the Free meal reimbursement rate for enrolled participants in households receiving FoodShare Wisconsin or FDIPIR benefits OR for enrolled participants receiving Medicaid or SSI benefits.

You must include the following information on the HSIS (a-c) for eligibility based on receiving benefits from FoodShare WI, FDIPIR, Medicaid, or SSI benefits:

(a) The names of your enrolled participant(s) within the household;

(b) Checked box for the benefit received and its case number; AND

(c) An adult household member's signature and signature date

• DO NOT list the 16-digit Quest Card number for FoodShare WI

• DO NOT list Medicaid and SSI benefits received by any other household members than the enrolled participant(s)

Determining Eligibility by Household Size and Income → Complete Part 2 and Part 3 of HSIS form

Households for enrolled participants are defined as themselves plus spouses and any dependents residing with them. Functionally impaired adults residing with parents/ guardians are generally considered a separate household from them.

Household-Size Income Scale (Effective July 1, 2024 to June 30, 2025)

Household Size	Annual Income Level (at or below)	If a household earns a total income that is less than or equal to the income levels listed within this table, we will receive higher meal reimbursement rates ("Free" or "Reduced-price" meal rate) for the enrolled participants within this household. For determining eligibility based on household size and income, the household must include the following information on the HSIS (a-e): (a) Full names of <u>all household members</u> sharing income and expenses, including a spouse and any dependents; (b) Income received by each household member identified by source of income and its pay frequency; (c) Total number of household members; (d) An adult household member's signature and signature date; and (e) The last four digits of the social security number of the 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.
1	\$ 27,861	
2	\$ 37,814	
3	\$ 47,767	
4	\$ 57,720	
5	\$ 67,673	
6	\$ 77,626	
7	\$ 87,579	
8	\$ 97,532	
For each additional Household Member, add:	+\$ 9,953	

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You are not required to provide this information, but if you do not, our agency cannot receive higher reimbursement rates for meals served the enrolled participant(s) within this household. You must include the last four digits of the social security number of the household member signing the form unless you have listed a case number for receiving FoodShare Wisconsin, FDIPIR, Medicaid, or SSI; when the household member signing the HSIS checks "None" for not having a SS#; or you are the enrolled participant's guardian completing this form on his/her behalf. The eligibility information provided on this HSIS may be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

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

Signature of Agency Representative