

Georgia Nutritional Services, Inc.  
1080 Iris Drive, Suite 101  
Conyers, Georgia 30094



Dear Participant/Caregiver:

This letter is intended for parents or guardians of the participant enrolled in the adult day program.

\_\_\_\_\_ offers healthy meals to all enrolled participants as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to participants enrolled in adult care program. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if the participant qualifies for free or reduced price meals.

**1. Do I need to fill out a Meal Benefit Form for each participant enrolled?** You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all participants enrolled in adult care day program in your household only if the participant are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to:**

**Center Name:** \_\_\_\_\_

**Center Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Center Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**

**2. Who can get free meals without providing income information?** Participants in households getting Title XX (Medicaid) or Supplemental Security Income (SSI) benefits can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals.

**3. Who can get reduced price meals?** Participants can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.

**4. May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or the participant do not have to be U.S. citizens to qualify for meal benefits offered at the adult daycare center.

**5. Who should I include as members of my household?** You must include everyone in your household who shares income and expenses.

**6. How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each participant received last month. 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 month'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 will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits will remain eligible for

those benefits for 12 months. You should notify us, however, if the participant's income changes and causes your household income to be within the eligibility standards.

**7. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but income/benefits change and last month and only got \$900, put down that you get \$1000 per month.

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(470) 419-GNSI (4674)**

In the operation of an adult daycare feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call **(470) 419-GNSI (4674)**.

Sincerely