



## MANDATORY

Greetings Parents,

We hope this message finds you well. We wanted to remind you that at Atlanta Achievers Academy, we do not charge separately for meals and snacks for our Little Achievers. However, with the rising cost of food, it is becoming increasingly difficult to maintain this policy.

To address this issue without increasing tuition costs, we have partnered with YES Child and Adult Care Food Program (CACFP) to offer free healthy meals to all our students (infants-PreK). This will not only help us offset the cost of food but also allow us to keep meals affordable for our Advancing Achievers.

To take advantage of this program, we kindly ask you to complete the Meal Benefits Income Eligibility Form. **Regardless of whether you meet the income requirements or not, all students enrolled in Atlanta Achievers Academy must fill out this form.** For your reference, an income eligibility guideline has been attached.

For your privacy, you may use the link to submit your form electronically directly to CACFP. [Electronic version of the IES form](#)

If you prefer to fill out a hard copy, you can download the form from the attachment or pick it up from the office.

Please be aware that if you have a child aged one or younger, you must complete the infant affidavit (see attachment).

You can return the hard copy of the form / infant affidavit to the center or email it directly to CACFP at [application@yeskidz.com](mailto:application@yeskidz.com) or fax to 770-938-6869.

Thank you for your cooperation in helping us comply with the CACFP's requirements. If you have any questions or concerns, please do not hesitate to contact us.

Take Care, We Care

AAA Staff



Center:

## CACFP Meal Benefit Income Eligibility Statement\*

## PART I: Child(ren) or Adult enrolled to receive day care

Name: (Last, First and Middle Initial)	DOB	SNAP, TANF, or FDIPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. <b>Note:</b> Do not use EBT numbers. Write case number and proceed to Part III.	Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply. (See definitions in FAQs)				
			Head Start	Foster Child	Migrant	Runaway	Homeless
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

**A. Child Income<sup>1</sup>** - Sometimes children in the household earn or receive income. Please indicate the TOTAL Child Income/How often? income received by child household members listed in PART I here. \$ \_\_\_\_\_/\_\_\_\_\_

**B. Other Household Members<sup>1</sup>**. List all household members even if they do not receive income. Also, list the adult participant if he/she did not meet eligibility in Part I. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter "0" or leave any field blank you are certifying (promising) there is no income to report.

Name of Other Household Members (First and Last)	1. Earnings from work before deductions / How often?	2. Welfare, child support, alimony / How often?	3. Social Security, pensions, retirement / How often?	4. All other income / How often?
1. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
2. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
3. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
4. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
5. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____

C. Total Household Members (Adults and Children) listed in Part I and Part II \_\_\_\_\_

**Social Security Number.** If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). **Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.**

Last four Digits of Social Security Number XXX-XX \_\_\_\_\_ ☐ I do not have a Social Security NumberPART III: Enrollment Information: **Children Only**My child is normally in attendance at the facility between the hours of \_\_\_\_\_ [am/pm] to \_\_\_\_\_ [am/pm]. ☐ (✓) Check here if only before/after school care is provided.Circle the days your child will normally attend the center: **Sunday Monday Tuesday Wednesday Thursday Friday Saturday**Circle the meals your child will normally receive while in care: **Breakfast AM Snack Lunch PM Snack Supper Evening Snack**

## PART IV: Signature

I certify that all information on this form is true and that **all** income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care. **If not completed fully and signed, the participant will be placed in the Paid category.**

Signature: X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\*This application is a revision of USDA's newly released meal benefit prototype and meets all legal requirements and reflect design best practices identified by USDA through focus testing and other research.

## PART V: Participant's Ethnic and Racial Identities (optional)

Check (✓) one ethnic identity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Check (✓) one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Indian or Alaska Native <input type="checkbox"/> Hawaiian or other Pacific Islander
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Official Use Only Section for Provider: Annual Income Conversion: **Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12**Total income: \_\_\_\_\_ Per: ☐ Week ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Year Household Size: \_\_\_\_\_Categorical Eligibility: check (✓) if applicable ☐ Eligibility: check (✓) one Free ☐ Reduced ☐ Paid ☐Day Care Homes Only: check (✓) one Tier I ☐ Tier II ☐

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow Up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Infant Affidavit

**Name of Sponsor (if applicable)** \_\_\_\_\_

**Name of Center/Provider** \_\_\_\_\_

**Name of Infant:** \_\_\_\_\_

**Infant Date of Birth:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

According to USDA regulations, as an institution participating in the Child and Adult Care Food Program must provide meals to all infants enrolled for care in the center/facility.

Center/provider will provide the following milk-based iron-fortified formula: \_\_\_\_\_

Center/provider will provide the following Iron-fortified infant cereal: \_\_\_\_\_

Center/provider will provide the following brand of infant foods: \_\_\_\_\_

\*\*\*\*\*

Parents/Guardians,

Please check one of the following options below and sign this form:

I would like the provider/center to provide ALL meal components to my infant and I will provide clean, sanitized, and labeled bottles daily.

I will provide the following meal component to my infant and the center will provide all other meal components:

☐ Formula\*

☐ Meat/Fish/Poultry/Eggs/Beans/Peas

☐ Cereal

☐ Cheese/Cottage Cheese/Yogurt

☐ Fruit

☐ Bread/Crackers/Breakfast Cereal

☐ Vegetable

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*Any parent requesting any formula other than a USDA approved milk-based or soy-based iron-fortified formula be provided to their infant or any parent who provides any formula other than a USDA approved milk-based or soy-based iron-fortified formula for their infant must provide a doctor's note indicating the required use of the formula. If a parent elects to have the center or day care home provider supply meals to their infant, the infant will be fed according to its individual feeding plan that is provided by the parent or guardian. The center or day care home provider may only claim reimbursement for no more than breakfast, lunch or supper, and a snack.



# Income Eligibility Guidelines

(Effective from July 1, 2023 to June 30, 2024)

Household size	Free Meals					Reduced Price Meals				
	Annually	Monthly	Twice A Month	Every Two Weeks	Weekly	Annually	Monthly	Twice A Month	Every Two Weeks	Weekly
1 .....	18,954	1,580	790	729	365	26,973	2,248	1,124	1,038	519
2 .....	25,636	2,137	1,069	986	493	36,482	3,041	1,521	1,404	702
3 .....	32,318	2,694	1,347	1,243	622	45,991	3,833	1,917	1,769	885
4 .....	39,000	3,250	1,625	1,500	750	55,500	4,625	2,313	2,135	1,068
5 .....	45,682	3,807	1,904	1,757	879	65,009	5,418	2,709	2,501	1,251
6 .....	52,364	4,364	2,182	2,014	1,007	74,518	6,210	3,105	2,867	1,434
7 .....	59,046	4,921	2,461	2,271	1,136	84,027	7,003	3,502	3,232	1,616
8 .....	65,728	5,478	2,739	2,528	1,264	93,536	7,795	3,898	3,598	1,799
For each additional family member add	+ 6,682	+ 557	+ 279	+ 257	+ 129	+ 9,509	+793	+ 397	+366	+ 183

[This institution is an equal opportunity provider.](#)