



Dear Participant:

Twin Cities Adult Day Care provides nutritious meals each day. The amount of reimbursement Twin Cities Adult Day Care receives for meals from the Child and Adult Care Food Program (CACFP) depends on the household incomes of participants in care.

**Please help by filling out the enclosed Household Income Statement** following the instructions. The information you provide on the form is confidential.

Return your completed Household Income Statement to:

**Twin Cities Adult Day Care  
388 Western Ave.  
Saint Paul, MN 55103**

**How will my information be used?**

CACFP funds help our center to provide nutritious meals and snacks to all participants. The amount of reimbursement the center receives for meals depends on how many participants meet the federal income guidelines for CACFP.

**How will my information be kept?**

We will keep your information on file as private data. The back page of the Household Income Statement has more information about data privacy.

**I am already approved for Medical Assistance or other benefits. Do I meet CACFP household income guidelines?**

If you currently receive benefits from any of the four programs listed below, write in just your case number on the form instead of your household income information:

- Medical Assistance (M.A. or Medicaid).
- Supplemental Nutrition Assistance Program (SNAP).
- Supplemental Security Income (SSI).
- Food Distribution Program on Indian Reservations (FDPIR).

If you don't participate in any of the programs listed above, please write in your household income on the form.

**Who is included in my household?**

For the purpose of filling out the Household Income Statement, include yourself. If you have a spouse who is living with you, also include them. Do not include anyone else as household members unless they are your dependents and live with you.

**Who can complete and sign the form?**

The Household Income Statement may be completed and signed by the adult participant, or any other adult family member, or a legal guardian.

**Do I need to provide my Social Security number?**

If the adult participant or another family member signs the form and provides information on household incomes, then the person signing the form must write in just the last four digits of their Social Security number. If the person signing the form doesn't have a Social Security number, indicate that on the form.

**What if I have special dietary needs?**

If a physician has determined that you have a disability that prevents you from eating the regular meals, we will make meal substitutions or modifications prescribed by your physician at no charge. The disability must meet the definition of disability or handicap in federal regulations. Please contact the center director for more information.

**What if I or someone else in my household is not a U.S. citizen?**

You still should complete a Household Income Statement. You and other members of your household do not have to be U.S. citizens for you to fill out the form and receive CACFP benefits.

If you have other questions or need help completing the form, call **651-900-5248**.

Sincerely,

A handwritten signature in blue ink that reads "Christine Twait". The signature is written in a cursive style.

Christine Twait  
Executive Director  
Partners in Nutrition  
651-900-5248  
christine@partnersinnutrition.org

## Instructions for Completing the CACFP Household Income Statement

### PARTICIPANTS WHO ARE AUTOMATICALLY ELIGIBLE FOR CACFP:

If the participant (or other household member) has **already been approved** for one of the programs listed below, write in the **case number** from the program on the Household Income Statement, instead of household income information.

- Medical Assistance (M.A. or Medicaid).
- Supplemental Security Income (SSI).
- Supplemental Nutrition Assistance Program (SNAP).
- Food Distribution Program on Indian Reservations (FDPIR).

Section 1. Write in the **adult participant's name** and **age**.

Section 2. Write in the **name and case number of the participant or another household member** who receives benefits from one of the programs listed above. Check one of the boxes on the form to identify which program provides benefits.

Section 3. Skip this section.

Section 4. The form must be **signed** either by the adult participant, or another adult family member, or a legal guardian. A Social Security number is *not* needed.

### ALL OTHER PARTICIPANTS:

**If your household income is *less than or equal to* the amount shown** for your household size in the income guidelines shown on the next page, complete a Household Income Statement including information about household income(s) in Section 3.

Include a spouse's income(s) in Section 3 of the form only if the spouse lives with the participant. Include the incomes of any other persons who live with the adult participant only if those persons are dependents of the adult participant.

**If your household income is *greater than* the amount shown** for your household size, just return the Household Income Statement with the participant's name in section 1 and write "Over Income" on the form.

Total Household Income – Maximum  
July 1, 2015 – June 30, 2016

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
Add for each additional person	7,696	642	321	296	148

Section 1: List the **adult participant's name and age**.

Section 2: Skip this section.

Section 3: List **household members and incomes**. List the participant and their income. If a spouse lives with the participant, list the spouse and their income. Do *not* list other persons who live with the participant unless they are dependents of the participant.

For income from jobs, list gross wages or salary before deductions (not take-home pay). For each income, write in the amount of income and how often it is paid, for example "\$2,000 per M" (for Month).

Section 4: The form must be **signed** by the adult participant, or any other adult family member, or a legal guardian.

If the form is signed by the participant or another family member, the person signing the form must provide just the **last four digits of their Social Security number (SSN)** unless they do not have an SSN and indicate that on the form. Providing the SSN is not mandatory, but if an SSN is not provided and there is no indication that the adult household member signing the application does not have an SSN, then the form cannot be approved for CACFP benefits. SSN is *not* needed if a legal guardian signs the form.