

**LETTER TO HOUSEHOLD**  
**(July 1, 2008 – June 30, 2009)**

Dear Household:

The purpose of the attached application is to determine the level of reimbursement rates your family day care home (FDCH) is to receive for meals served to enrolled children. The rates of reimbursement are classified as Tier I, which are the higher rates, and Tier II, which are the lower rates of reimbursement. The assigned rates are dependent upon the income of your household. Please complete the Family-Size and Income Application (FSIA), using the application instructions, and return the form to the sponsoring organization (SO).

**PARENT OF ENROLLED CHILDREN:** Return the application to the SO listed below, not to your FDCH provider.

**Note to Provider:** Any provider who wants to claim his or her own children's meals must complete an FSIA. You will be asked to submit written proof of income if you are not area-eligible.

**ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS**  
**185 percent of Poverty Level**

| Household Size                          | Income    |          |                 |                 |        |
|---|-----------|----------|-----------------|-----------------|--------|
|   | Annual    | Monthly  | Twice Per Month | Every Two Weeks | Weekly |
| 1                                       | \$ 19,240 | \$ 1,604 | \$ 802          | \$ 740          | \$ 370 |
| 2                                       | 25,900    | 2,159    | 1,080           | 997             | 499    |
| 3                                       | 32,560    | 2,714    | 1,357           | 1,253           | 627    |
| 4                                       | 39,220    | 3,269    | 1,635           | 1,509           | 755    |
| 5                                       | 45,880    | 3,824    | 1,912           | 1,765           | 883    |
| 6                                       | 52,540    | 4,379    | 2,190           | 2,021           | 1,011  |
| 7                                       | 59,200    | 4,934    | 2,467           | 2,277           | 1,139  |
| 8                                       | 65,860    | 5,489    | 2,745           | 2,534           | 1,267  |
| For each additional family member, add: | 6,660     | 555      | 278             | 257             | 129    |

**FOOD STAMP/TANF/FDPIR HOUSEHOLDS:** If you currently receive food stamps, Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) for your children, list your children's names, the applicable case number for the program, and sign the application.

**EXPANDED CATEGORICAL ELIGIBILITY:** May be completed by parents of enrolled children only. Providers do not qualify for expanded categorical eligibility.

**NONDISCRIMINATION:** In accordance with federal law and United State Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**CONFIDENTIALITY:** The information you provide will be treated confidentially. It will be used only for the purpose of targeting reimbursement rates appropriately to food program participants.

**REAPPLICATION:** You may submit an FSIA again if your family size or income changes. Contact the SO for another application.

Your submission of this application in a timely manner is greatly appreciated. If you have any questions or need assistance completing the form, please contact us.

Sincerely,

*Delaware Child Nutrition Program*  
*700 W. Broadway*  
*Ponca City, OK 74601*  
*918-337-6521*

*Tara Perez, Child Nutrition Specialist*