



UNIVERSITY OF MICHIGAN - FLINT
Early Childhood Development Center
1313 William S. White Building
Flint, Michigan 48502-1950

Telephone: (810) 424-5214
Fax: (810) 237-6690
www.umflint.edu/ecdc

Dear Parent or Guardian:

Our center participates in the Child and Adult Care Food Program (CACFP). The main purpose of the CACFP is to help children receive nutritious food and well balanced meals. Meals and snacks must meet meal pattern requirements. You are not charged a separate fee for the meals and snacks served. We receive reimbursement for meals and snacks served to enrolled children while in care. Our center receives additional reimbursement for each child whose household is income eligible.

If your household income is less than or equal to the levels in the chart below, or if you receive Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, your children's meals are eligible for the center to receive additional reimbursement. Please complete the attached Household Income Eligibility Statement (IES) and return it to the center. The information will be kept confidential.

Income eligibility guidelines for July 1, 2009 through June 30, 2010:

Family Size	Yearly Income	Monthly Income
1	\$20,036	\$1,670
2	\$26,955	\$2,247
3	\$33,874	\$2,823
4	\$40,793	\$3,400
For each additional family member add:	\$6,919	\$577

Refer to the Instructions for Parents/Guardians Household Income Eligibility Statement on how to complete the Household Income Eligibility Statement. Find the category that most closely defines your household and follow the directions for completing each Part of the IES. If your household income is greater than the levels shown on the above CACFP income guidelines, it is not necessary for you to complete the IES.

Your family may be eligible to receive health insurance, named MICHild, through the State of Michigan. MICHild is a health insurance program for uninsured children of Michigan's working families. MICHild services are provided by many HMO's and other health care plans throughout Michigan. 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.

Return the completed Household Income Eligibility Statement to the center. Should you or your family members become unemployed, please contact our office. Your children's meals may be eligible for additional reimbursement during the period of unemployment, provided that the loss of income causes the household income during the period of unemployment to be within the eligibility standards for these meals.

Sincerely,

Della Becker-Cornell

Attachments: Household Income Eligibility Statement
Instructions for Parents/Guardian Household Income Eligibility Statement

Instructions for Parents/Guardians Household Income Eligibility Statement

If you are applying for a foster child, follow these instructions:

Part 1: Use a separate application for each foster child. List the child's name, age, birth date, and list the child's personal use monthly income, if any. Only the foster child's full or part-time income, funds provided by the court or welfare agency for personal use, or trust funds are counted as income on this application. Do not include money from occasional jobs like lawn mowing and babysitting. Check the box that describes the status of the foster child.

Part 2: Do not complete.

Part 3: Do not complete.

Part 4: Sign and date the form. A social security number is not necessary.

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

Part 1: Do not complete.

Part 2: List full name of children enrolled in child care, age, birth date, and case number of benefit received.

Part 3: Do not complete.

Part 4: Sign and date the form. A social security number is not necessary.

Note: Benefits received under Medicaid, WIC, or Department of Human Services (DHS) Child Care Assistance Program (where DHS pays a portion of your child care expenses) does not automatically qualify.

All other households follow these instructions (not required if household is over the income limits):

Part 1: Do not complete.

Part 2: Do not complete.

Part 3: Follow these instructions to report total household income from last month:

- 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 a ✓ in the next column for children enrolled in child care;
- By person, list the amount and source of income received last month. List monthly earnings *before* deductions, monthly welfare, child support or alimony or any other income;
- Place a ✓ in the box for those listed who do not have any income; and
- Households with zero income will be re-verified every 45 days.

Part 4: Sign and date the form and list a social security number or write "None" if you do not have a social security number.

Return the completed application to the child care center.