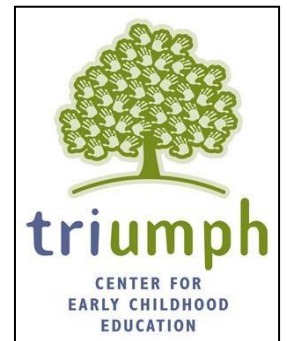


Dear Parents:

Triumph Center for Early Childhood Education serves nutritious meals 5 days a week. Children may purchase breakfast for \$1.50 and lunch for \$2.55.

Children from households with income less than or equal to the income eligibility guidelines on the reverse side of this letter are eligible for free or reduced-price meals. The costs for reduced-price meals are: \$0.30 for breakfast and \$0.40 for lunch.

You may apply at any time for your child(ren) to receive free or reduced-price meals by completing the enclosed Meal Benefit Form (MBF) and returning it to the child care center. All information must be complete and signed by an adult household member. If your first language **is not** English, you have the right to ask us for written or oral translation of materials free of charge in your native language.



If your household currently receives benefits under the CalFresh Program (formerly Food Stamps), the California Work Opportunity and Responsibility for Kids (CalWORKs), the Food Distribution Program on Indian Reservations (FDPIR), or the Kinship Guardian Assistance Payment (Kin-GAP) you only need to list your current CalFresh, CalWORKs, FDPIR, or Kin-GAP case number on the MBF. You must also have an adult sign and date the MBF.

However, if your household does not receive benefits under CalFresh, CalWORKs, FDPIR, or Kin-GAP please complete the MBF and make sure you:

- Provide the names of all household members and their income by source; and
- Have an adult sign, date, and provide the last four digits of his or her social security number, or check the box "Check here if no Social Security Number" if the adult does not have a social security number.

The U.S. Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of a boarding house or an institution) who are living as one economic unit (i.e., sharing living expenses). Therefore, the income reported on the MBF must include the gross income of all members of your household, by source.

The **income** you report must be the total gross income received last month, listed by source for each household member. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last year's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center receives a higher level of reimbursement for meals served to your child(ren).

Once properly approved for free or reduced-price benefits, whether through income or proof of benefits as supported by a current CalFresh, CalWORKs, Kin-GAP, or FDPIR case number, your child(ren) will remain eligible for those benefits for 12 months.

Households that do not currently qualify for free or reduced-price meals may later report loss of employment or income. The information may be used to place your child(ren) in the free or reduced-price meal category.

During any time of the year, a Child and Adult Care Food Program representative may verify your eligibility information. Deliberate misrepresentation of information may be subject to prosecution under applicable state and federal laws. We will place the MBF in our food program files and keep the information confidential. Only upon your request, will we share the information on your form with officials of other child nutrition, health, and education programs so they can use it to determine benefits for those programs.

Within 3 business days of receiving the completed eligibility application, the child care center will notify you regarding your child's eligibility category.

Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) Fax: 202-690-7442; or (3) E-mail: program.intake@usda.gov

This institution is an equal opportunity provider.

If you have any questions, or need assistance completing the eligibility form, please contact Triumph's front office or the St. HOPE Public Schools Food Services team.

CONTACT Triumph Center for Early Childhood Education	TELEPHONE 916-731-8200
CONTACT St. HOPE Public Schools Food Services	EMAIL Foodservice@sthopepublicschools.org

Please contact the child care center if you do not agree with the determination of your child(ren)'s eligibility. If you wish to review the decision further, you have the right to a fair hearing. You may request a hearing by contacting:

NAME Jasmynne Sloan	EMAIL Foodservice@sthopepublicschools.org	
ADDRESS SHPS Food Services, P.O. Box 5038	CITY Sacramento, CA	ZIP CODE 95817

INCOME ELIGIBILITY GUIDELINES

GROSS INCOME OF HOUSEHOLD										
EFFECTIVE FROM JULY 1, 2016 THROUGH JUNE 30, 2017										
Children from households with incomes at or below the following levels are eligible for Free or Reduced-price meal benefits										
HOUSE-HOLD SIZE	WEEKLY		EVERY TWO WEEKS		TWICE PER MONTH		MONTHLY		ANNUAL	
	FREE	REDUCED	FREE	REDUCED	FREE	REDUCED	FREE	REDUCED	FREE	REDUCED
1	\$ 297	\$ 423	\$ 594	\$ 846	\$ 644	\$ 916	\$ 1,287	\$ 1,832	\$ 15,444	\$ 21,978
2	401	570	801	1,140	868	1,235	1,736	2,470	20,826	29,637
3	504	718	1,008	1,435	1,092	1,554	2,184	3,108	26,208	37,296
4	608	865	1,215	1,730	1,317	1,874	2,633	3,747	31,590	44,955
5	711	1,012	1,422	2,024	1,541	2,193	3,081	4,385	36,972	52,614
6	815	1,160	1,629	2,319	1,765	2,512	3,530	5,023	42,354	60,273
7	919	1,307	1,837	2,614	1,990	2,832	3,980	5,663	47,749	67,951
8	1,023	1,455	2,045	2,910	2,215	3,152	4,430	6,304	53,157	75,647
FOR EACH ADDITIONAL FAMILY MEMBER ADD:										
	\$ 104	\$ 148	\$ 208	\$ 296	\$ 226	\$ 321	\$ 451	\$ 642	\$ 5,408	\$ 7,696

* The term "household" means a group of related or unrelated individuals who are not residents of an institution or boarding house but who are living as one economic unit, sharing housing and all significant income and expenses.

THIS SCALE DOES NOT APPLY TO HOUSEHOLDS THAT RECEIVE CALFRESH, CALWORKS, FDPIR, OR KIN-GAP BENEFITS. THOSE CHILDREN ARE AUTOMATICALLY ELIGIBLE FOR FREE MEAL BENEFITS.