

Jefferson County Child Development Council, Inc.

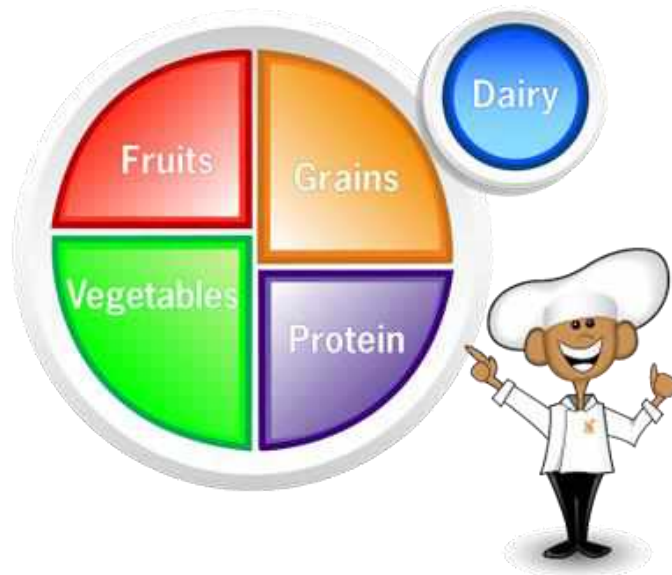
NUTRITION SERVICES DEPARTMENT

Child and Adult Care Food Program

USDA

Child and Adult care Food Program

- This guidance focuses on the responsibility of family day care homes (FDCH) sponsoring organizations participating in the Child and Adult Food Program (CACFP) for determining eligibility for Tier I and Tier II reimbursement. This system was a result of Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.



Income Eligibility Guidelines

- **Income Eligibility Guidelines (IEGs) are used to determine eligibility for free or reduced-price meals in school meal programs. So, in other words, this guidance is broken into 3 parts:**
- **Part I_ Classification of Family Day Care Home (provided information about the provider of Tier I Day Care home classification).**
- **Part II_ Determination of Individual Household Eligibility based on Income or Categorical Eligibility (this is for either providers or children enrolled in Tier II homes).**
- **Part III_ Reimbursements for Tier II Homes with Children Eligible for Tier I Reimbursements (a three-way explanation, formula, and example for meal counting and reporting options).**

INCOME ELIGIBILITY APPLICATION
Child and Adult Care Food Program
Family Day Care

To: **The Household Member**

From: **The Official Representative of the Sponsor** _____
(Name of Center or Organization) _____

Please help us to comply with the requirements of the USDA Child Care Food Program (CACFP). The information requested on this Income Eligibility Application is necessary in order for us to receive reimbursement for meals served to participants in our day care program. The application will be placed in our files and will be treated as confidential information.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

PART 1 – PROVIDER'S NAME – Print name of Home Provider where your child is enrolled, or Provider should print their name if applying for home qualification.

PART 2 – ENROLLED CHILDREN AND/OR PROVIDER'S OWN CHILDREN

1. Print the names of all children in your household who are enrolled in the center. List the date of birth for each child.
2. USDA defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e., sharing living expenses).

PART 3 – FOSTER CHILD

Foster children are categorically eligible for **Tier 1 meals**. Attach documentation to Income Eligibility Application. Foster children should be counted as part of the family in which they reside. The foster child's name and birthday should be listed in Part 3. Separate applications are required for each Foster Child residing in a household. Foster Care documentation must be from a viable state or governmental agency.

PART 4 – HOUSEHOLDS NOW GETTING SNAP OR TANF FOR THEIR CHILDREN

1. Complete PART 4 and PART 6.
2. List a current SNAP or TANF case number for the child.
3. Sign the application in PART 6. An adult household member must sign. SKIP PART 5. Do not list names of household members or income if you list a SNAP or TANF case number for each child.

PART 5 – ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 6.

1. Write the names of everyone in your household, whether they get income or not. Include yourself, the child you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household.
2. Write the amount of income each household member got last month, before taxes or anything else was taken out, and where it came from, such as earnings, welfare, pensions, and other income. If any amount last month was more or less than usual, write that person's usual monthly income.
3. An adult household member must sign the application and give the last four digits of his/her social security number in PART 6.

Use 185 % of the current INCOME ELIGIBILITY GUIDELINE-Effective July 1, to June 30, for each fiscal year. This information will help you determine Tier I reimbursement. Households with income less than or equal to these values are eligible for Tier I meal benefits. The total income amount before taxes and other deductions are taken out must be included. The Income Eligibility Guidelines can be located in the Alabama State Department of Education, Child Nutrition Programs website or the USDA/CACFP website. Make sure you use the **Reduced Price Meals – 185% under 48 CONTIGIOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES**.

PART 6 – SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART

1. All applications must have the signature of an adult household member.
2. The application must have the last four digits of the social security number of the adult who signs. If the adult does not have a social security number, write "none" or something else to show that the adult does not have a social security number. If you listed a SNAP or TANF number for your child or if you are applying for a foster child, a social security number is not needed.

PART 7 – RACIAL/ETHNIC IDENTITY: Complete the racial/ethnic identity question if you wish. You are not required to answer this question. We need this information to make sure that everyone is treated fairly.

Reporting Changes: The information reported on this form is valid for one year. If you have a change such as a decrease in household income, an increase in household size, become unemployed or get SNAP or TANF for your child, you do not have to complete another application until the end of the 12 month eligibility period.

Confidentiality: The information you give on the application will be used only to determine the eligibility of your child or home for Tier I reimbursement and to Verify eligibility.

Non-Discrimination: The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 677-8339; or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer.

INCOME ELIGIBILITY APPLICATION
Child and Adult Care Food Program
Family Day Care

FOR SPONSOR USE ONLY	
<input type="checkbox"/>	Provider Home Qualification
<input type="checkbox"/>	Provider Own Child Determination
<input type="checkbox"/>	Tier II Child Determination

PART 1 PROVIDER'S NAME _____

PART 2 - ENROLLED CHILDREN and/or PROVIDER'S OWN CHILDREN

Name _____	Birth Date _____	Name _____	Birth Date _____
_____ Last First Middle Birth	_____ Date / /	_____ Last First Middle Birth	_____ Date / /
Name _____	Birth Date _____	Name _____	Birth Date _____
_____ Last First Middle Birth	_____ Date / /	_____ Last First Middle Birth	_____ Date / /

PART 3 - FOSTER CHILDREN: Name _____ Birth Date _____

PART 4 - HOUSEHOLDS NOW GETTING SUPPLEMENTAL NUTRITION ASSISTANCE (SNAP) (formerly Food Stamps) TANF (Temporary Assistance for Needy Families) OR OTHER STATE OR FEDERAL PROGRAMS WHICH MEET CACFP INCOME CRITERIA FOR THEIR CHILDREN. If you complete this part, DO NOT complete PART 5. Skip to PART 6.

SNAP Case No.: _____ TANF Case No.: _____

PART 5 - HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a SNAP or TANF case number for the child, or foster child information, skip to PART 6.

NAMES OF HOUSEHOLD MEMBERS	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments from Pension, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

PART 5 - SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds, that day care officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

X _____
Signature of Adult Household Member

0000-00-_____
Social Security Number (Needed only if you completed PART 5)
LAST FOUR DIGITS OF SS # ONLY

HOME TELEPHONE NO. _____ WORK TELEPHONE NO. _____

PRINTED NAME _____ MAILING ADDRESS/CITY/STATE/ZIP _____ DATE _____

PART 7 - RACIAL/ETHNIC IDENTITY: (You are not required to give this information.) Please check the race and ethnic identity.

RACE ☐ White ☐ Black or African American ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Pacific Islander

ETHNIC ☐ Hispanic/Latino ☐ Not Hispanic/Latino

FOR SPONSOR USE ONLY

Section 9 of the National School Lunch Act requires that unless your children's SNAP or TANF case number is provided, you must include a social security number on the application. This may be either the social security number of the parent or guardian who is the primary wage earner or the social security number of the adult household member signing the application, or an indication that neither household member possesses a social security number. If a social security number is not provided or an indication is not made that neither the primary wage earner nor the adult household member signing the application has one, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

SNAP/TANF/FOSTER CHILD /Other HOUSEHOLD CATEGORICALLY ELIGIBLE for TIER I RATES _____

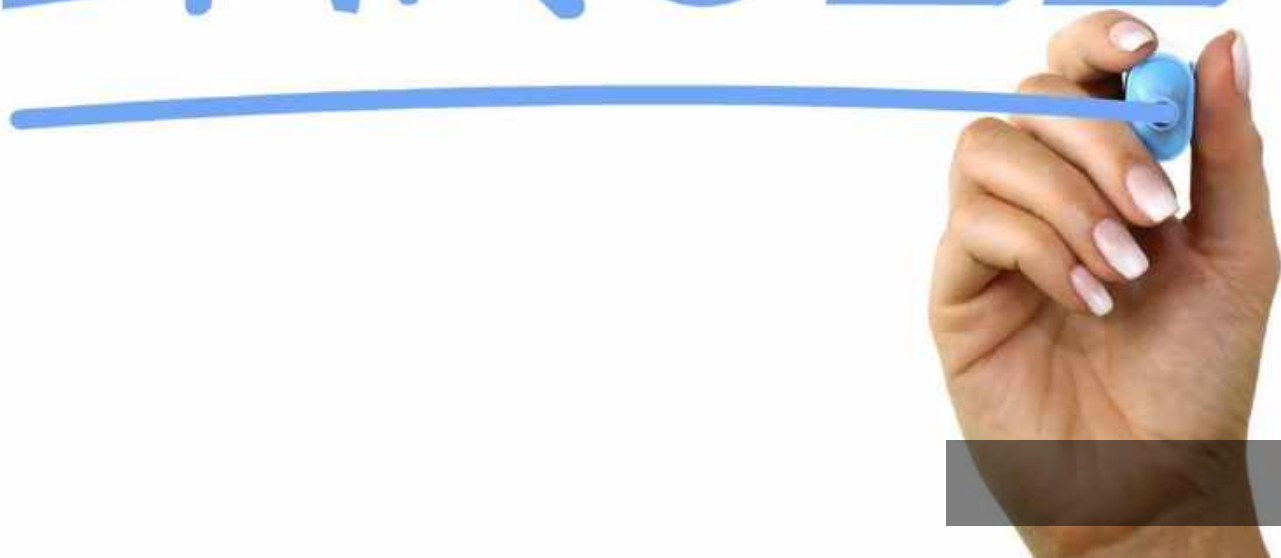
ANNUAL INCOME CONVERSION WEEKLY X 52 EVERY 2 WEEKS X 26 TWICE A MONTH X 24

TOTAL HOUSEHOLD SIZE: _____ YEARLY INCOME: _____ MONTHLY INCOME: _____ WEEKLY INCOME: _____

ELIGIBILITY DETERMINATION: TIER I RATES _____ TIER II RATES _____

SIGNATURE OF DETERMINING OFFICIAL _____ DATE _____

ENROLL



Family
Child Care
Nutrition
Program

Child
Enrollment
Form



Jefferson County Child Development Council, Inc.
728 37th Street South
Birmingham, AL 35222
(205) 933-1095
THIS IS AN EQUAL OPPORTUNITY PROVIDER

Racial / Ethnic Categories
Hispanic or Latino _____ White _____
American Indian or Alaskan Native _____
Asian _____ Black or African American _____
Native Hawaiian or Pacific Islander _____
Other _____

Family Child Care Nutrition Program Child Enrollment Form

Dear Parents:

Your Family Child Care Provider has chosen to join the JCCDC Family Child Care Nutrition Program. This program extends the National School Lunch Program to children in Family and Group Child Care Homes. The USDA Child and Adult Food Program (CACFP) has guidelines that your Provider has agreed to follow. Under the regulations of the program, your **Provider may not charge you a fee for meals or snacks served to your child**. The meals served (**2 meals and 1 snack**) are claimed for reimbursement by the Provider and must meet USDA standards. In an effort to improve our Nutrition Program, we periodically contact parents to verify attendance and meals served to their children while at the Child Care Home. You must immediately inform your Child Care Provider of any telephone and/or address changes. Should you have any questions concerning this program call (205) 933-1095 (8:00 a.m. – 5:00 p.m.)

Child Information: (Please Print)

First Name: _____ Last Name: _____

Date of Birth: Month _____ Date _____ Year _____ Age _____

Date child will start attending Child Care Home: _____ Hours of Care: _____

Child is attending: Full Time ☐ Part Time ☐ Before/After School ☐

Does child have any food allergies? Yes ☐ No ☐ If Yes, please explain below:

Is child an infant and on formula? Yes ☐ No ☐

Parent Information: (Please Print)

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

What is the best way to contact you? Home # ☐ Cell # ☐ E-mail ☐

How many children are you enrolling? _____

All Parent Information must be filled in to ensure that we are able to contact you in case of an emergency.

Provider and Parent must sign and date below:

Parent Signature _____ Date _____

Provider Signature _____ Date _____

Date child is removed from enrollment: Month _____ Day _____ Year _____

JCCDC – White Co

PROVIDER – Yellow Copy

DROPPED – Pink Copy

Program Year: _____

Guess What Providers??

Providers own children/dependents 0 weeks through the age of 12, may be eligible for enrollment in the **Child and Adult Care Food Program (CACFP)** for supplemental nutrition assistance. Providers that want to apply, must submit the **Income Eligibility Application.**



- The term "provider's own children" refers to any children who reside in the household, such as provider's own by birth, adoption, grandchildren, or housemates' children, who are a part of the economic unit (a housemates' income and SSN, are also included on the **Income Eligibility Application**).
- Remember: A foster child may be certified as eligible for free meals regardless of household income!!
- **Meals served to the provider's own children may only be reimbursed if the following three conditions apply:**
 - 1. the provider's children must be enrolled & participating in the childcare program during the time of the meal service;
 - 2. other enrolled nonresident children must be present & participating in the same meal service; and
 - 3. the sponsoring organization must have income eligibility statement on file for the provider's household showing that the provider's household is income eligible or categorical eligible.



Now that you have submitted
your applications and
documentation, it is time for
the SPONSORS TO:

Verify
&
Determine
the
Household Income
&
Household Size



Welcome,
now it is
time to
learn,
play, and
grow!!

JCCDC Nutrition Program

CACFP Reimbursement

Creditable Food Patterns

- Here at JCCDC, we are sponsored by the USDA's Child and Adult Care Food Program (CACFP). The Nutrition Department then sponsors eligible providers (**in Tier I, Tier II or Tier II Higher**) and reimburses providers, based on the number of meals served to enrolled children.
- Next, the number of meals served is then multiplied by the appropriate annually adjusted reimbursement rates for **1. Breakfast 2. Lunch and 3. Snack**, that providers are approved to serve.



■ Meal Counting and Reporting,

■ Regulations provide three methods for computing reimbursements. The sponsoring organization has the option to choose which of the three methods listed, that they will use for **ALL** their Day Care Homes. However, each sponsor must use **ONLY** one method for all homes and may only change the method annually,

■ Three Methods:

- **A)** total monthly counts of the actual number of meals by type served each day by child or "actual counts",
- **B)** claiming percentages, or
- **C)** blended per meal rate.

Meal Counting Formulas

Formula for actual meal counts -

$$\begin{aligned}
 & \# \text{ of meals served to children eligible for tier I by type} \\
 & \quad (\text{breakfast, lunch, supper, or snack}) \\
 & \quad \times \\
 & \quad \text{tier I rate} \\
 & \quad + \\
 & \# \text{ of meals served to children eligible tier II by type} \\
 & \quad (\text{breakfast, lunch, supper, or snack}) \\
 & \quad \times \\
 & \quad \text{tier II rate} \\
 & \quad = \\
 & \text{reimbursement by meal type}
 \end{aligned}$$

Formula for claiming percentages -

$$\begin{aligned}
 & \text{Number of children eligible for tier I (OR tier II)} \\
 & \quad + \\
 & \quad \text{Total enrollment} \\
 & \quad = \\
 & \quad \text{Claiming percentage for that category} \\
 & \quad \times \\
 & \quad \text{Total number of meals by type} \\
 & \quad \quad (\text{breakfast, lunch, supper, or snack}) \\
 & \quad \quad \text{served during the month} \\
 & \quad \quad \times \\
 & \quad \quad \text{Reimbursement rate} \\
 & \quad = \\
 & \text{Reimbursement for tier I (OR tier II)}
 \end{aligned}$$

Formula for blended rate -

$ \begin{aligned} & \# \text{ of children eligible for tier I} \\ & \quad + \\ & \quad \text{Total enrollment} \\ & \quad = \\ & \quad \text{Claiming \% tier I} \\ & \quad \times \\ & \quad \text{Current tier I rate} \\ & \quad = \\ & \quad \text{Revised tier I rate} \end{aligned} $	$ \begin{aligned} & \# \text{ of children eligible for tier II} \\ & \quad + \\ & \quad \text{Total enrollment} \\ & \quad = \\ & \quad \text{Claiming \% for tier II} \\ & \quad \times \\ & \quad \text{Current tier II rate} \\ & \quad = \\ & \quad \text{Revised tier II rate} \end{aligned} $
$ \begin{aligned} & \quad \quad \quad + \\ & \quad \quad \quad = \\ & \quad \quad \quad \text{Blended rate} \\ & \quad \quad \quad \times \\ & \quad \quad \quad \text{Total number of meals by type} \\ & \quad \quad \quad \quad (\text{breakfast, lunch, supper, or snack}) \\ & \quad \quad \quad \quad \text{served during the month} \\ & \quad \quad \quad = \\ & \quad \quad \quad \text{Reimbursement for that meal type} \end{aligned} $	

Lastly, the reimbursement totals are submitted to the State for approval....

FIRST NAME _____
LAST NAME _____
ADDRESS _____
CITY _____
ZIP CODE _____
PHONE _____
SIGN BELOW _____
DATE _____

I understand that this information is being given in connection with the attempt to locate funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.



In addition to the Attendance sheet, we have in place the Infant Weekly Menu sheet.

On this sheet the provider must record the infant's meal intakes. This provides us with a record of the infant's meal count. This process applies for all infants 0 to 11 months of age.

This sheet must be submitted at the end of the month, along with the Attendance sheet.

Provider's Name: _____

Infant's Name: _____

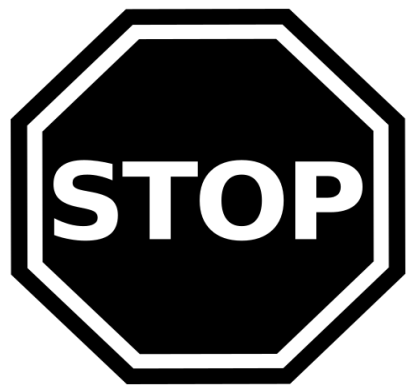
Formula Oz Per Meal: Breakfast _____ Lunch _____ P.M. Snack _____

Baby Food oz. Per Meal: Breakfast _____ Lunch _____ P.M. Snack _____

Date _____ To _____

	Breakfast/Lunch/Supper	AM/PM Snack
Infant Meal Pattern Chart (each bullet point is a required component)	0-5 Months: 4-6 FL -oz. Breastmilk ¹ or formula ² 6-11 months: 6-8 FL -oz. breastmilk ¹ or formula ² 0-4 TBSP infant cereal ^{2,3} , meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 oz. of cheese; or 0-4 oz. (volume) of cottage cheese; or 0-8 oz. or 1 cup of yogurt ⁴ ; or a combination of the above; and 0-2 TBSP vegetable or fruit or a combination of both ^{5,6}	0-5 months; 4-6 FL - oz breastmilk ¹ or formula ² 2-4 FL -oz breastmilk or formula; and 0-1/2 slice bread or 0-2 crackers or 0-4 TBSP infant cereal or read-to-eat breakfast cereals ⁵ , and 0-2 TBSP vegetable or fruit or a combination of both ^{6,7}

Breakfast	Monday	Tuesday	Wednesday	Thursday	Friday
0-5 Months					
3-11 Months					
AM Snakes					
0-5 Months					
6-11 Month					
LUNCH					
0-5 Months					
6-11 Month					
PM Snack					
0-5 Months					
6-11 Months					



Meals that Cannot be Claimed

It is very important that providers understand the CACFP's food patterns policies and know what creditable foods are.

Meals that cannot be claimed for reimbursement are:

- Meals served to any child who is not enrolled for care in the home.
- Meals served in excess of the home's licensed or authorized capacity.
- Meals types not approved in the home's agreement with the sponsoring organization.
- Meals served that are in excess of the two meals and a snack (or one meal and two snacks) claimed daily for each enrolled child.
- Meals that do not meet the meal pattern requirements.
- Meals served to the provider's own children unless they have been determined to be income eligible.
- Meals served to the provider's own children when no other enrolled children are participating.



Not sure what a meal pattern is or what creditable foods are???

NO WORRIES!! Let's look & learn!!!



United States Department of Agriculture

NEW Child and Adult Care Food Program Meal Patterns

Child and Adult Meals

USDA recently revised the CACFP meal patterns to ensure children and adults have access to healthy, balanced meals throughout the day. Under the new child and adult meal patterns, meals served will include a greater variety of vegetables and fruit, more whole grains, and less added sugar and saturated fat. The changes made to the meal patterns are based on

the Dietary Guidelines for Americans, scientific recommendations from the National Academy of Medicine, and stakeholder input. CACFP centers and day care homes must comply with the new meal patterns by October 1, 2017.

New Child and Adult Meal Patterns

Greater variety of vegetables and fruits:

- The combined fruit and vegetable component is now a separate vegetable component and a separate fruit component; and
- Juice is limited to once per day.

More whole grains:

- At least one serving of grains per day must be whole grain-rich;
- Grain-based desserts no longer count towards the grains component; and
- Ounce equivalents (oz eq) are used to determine the amount of creditable grains (starting October 1, 2019).

More protein options:

- Meat and meat alternates may be served in place of the entire grains component at breakfast a maximum of three times per week; and
- Tofu counts as a meat alternate.

Age appropriate meals:

- A new age group to address the needs of older children 13 through 18 years old.

Less added sugar:

- Yogurt must contain no more than 23 grams of sugar per 6 ounces; and
- Breakfast cereals must contain no more than 6 grams of sugar per dry ounce.

Making every sip count:

- Unflavored whole milk must be served to 1 year olds; unflavored low-fat or fat-free milk must be served to children 2 through 5 years old; and unflavored low-fat, unflavored fat-free, or flavored fat-free milk must be served to children 6 years old and older and adults;

- Non-dairy milk substitutes that are nutritionally equivalent to milk may be served in place of milk to children or adults with medical or special dietary needs; and
- Yogurt may be served in place of milk once per day for adults only.

Additional improvements:

- Extends offer versus serve to at-risk afterschool programs; and
- Frying is not allowed as a way of preparing foods on-site.

See a side-by-side comparison of the old and new child and adult meal patterns on the other side. For more information on the new CACFP meal patterns visit: <http://www.fns.usda.gov/cacfp/meals-and-snacks>

April 22, 2016



Creditable and Non-Creditable Grain/Bread Foods

Grain-based dessert foods will not be creditable on the Child Care Food Program beginning October 1, 2017.

The following chart lists creditable and non-creditable grain items. Non-creditable grain items cannot contribute towards a reimbursable meal, but may be served as an "extra" food on occasion. Creditable grain items must be in the correct portion for the age group served (refer to Grains/Breads—Exhibit A) and must be whole grain, enriched, or made from whole grain or enriched meal or flour. Prepackaged products must have whole grain or enriched flour or meal as the first ingredient. At least one serving per day, across all eating occasions, must be 100% whole grain.



Non-creditable Foods

Animal Crackers
Brownies
Cake (all varieties, frosted or unfrosted)
Cereal Bar/Treat
Cobbler/Fruit Crisp
Cookies (all kinds)
Doughnuts
Fig Bar
Fruit Turnover
Graham Crackers (all kinds)
Grain Fruit Bar
Granola Bar (all kinds)
Honey Bun
Oatmeal (more than 6 grams of sugar per dry ounce)
Pastry
Popcorn
Pop Tart
Potato/Vegetable Chips (or puffs/straws/sticks)
Ready-to-eat Cereal (more than 6 grams of sugar per dry ounce)
Sweet Crackers
Sweet Roll/Sticky Bun
Tostitos chips—*flavored*²
Wafers (chocolate, vanilla)



Creditable Foods¹

Bagel/Bagel Chips
Banana Bread (or other fruit/vegetable breads)
Barley
Batter or Bread Type Coating
Biscuits
Bread
Bread Sticks (hard or soft)
Bulgur or Cracked Wheat
Buns
Cornbread/Corn Muffin
Croissants
Crepes
Crackers (savory snack crackers, plain, cheese, peanut butter)
Croutons
Egg Roll Skins, Won Ton Wrappers
English Muffin
French Toast (slices or sticks)
Grits
Muffins/Quick Bread
Oatmeal (with 6 grams of sugar or less per dry ounce)
Pancakes
Pasta/Couscous/Macaroni/Noodles (all shapes)
Pita Bread /Pita Chips
Pizza Crust
Pretzels (hard or soft)
Quinoa
Ravioli
Ready-to-eat Cereal (6 grams of sugar or less per dry ounce)
Rice
Rolls
Stuffing (dry)
Tortillas /Arepa
Tortilla Chips/Shells—*unflavored*²
Waffles



1. Toppings and extras including brown sugar, butter, chocolate chips, cream cheese, honey, jelly, and syrup are a concentrated source of empty calories. They should be served in small portions and used minimally.
2. Tortilla chips with a flavor coating are not creditable. Only plain tortilla chips may be served.

Revised October 2016

New CACFP Meal Pattern-Children and Adults



United States Department of Agriculture



Making Every Sip Count

- Unflavored whole milk must be served to 1 year olds; unflavored low-fat or fat-free milk must be served to children 2 through 5 years old; and unflavored low-fat, unflavored fat-free, or flavored fat-free milk must be served to children 6 years old and older and adults;
- Non-dairy milk substitutes that are nutritionally equivalent to milk may be served in place of milk to children or adults with medical or special dietary needs; and
- Yogurt may be served in place of milk once per day for adults only.



Additional Improvements

- Extends offer versus serve to at-risk afterschool programs; and
- Frying is not allowed as a way of preparing foods on-site.

Breakfast Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
Milk	½ cup	¾ cup	¾ cup	¾ cup	1 cup	1 cup	1 cup	1 cup
Vegetables, fruit, or both	¾ cup	¾ cup	¾ cup	¾ cup	¾ cup	¾ cup	¾ cup	¾ cup
Grains	½ serving	½ oz eq*	½ serving	½ oz eq*	1 serving	1 oz eq*	2 servings	2 oz eq*

*Meat and meat alternates may be used to substitute the entire grains component a maximum of three times per week.
Oz eq = ounce equivalents

Lunch and Supper Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
Milk	½ cup	¾ cup	¾ cup	¾ cup	1 cup	1 cup	1 cup	1 cup ^a
Meat and meat alternates	1 oz	1 oz	1 ½ oz	1 ½ oz	2 oz	2 oz	2 oz	2 oz
Vegetables	¾ cup	¾ cup	¾ cup	¾ cup	¾ cup	¾ cup	1 cup	¾ cup
Fruits		¾ cup		¾ cup		¾ cup		¾ cup
Grains	½ serving	½ oz eq	½ serving	½ oz eq	1 serving	1 oz eq	2 servings	2 oz eq

*A serving of milk is not required at supper meals for adults.
Oz eq = ounce equivalents



Snack Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
Milk	½ cup	¾ cup	¾ cup	¾ cup	1 cup	1 cup	1 cup	1 cup
Meat and meat alternates	½ oz	½ oz	½ oz	½ oz	1 oz	1 oz	1 oz	1 oz
Vegetables	¾ cup	¾ cup	¾ cup	¾ cup	¾ cup	¾ cup	¾ cup	¾ cup
Fruit		¾ cup		¾ cup		¾ cup		¾ cup
Grains	½ serving	½ oz eq	½ serving	½ oz eq	1 serving	1 oz eq	1 servings	1 oz eq

Select 2 of the 5 components for snack.
Oz eq = ounce equivalents

Note: All serving sizes are minimum quantities of the food components that are required to be served.

New CACFP Meal Pattern - Infants

 United States Department of Agriculture					
PREVIOUS AND UPDATED INFANT MEAL PATTERNS: LETS COMPARE					
	0-3 Months	4-7 Months	8-11 MONTHS	0-3 MONTHS	4-11 MONTHS
Breakfast	4-6 fl oz breastmilk or formula	4-8 fl oz breastmilk or formula 0-3 tbsp infant cereal	6-8 fl oz breastmilk or formula 2-4 tbsp infant cereal 1-4 tbsp vegetable, fruit or both	4-6 fl oz breastmilk or formula	4-8 fl oz breastmilk or formula 0-4 tbsp infant cereal, meat, fish, poultry, whole eggs, cooked dry beans or peas; or 0-2 oz cheese; or 0-4 oz (volume) cottage cheese; or 0-4 oz yogurt; or a combination* 0-2 tbsp vegetable, fruit or both*
Lunch or Supper	4-6 fl oz breastmilk or formula	4-8 fl oz breastmilk or formula 0-3 tbsp infant cereal 0-3 tbsp vegetable, fruit or both	6-8 fl oz breastmilk or formula 2-4 tbsp infant cereal; and/or 1-4 tbsp meat, fish, poultry, egg yolk, cooked dry beans or peas; or ½ -2oz cheese; or 1-4 oz (volume) cottage cheese; or 1-4 oz (weight) cheese food or cheese spread; or a combination 1-4 tbsp vegetable, fruit or both	4-6 fl oz breastmilk or formula	4-8 fl oz breast milk or formula 0-4 tbsp infant cereal, meat, fish, poultry, whole egg, cooked dry beans or peas; or 0-2 oz cheese; or 0-4 oz (volume) cottage cheese; or 0-4 oz yogurt; or a combination* 0-2 tbsp vegetable, fruit or both*
Snack	4-6 fl oz breastmilk or formula	4-6 fl oz breastmilk or formula	2-4 fl oz breastmilk, formula, or fruit juice 0-½ bread slice or 0-2 crackers	4-6 fl oz breastmilk or formula	2-4 fl oz breastmilk or formula 0-½ bread slice; or 0-2 crackers; or 0-4 tbsp infant cereal or ready-to-eat cereal* 0-2 tbsp vegetable, fruit or both*
<small>*Required when infant is developmentally ready. All serving sizes are minimum quantities of the food components that are required to be served.</small>					
For more information, please visit www.fns.usda.gov/cacfp/child-and-adult-care-food-program . Questions? Contact your State or Regional Office. USDA is an equal opportunity employer and provider.					
					

8 Week Cycle Menu

WEEK 1

BREAKFAST

100% JUICE OR FRUIT
BREAD OR GRAIN
FAT FREE/1% MILK

LUNCH

MEAT OR MEAT ALT
VEGETABLE OR FRUIT
2ND VEGETABLE OR FRUIT
BREAD OR GRAIN
FAT FREE/1% MILK

SNACK

MEAT OR MEAT ALT OR
BREAD/GRAIN OR FRUIT
OR 100% JUICE OR
VEGETABLE OR
FAT FREE /1% MILK

Mon	Tues	Wed	Thurs	Fri
Slice Banana Oatmeal Milk	Fruit Cocktail WG Dry Cereal Milk	Blueberries Pancakes Milk	Pear Half Ham Biscuit Milk	Cinnamon Applesauce Cheese Grits Milk
Chicken leg Green Beans Yams Brown Rice Milk	HM Meat Pizza Cucumber Strips Pineapple Tidbits Milk	Pulled Pork Collard Greens Potato Wedge WG Roll Milk	Turkey Tacos Lettuce and Tomato Orange Slices WG Tortilla Milk	Hamburger Baked Beans Sautéed Zucchini WG Bun Milk
Yogurt Cup Apple Slices	Vanilla Wafers Milk	Sliced Strawberries Animal Crackers Milk	Banana Bread Milk	HM Fruited Jell-O Cheesits Milk

WEEK 2

BREAKFAST

100% JUICE OR FRUIT
BREAD OR GRAIN
FAT FREE /1% MILK

LUNCH

MEAT OR MEAT ALT
VEGETABLE OR FRUIT
2ND VEGETABLE OR FRUIT
BREAD OR GRAIN
FAT FREE/1% MILK

SNACK

MEAT OR MEAT ALT OR
BREAD/GRAIN OR FRUIT
OR 100% JUICE OR
VEGETABLE OR
FAT FREE/1%MILK

Mon	Tues	Wed	Thurs	Fri
Watermelon Cubes Cream of Wheat Milk	Peach Slices French Toast Milk	Sliced Banana WG Dry Cereal Milk	Stewed Apples Waffle Milk	Sliced Kiwi Sausage Biscuit Milk
Scrambled Cheese eggs Hash brown Mango Slices WG Toast Milk	Salisbury Steak Honey Glazed Carrots Mashed Potatoes WG Roll Milk	Chicken Fingers Corn Niblets Broccoli Biscuit Milk	HM Chili Sweet Potato Fries Green Peas WG Crackers Milk	Baked Fish Vegetable Medley Blackeye Peas WG Brown Rice Milk
1/2 Meat Sandwich with WG Bread 100% Pineapple Juice	Blueberry Muffin Milk	Peanut Butter Graham Crackers Milk	Yogurt Cup Fruit Medley	Cheese Slice Ritz Crackers 100% Orange Juice

WEEK 3

BREAKFAST

100% JUICE OR FRUIT
BREAD OR GRAIN
FAT FREE/1% MILK

LUNCH

MEAT OR MEAT ALT
VEGETABLE OR FRUIT
2ND VEGETABLE OR FRUIT
BREAD OR GRAIN
FAT FREE/ 1% MILK

SNACK

MEAT OR MEAT ALT OR
BREAD/GRAIN OR FRUIT
OR 100% JUICE OR
VEGETABLE OR
FAT FREE/1%MILK

Mon	Tues	Wed	Thurs	Fri
Applesauce Cinnamon Toast Milk	Sliced Banana Pancakes Milk	Pear Half with Shredded Cheese WG English Muffin Milk	Blueberries Breakfast Casserole Milk	Fruit Cocktail Oatmeal Milk
Meatloaf Potato Crowns Squash Casserole WG Roll Milk	Corndogs Baked Fries Coleslaw Milk	HM Chicken & Dumplings Green Limes Stewed Yellow squash Milk	Salmon Patty Corn on Cob Cabbage WG Brown Rice Milk	HM Macaroni & Cheese Pinto Beans Sautéed Spinach Milk
Muffin of Choice Milk	String Cheese Wheat Thins Juicy Juice	Yogurt Cup WG Dry Cereal	Toasted Raisin Bread Milk	Chicken Salad Saltines Crackers 100% Orange Juice

WEEK 4

BREAKFAST

100% JUICE OR FRUIT
BREAD OR GRAIN
FAT FREE/ 1% MILK

LUNCH

MEAT OR MEAT ALT
VEGETABLE OR FRUIT
2ND VEGETABLE OR FRUIT
BREAD OR GRAIN
FAT FREE /1% MILK

SNACK

MEAT OR MEAT ALT OR
BREAD/GRAIN OR FRUIT
OR 100% JUICE OR

Mon	Tues	Wed	Thurs	Fri
Sliced Kiwi Buttered Grits Milk	Pineapple Ring Ham Biscuit Milk	Cinnamon Apples WG Dry Cereal Milk	Sliced Banana French Toast Milk	Fruit Medley Cheese Toast Milk
Spaghetti & Meat Sauce Tossed Salad Sweet Potato Wedge Milk	Pulled Chicken Scalloped Potatoes Turnip Greens WG Roll Milk	Fish Sticks Crowder Peas Stewed Okra Cornbread Milk	Cheeseburger Tator Tots Glazed Carrots WG Bun Milk	BBQ Chicken Blackeye Peas Corn Casserole WG Bun Milk
Sun Chips Salsa 100% Apple Juice	Teddy Grahams Milk	HM Fruit Smoothie Raisin Bagel	Gogurt Cantaloupe Slices	Pretzel Sticks Orange Slices Milk

*WG_ whole
grain
*HM_
homemade

8 Week Cycle Menu

WEEK 5

BREAKFAST

100% JUICE OR FRUIT
BREAD OR GRAIN
FAT FREE /1% MILK

LUNCH

MEAT OR MEAT ALT
VEGETABLE OR FRUIT
2ND VEGETABLE OR FRUIT
BREAD OR GRAIN
FAT FREE /1% MILK

SNACK

MEAT OR MEAT ALT OR
BREAD/GRAIN OR FRUIT
OR 100% JUICE OR
VEGETABLE OR
FAT FREE/ 1% MILK

WEEK 6

BREAKFAST

100% JUICE OR FRUIT
BREAD OR GRAIN
FAT FREE/ 1% MILK

Lunch

MEAT OR MEAT ALT
VEGETABLE OR FRUIT
2ND VEGETABLE OR FRUIT
BREAD OR GRAIN
FAT FREE /1% MILK

SNACK

MEAT OR MEAT ALT OR
BREAD/GRAIN OR FRUIT
OR 100% JUICE OR
VEGETABLE OR
FAT FREE/1%MILK

WEEK 7

BREAKFAST

100% JUICE OR FRUIT
BREAD OR GRAIN
FAT FREE /1% MILK

LUNCH

MEAT OR MEAT ALT
VEGETABLE OR FRUIT
2ND VEGETABLE OR FRUIT
BREAD OR GRAIN
FAT FREE /1% MILK

SNACK

MEAT OR MEAT ALT OR
BREAD/GRAIN OR FRUIT
OR 100% JUICE OR
VEGETABLE OR
FAT FREE/ 1% MILK

WEEK 8

BREAKFAST

100% JUICE OR FRUIT
BREAD OR GRAIN
FAT FREE /1% MILK

LUNCH

MEAT OR MEAT ALT
VEGETABLE OR FRUIT
2ND VEGETABLE OR FRUIT
BREAD OR GRAIN
FAT FREE/1% MILK

SNACK

MEAT OR MEAT ALT OR
BREAD/GRAIN OR FRUIT
OR 100% JUICE OR
VEGETABLE OR
FAT FREE/1% MILK

Mon	Tues	Wed	Thurs	Fri
Blueberries Scrambled Eggs WG Toast Milk	Pear Half Oatmeal Milk	Sliced Strawberries WG Cinnamon Toast Milk	Cinnamon Applesauce Sausage & Biscuit Milk	Sliced Apricots Waffle Milk
Grilled Cheese Vegetable Soup Fruit Cup WG Bread Milk	Cube Steak Mashed Potatoes Stewed Squash WG Roll Milk	HM Lasagna Green Beans Mashed Sweet Potatoes Milk	Chicken Nuggets Corn on Cob Collard Greens WG Roll Milk	Sloppy Joes Tossed Salad Apple Slices WG Bun Milk
Peanut Butter Graham Crackers Milk	HM Fruited Jello Banana Bread Milk	1/2 Chicken Salad Sandwich with WG Bread 100% Pineapple Juice	Sliced Banana Animal Crackers Milk	Cheese Slice Ritz Crackers 100% Orange Juice

Mon	Tues	Wed	Thurs	Fri
Fruit Cocktail Cream of Wheat Milk	Sliced Peaches Pancakes Milk	Kiwi Slices French Toast Milk	Banana Slices Breakfast Casserole Milk	Blueberries Cheese Grits Milk
HM Chicken Pot Pie With Vegetables Pinto Beans WG Roll Milk	Sliced Dinner Franks Baked Beans Coleslaw WG Roll Milk	Beef Tacos Lettuce & Tomato Pineapple Tidbits WG Tortilla Milk	Baked Fish Corn Niblets Sautéed Spinach WG Brown Rice Milk	Grilled Ham & Cheese Tomato Soup Pear Half WG Bread Milk
Mandarin Orange Pretzels Milk	Yogurt Cup Cantaloupe Slice	Hard-Boiled egg Cheesits	Watermelon Cubes Blueberry Muffin Milk	Peanut Butter Graham Crackers Milk

Mon	Tues	Wed	Thurs	Fri
Applesauce Waffle Milk	Fruit Medley Ham Biscuit Milk	Orange Slices Oatmeal Milk	Apricot Slice French Toast Milk	Sliced Kiwi Scrambled Eggs WG Toast Milk
Sliced Turkey Potato Wedge Broccoli With Cheese WG Roll Milk	HM Ravioli Vegetable Soup Melon Slices Wheat Thins Milk	Roast Beef Mashed Potato Squash Casserole WG Roll Milk	Chicken Salad Sandwich Lettuce & Tomato Sliced Apple WG Bread Milk	Salmon Patty Turnip Greens Black-eyed Peas WG Brown Rice Milk
Sliced Strawberries Mini Bagel Milk	Turkey Wrap 100% Apple Juice	Banana Slices Teddy Grahams Milk	Gogurt Muffin	Blueberries Cinnamon Toast Milk

Mon	Tues	Wed	Thurs	Fri
Oranges Slices WG Dry Cereal Milk	Blueberries Chicken Biscuit Milk	Sliced Banana Waffle Milk	Fruit Medley Oatmeal Milk	Melon Slice Cheese Toast Milk
Pulled Chicken Corn on Cobb Sautéed Spinach WG Roll Milk	HM Macaroni & Cheese Sweet Potato Fries Cabbage Cornbread Milk	Spaghetti & Meat Sauce, Sliced Peaches Tossed Salad WG Roll Milk	Grilled Ham & Cheese Potato Soup Sugar Snap Peas WG Bread Milk	Steak Fingers Tator Tots Broccoli WG Roll Milk
Sliced Apricots Raisin Bread Milk	1/2 Tuna Salad Sandwich With WG Bread 100% Orange Juice	String Cheese Wheat Thins	Sliced Strawberries Graham Crackers Milk	Peanut Butter Ritz Crackers Milk

FF ----- Fat Free
WG ----- Whole Grain
HM ----- Home Made

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Remember:

As a provider if you decide that you want to substitute a food/meal from the Cycle Menu, you must fill out the Meal Change form and submit with the Attendance Sheet. Just make sure that substitution(s) is creditable!!! Having a menu checklist ensures CACFP requirements are met.

MEAL CHANGES

Provider Name _____

If you make changes to the 8 week cycle menu please document below with the complete breakfast, lunch or snack offered to the children. Send this sheet in at the end of the month along with your attendance meal count record. **DO NOT WRITE ON YOUR MASTER CYCLE MENU OR SEND IT BACK TO THE OFFICE.** This cycle menu may be posted on-site for your parents to see.

Date _____
Meal _____

Date _____
Meal _____

Date _____
Meal _____

Date _____
Meal _____

Date _____
Meal _____

Date _____
Meal _____

Date _____
Meal _____

Date _____
Meal _____

Date _____
Meal _____

Menu Review Checklist

Use this checklist to ensure that all Child Care Food Program meal requirements are met.
(All answers must be marked "Yes")

Note: This checklist is based on the NEW Meal Pattern for Children.
Self-prep facilities must be in full compliance by no later than October 1, 2017.

Breakfast:	Yes	No
▪ 3 components: Fluid Milk, Vegetables and/or Fruits, Grains/Breads		
▪ Only ready-to-eat breakfast cereals containing 6 grams of sugar or less per dry ounce have been included on the menu (Refer to the <i>Florida WIC-Approved Cereal List</i>).		
▪ Meat/Meat alternates are used to meet entire grains requirement no more than three times a week.		
Lunch/Supper:	Yes	No
▪ 5 components: Fluid Milk, Meat/Meat Alternates, Vegetables, Fruits, Grains/Breads		
▪ One vegetable and one fruit or two different vegetables are served (two fruits may not be served).		
Snack:	Yes	No
▪ 2 different components: Fluid Milk, Meat/Meat Alternates, Vegetables, Fruits, Grains/Breads <i>Note: Juice must not be served when milk is the only other component.</i>		
General Menu:	Yes	No
▪ Fruit juice does not appear on the menu more than once a day.		
▪ Only ready-to-eat breakfast cereals containing 6 grams of sugar or less per dry ounce have been included on the menu (Refer to the <i>Florida WIC-Approved Cereal List</i>).		
▪ At least one grain serving per day, across all eating occasions, is 100% whole grain.		
▪ Grain-based desserts (e.g. granola bars, cookies, graham crackers) are not served as part of a reimbursable meal.		
▪ Yogurt contains no more than 23 grams of total sugars per 6 ounces (15 g/4 oz or 3.8 g/oz).		
▪ Children age one receive unflavored whole milk (unless breastfed).		
▪ Children ages 2 through five receive unflavored lowfat (1%) or unflavored fat-free (skim) milk.		
▪ Flavored milk is not served to children under 6 years of age.		
▪ Flavored milk served to children age 6 years and older is fat-free (skim).		
▪ Commercially processed combination foods have a CN label or manufacturer's Product Formulation Statement (PFS) stating the food component contribution.		

*Please refer to *Fruit and Vegetable Sources of Vitamins A and C* found on the CCFP website and in *A Guide to Crediting Foods*.
Note: Refer to *Revised Exhibit A* to ensure correct portions of grain/bread food items are served.

Hopefully, the information provided throughout this presentation was informative and will guide you to your best practices...
Stay Healthy!!!

Menu Review Tips

Below are tips to assist in reviewing menus.

Breakfast:
<ul style="list-style-type: none"> A meat/meat alternate is <i>not</i> required at breakfast; however, meat/meat alternates <i>may</i> be used to meet entire grains requirement a maximum of three times a week. One ounce of meat/meat alternate is equal to one ounce equivalent of grains (one serving).
Lunch/Supper:
<ul style="list-style-type: none"> Combination main dish products – if purchased – must have a CN Label or manufacturer's Product Formulation Statement (PFS) to show food component contribution. Combination main dish items – "made from scratch" – should have supporting documentation such as a recipe (preferably standardized) and/or *grocery receipts. <p>Note: combination dishes (i.e., products or recipes containing foods from more than one meal component) should only be credited for no more than two meal pattern components to ensure that children do not go hungry when a combination dish is disliked or not eaten. *Day care home providers are not required to maintain grocery receipts.</p>
Snack:
<ul style="list-style-type: none"> Water must not appear on the menu as one of the two required components.
General Menu:
<ul style="list-style-type: none"> Pre-packaged grain/bread products must have enriched flour or meal or whole grains as the first ingredient listed on the package. Grain-based desserts (e.g. granola bars, cookies, graham crackers) are not creditable. Yogurt is a meat/meat alternate; it is not considered milk. A commercial fruit yogurt does not count as a fruit component. Tofu is creditable as a meat/meat alternate. Commercially prepared smoothies may only credit toward the fruit and/or vegetable component and require a PFS.
Best Practices (strongly recommended):
<ul style="list-style-type: none"> Fresh, frozen, or canned vegetables and/or fruits should be served at least twice a week on the breakfast menu and twice a week on the snack menu. Please note: For those centers that claim two snacks and one meal, instead of two meals and one snack, fresh, frozen, or canned vegetables and/or fruits should be served at least twice a week <u>at each</u> snack time. Good vitamin A sources from vegetables and fruits should be served a minimum of two times a week. Good vitamin C sources from vegetables and fruits or fruit juice should be served daily.

In closing, if you have followed all steps and procedures, your claim for reimbursement will be submitted.

We here at JCCDC,
appreciates our
providers and we
Thank You!!

Claims for Reimbursement

All sponsoring organizations must submit to the administering agency accurate monthly reports on the total number of meals served. These monthly reports are submitted on Claim for Reimbursement forms. Claims for reimbursement should be submitted to the administering agency as early as possible following the last day of the month covered by the claim, but must be postmarked no later than 60 days after that date, unless the State agency has established an earlier submission deadline. Late claims for reimbursement may be delayed or denied by the administering agency.

When a Program operates for more than 10 days in a month, a separate claim for reimbursement form must be submitted for that month. When, however, meals are served on 10 days or less, the claim for meals served in that month can be combined with the claim for the past or following month unless the State agency requires separate forms. Since claims cannot combine operations in two fiscal years, operating days in September and October cannot be combined. Therefore, if meals were served on 10 days or less in the first month of the fiscal year (October), the claim for those days can be combined with the second month's (November) claim or if meals were served on 10 days or less in the last month of the fiscal year (September), the claim for those days can be combined with the prior month's (August) claim.

It is important to file the claim quickly and correctly. Late or incorrect submission of the claim forms can impact timely payment from the administering agency which has the option (for good reason) to adjudicate a late claim submission.

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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) Email: program.intake@usda.gov

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