



Wisconsin Department of Public Instruction
Community Nutrition Team

Child and Adult Care Food Program
(Child Care Component)

Pricing Program Addendum
FFY 2012

For Determining Eligibility
For Free and Reduced-Price Meals
For Pricing Programs
(Revised April 2011)

INSTRUCTIONS: Complete and submit two entire copies
to your assigned consultant at:

Wisconsin Department of Public Instruction
Community Nutrition Team
P.O. Box 7841
Madison, WI. 53707

**Wisconsin Department of Public Instruction
Child and Adult Care Food Program (Child Care Component)**

Instructions for Completing the Pricing Program Addendum

1. Fill in your institution's agreement number and full legal name in the appropriate spaces at the top of the page.
2. Read carefully all responsibilities listed on pages 1, 2, and 3. Remember that by signing this Addendum, you are agreeing that you will fulfill these responsibilities.
3. Page 1, Section E—Fill in the name, title, and office address of the person who will be making the determinations of eligibility on the household size-income statements.
4. Page 2, Section F—The parent letter referred to in this section is included in the policy statement packet as Attachment II. This must be given to all parents/guardians along with Attachment III, CACFP Application Statement of Household Size-Income.
5. Page 2, Section F, Paragraph 4—A sample notification letter is included as Attachment IV; written notification must be provided to all households that apply for free or reduced-price meals. If an application is denied, Attachment V, Hearing Procedures, must also be sent to the family along with the notification letter.
6. Page 2, Section F, last line—Fill in the name, title, and office address of the person designated as the hearing official. **This cannot be the same person as the determining official.**
7. Page 2, Section G—The required media release has been included as Attachment VI.
8. Page 2, Money Collection Procedures—Describe how you will collect the charge for the reduced and non-needy meals.
9. Page 3, Meal Accountability Procedures - Explain how you will ensure that free and reduced-price meal recipients are not identified by other children and/or parents and guardians.
10. Page 4, The institution's authorized representative must sign and date in the appropriate space. The effective date will be filled in by our office.

Additional Instructions

Attachment II-Parent Letter

Be sure to fill in the following information on the parent letter before mailing it or giving it to parents/guardians: (1) name of institution(center); (2) the charge to non-needy children for lunch/supper, breakfast and snack; (3) the charge to children determined as eligible for reduced price meals, for lunch/supper, breakfast and snack; (4) name, title, and address of the person designated as the determining official for your institution; (5) name, title, and address of the person designated as the hearing official for your institution; and (6) signature of sponsor representative.

Attachment IV-Notification Letter

Be sure to check the appropriate determination and fill in the name of your institution. If the application has been denied, you must list the reasons for denial and give the name of the determining official as listed in the policy statement, Section E.

The hearing procedure, Attachment V, must be sent with all letters denying or reducing benefits. Be sure to fill in your institution's name and the name, address, and phone number of the hearing official.

Along with two copies of the signed and completed pricing program attachment, submit copies of all Attachments, I through VI. The Copies of the Attachments sent to our office **must** have all the necessary information filled in, such as name of institution, and the names of hearing and determining officials.

Addendum for Free and Reduced-Price Meals – FFY 2012 CACFP

The _____
(Give full legal name of Institution)

has accepted the responsibility for providing free and reduced-price meals to eligible children enrolled in child care in centers under its jurisdiction.

The Institution assures the Wisconsin Department of Public Instruction that the Institution will uniformly implement the following policy to determine children's eligibility for free and reduced-price meals. In fulfilling its responsibilities, the Institution:

- A. Agrees to serve free meals to children from households whose income is at or below that listed in Attachment I, Free Category Section.
- B. Agrees to serve meals at a reduced price to children from households whose income is at or between that listed in Attachment I, Reduced Category Section. The reduced price for breakfast will not exceed 30¢, for lunch or supper will not exceed 40¢, and for snacks will not exceed 15¢.
- C. Agrees that there will be no physical segregation of, nor any other discrimination against, any child(ren) because of his household's inability to pay the full price of the meal. There will be no discrimination against any participant on the basis of race, color, national origin, sex, age or disability. The names of the children eligible to receive free or reduced-price meals shall not be published, posted, or announced in any manner and there shall be no overt identification of any such children by use of special tokens or tickets or any other means. Further assurance is given that children eligible for free or reduced-price meals, or their households, shall not be required to:
 - 1. Work for their meals;
 - 2. Eat meals at a different time;
 - 3. Eat a meal different from the one sold to children paying the full price.
- D. Agrees to establish and use a fair hearing procedure for parents or guardians to appeal Institution decisions on applications and Institution officials' challenges regarding the validity of information contained in an application or to the continued eligibility of any child for free or reduced-price meals. During the appeal and hearing, the child will continue to receive free or reduced-price meals. A record of all such appeals and challenges and their dispositions shall be retained for three (3) years after the end of the current fiscal year.

Prior to initiating the hearing procedure, the parent/guardian or Institution official may request a conference to provide an opportunity for the parent/guardian and Institution to discuss the situation, present information, and obtain an explanation of data submitted in the application and decisions rendered. Such a conference shall not in any way prejudice or diminish the right to a fair hearing.

The hearing procedure shall provide the following:

- 1. A publicly-announced, simple method for a family to make an oral or written request for a hearing.
- 2. An opportunity for the family to be assisted or represented by an attorney or other person in presenting its appeal.
- 3. An opportunity to examine, prior to and during the hearing, the documents and records presented to support the decision under appeal.
- 4. Reasonable promptness and convenience to the family in scheduling a hearing and adequate notice as to the time and place of the hearing.
- 5. An opportunity for the family to present oral or documentary evidence and arguments supporting a position.
- 6. An opportunity for the family to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses.
- 7. That the hearing be conducted and the decision be made by a hearing official who did not participate in the decision under appeal.
- 8. That the decision of the hearing official be based on the oral and documentary evidence presented at the hearing and made a part of the hearing record.
- 9. That the family and any designated representatives thereof be notified in writing of the decision of the hearing official.
- 10. That for each hearing a written record be prepared, including the decision under appeal, any documentary evidence and a summary of any oral testimony presented at the hearing, the decision of the hearing official and the reasons therefor, and a copy of the notification to the family concerned of the hearing official's decision.
- 11. That such written record be maintained for a period of three (3) years after the end of the current fiscal year and shall be available for examination by the family concerned or their representatives at any reasonable time and place during such period.

- E. Agrees to designate:

(Insert name, full title and office address of determining official)

to review applicants and make a determination of eligibility. This official will use the criteria outlined in this policy to determine which individual children are eligible for free or reduced-price meals.

- F. Agrees to develop and send to each child's parent or guardian a letter as outlined herein, including an application form for free or reduced-price meals at the beginning of each federal fiscal year (October 1 through September 30) and whenever there is a change in eligibility criteria. Applications may be filed at any time during the year. Any parent/guardian enrolling a child in an institution for the first time, at any time during the year, shall be supplied with such documents. If a child transfers from one center to another under the jurisdiction of the same institution, his/her eligibility for a free or reduced-price meal will be transferred to and honored by the receiving center. The method(s) used to accept applications for free or reduced price meals will ensure that applications are accepted from households on behalf of children who are members of W-2 Cash Benefits, food stamp or FDPIR households.

The parent/guardian will be requested to complete the application and return it to the determining official for review. Such applications and documentation of action will be maintained for three (3) years after the end of the fiscal year to which they pertain.

After applications have been processed, parents or guardians will be notified individually in writing of the acceptance or denial of their applications.

When an application is rejected, parents or guardians will be informed of the reasons for denial and of the hearing procedure. The designated hearing official, who will not be involved in the original eligibility determination, is:

(Insert name, full title and office address of hearing official)

- G. Agrees to submit a public release to the news media annually as required in program regulations (See Attachment VI). If the media chooses not to publish this public service announcement, no further action is required by the Institution. It is not necessary to purchase advertising space for this announcement.
- H. Agrees to establish a procedure to collect from children who pay for their meals and to account for the number of free or reduced-price and full-charge meals served. The procedure described at the end of this pricing program addendum will be used so that no other child (and/or his/her parent or guardian) in the center will be aware of the identify of the children receiving reduced-price or free meals.
- I. Agrees to submit to the Wisconsin Department of Public Instruction any changes made in the public announcement, letter to parents, or criteria used to determine eligibility prior to implementation. Such changes will be effective only upon approval. If changes are made during the year, they must be publicly announced in the same manner used at the beginning of the federal fiscal year.

Anonymity Procedures to be Used

TO PROTECT THE IDENTITY of the children receiving free and reduced-price meals as determined under the established eligibility guidelines, the following methods and procedures will be used for collecting money from the households of children who will pay for their meals (full price and reduced price). This procedure will be implemented in all centers participating under the Institution's jurisdiction. Also noted is the method whereby children will receive their free and reduced-price meals each operating day without overtly identifying the free and reduced-price meal recipients.

Money Collection Procedures

— Procedures for collecting money: *Describe how you will collect money for meals and snacks from households of paying children. Indicate frequency of collection.*

Meal Accountability Procedures

— Procedures to account for free and reduced-price meals served: *Describe methods to assure that there is no overt identification of free and reduced-price meal recipients.*

Verification by State Agency

State agencies are required to perform verification on a random sample of no less than 3 percent of the approved free and reduced price applications in an institution that is a pricing program. State agencies have the option of requesting assistance from the institution in the verification process.

ATTACHMENTS: The following attachments are adopted with and considered part of this policy:

- Attachment I Household Size/Income Scale
- Attachment II Parent Letter for the CACFP Pricing Program
- Attachment III CACFP Application Statement of Household Size-Income
- Attachment IV Notification Letter to Parents
- Attachment V Hearing Procedure for Pricing Program
- Attachment VI Media Public Release

This policy becomes effective _____

Approved By:

Signature of Authorized Representative of Institution ➤	Date
Signature of Director, Community Nutrition ➤	Date

HOUSEHOLD SIZE-INCOME SCALE FOR USDA NUTRITION PROGRAMS

July 1, 2011 to June 30, 2012

FREE

The applicant is determined to be included in the “free” enrollment category if the household income is at or below the amount on the table.

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	14,157	1,180	590	545	273
2	19,123	1,594	797	736	368
3	24,089	2,008	1,004	927	464
4	29,055	2,422	1,211	1,118	559
5	34,021	2,836	1,418	1,309	655
6	38,987	3,249	1,625	1,500	750
7	43,953	3,663	1,832	1,691	846
8	48,919	4,077	2,039	1,882	941
<i>For each Additional Household Member add</i>	+4,966	+414	+207	+191	+96

REDUCED-PRICE

The applicant is determined to be in the “reduced-price” enrollment category if the household income is at or between the amounts on the table.

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	14,157.01 & 20,147	1,180.01 & 1,679	590.01 & 840	545.01 & 775	273.01 & 388
2	19,123.01 & 27,214	1,594.01 & 2,268	797.01 & 1,134	736.01 & 1,047	368.01 & 524
3	24,089.01 & 34,281	2,008.01 & 2,857	1,004.01 & 1,429	927.01 & 1,319	464.01 & 660
4	29,055.01 & 41,348	2,422.01 & 3,446	1,211.01 & 1,723	1,118.01 & 1,591	559.01 & 796
5	34,021.01 & 48,415	2,836.01 & 4,035	1,418.01 & 2,018	1,309.01 & 1,863	655.01 & 932
6	38,987.01 & 55,482	3,249.01 & 4,624	1,625.01 & 2,312	1,500.01 & 2,134	750.01 & 1,067
7	43,953.01 & 62,549	3,663.01 & 5,213	1,832.01 & 2,607	1,691.01 & 2,406	846.01 & 1,203
8	48,919.01 & 69,616	4,077.01 & 5,802	2,039.01 & 2,901	1,882.01 & 2,678	941.01 & 1,339
<i>For Each Additional Household Member add</i>	+4,966.01 & +7,067	+414.01 & +589	+207.01 & +295	+191.01 & +272	+96.01 & +136

**PARENT LETTER FOR THE CHILD AND ADULT CARE FOOD PROGRAM
(CHILD CARE COMPONENT) PRICING PROGRAM (FFY 2012)**

Dear Parent or Guardian:

The _____ (Name of Sponsoring Organization) serves nutritious meals each day the center is in operation.

Households may purchase meals for their children. The cost for lunch/supper is _____; the cost for breakfast is _____; the cost for a snack is _____. Children also may get meals free or at a reduced price. The center receives added reimbursement for each child whose household income is at or below the level shown on the household size-income scale below. If you now get food stamps (FoodShare Wisconsin), or participate in the Food Distribution Program on Indian Reservations (FDPIR) or the Wisconsin Works (W-2 Cash Benefits) program, your children can get free meals. If your household income is the same or less than the amounts on the income scale below, your children can get free meals or reduced price meals. The reduced price is _____ for lunch/supper, _____ for breakfast and _____ for snacks. Meals served to foster children are eligible for reimbursement at the free price rates regardless of the household's income. A foster child placed in a home may be included as a household member on the same application that includes the non-foster children. This information is kept confidential in our files, and is required to determine the appropriate rate of reimbursement under the Child and Adult Care Food Program. If your income is higher than the amount indicated below for your household size, you do not need to complete the application.

(Effective July 1, 2011 to June 30, 2012)

Household Size	Monthly Income Level (at or below)
1	\$1,679
2	2,268
3	2,857
4	3,446
5	4,035
6	4,624
7	5,213
8	5,802
For each Additional Household Member, Add	589

Households with incomes less than or equal to the reduced-price standards would be eligible for free or reduced price meal benefits. Participants having family members who become unemployed are eligible at the higher rate during the period of unemployment provided that the loss of income during the period of unemployment causes the household income to be within the eligibility guidelines indicated above.

When eligibility is established by household size and income, a complete application must include: (a) names of all household members including the name of the child applicant; (b) the last four digits of the social security number of the adult household member signing the application or an indication that the household member does not have a social security number; (c) household income received by each household member identified by source of income; and (d) the signature of an adult member of the household and date signed.

When eligibility is established by Food Stamp (FoodShare Wisconsin) case number, FDPIR case number, or W-2 Cash Benefits number, a complete application must include: (a) the name of the child applicant; (b) the appropriate Food Stamp (Food Share Wisconsin), FDPIR or W-2 Cash Benefits case number for the child; and (c) the signature of an adult member of the household and date signed. Eligible W-2 Cash Benefits programs are Trial Job, Community Service Job (CSJ), Caring for a Newborn (CMC) and W-2 Transition (W-2 T). **DO NOT give numbers for Medicaid, SSI, W-2 Child Care Assistance, or Quest Card. A Quest Card contains sixteen digits.**

Meals served to foster children are eligible for reimbursement at the free price rates regardless of the household's income. A foster child placed in a home may be included as a household member on the same application that includes the non-foster children.

PRIVACY ACT STATEMENT: Unless you list the child's food stamp (FoodShare Wisconsin), FDPIR or W-2 cash benefits number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR or W-2 office to determine current certification for food stamps, FDPIR or W-2 cash benefits, 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. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health and nutrition programs.

Children's free and reduced price meal eligibility information may be shared with other State agencies and other Child Nutrition Programs without prior notification. If your children's meals are reimbursed at the free or reduced price rate, these children may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (BadgerCare). Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and BadgerCare that your children's meals are eligible for the higher reimbursement rate(s), unless you tell us not to.** Medicaid and BadgerCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. (Filling out the Household Size-Income Statement does not automatically enroll your children in health insurance.) **If you do not want us to share your information with Medicaid or BadgerCare please notify us in writing. Notification will not change whether or not your children's meals are reimbursed.**

Under the provisions of the center's policy, _____
(Insert Name, Title and Address of Determining Official)

will review applications and determine eligibility. The information in the application may be verified at any time during the year. If a parent is dissatisfied with the ruling of the official, he/she may wish to discuss the decision with the determining official on an informal basis. If the parent or guardian wishes to make a formal appeal, he/she may make a request either orally or by writing to

(Insert Name, Title and address of Hearing Officer) Signature of Sponsor Representative

In accordance with Federal Law and U.S. Department of Agriculture 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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

APPLICATION STATEMENT OF HOUSEHOLD SIZE—INCOME FOR THE CHILD AND ADULT CARE FOOD PROGRAM (CHILD CARE COMPONENT) INSTRUCTIONS: An adult household member must complete and return to center. (FFY 2012, Rev. 6/11)

Name(s) of Child(ren) ^{1,2}	Center
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FOSTER CHILDREN: Meals served to foster children are eligible for reimbursement at the free price rates regardless of the foster household's income. If you have foster children living with you and wish to apply for such meals for them, you may include the foster children as household members on the same application that includes the non-foster children. Only report income personally received by the foster children.

PART 1—HOUSEHOLDS RECEIVING FOOD STAMPS (FOODSHARE WISCONSIN), FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR), OR WISCONSIN WORKS (W-2) CASH BENEFITS¹

If you are NOW receiving Food Stamps (FoodShare Wisconsin), FDPIR and/or W-2 Cash Benefits for these children you only have to give your Food Stamp (FoodShare Wisconsin), FDPIR or W-2 Cash Benefits case number. **DO NOT give numbers for Medicaid, SSI, W-2 Child Care Assistance or Quest Card (16 digit number).** Complete PART 3, sign and date the form and return it to the center's office. **Do not** complete PART 2.

YES, I receive Food Stamps (FoodShare Wisconsin), or FDPIR and/or W-2 Cash Benefits this month for this child. Provide case number on appropriate line if establishing eligibility as a household currently receiving Food Stamps, FDPIR, or W-2 Cash Benefits.¹

Food Stamp Case (FoodShare Wisconsin) No. is **(a ten digit number)** _____
 W-2 Cash Benefits Case No. is **(a ten digit number):** _____
 FDPIR Case No. is **(a nine digit number)** _____

PART 2—ALL OTHER HOUSEHOLDS

If you did not give a Food Stamp (FoodShare Wisconsin), FDPIR, or W-2 Cash Benefits case number, you **MUST** complete the following information or your application cannot be approved.

Name and the last four (4) digits of the Social Security Number of Adult Household Member who signs this form.²

Name: _____ Social Security Number (List last 4 digits) _____ I do not have a Social Security Number

HOUSEHOLD MEMBERS: List below the names of **everyone** living in your household; include yourself and the child(ren) listed above.

INCOME: List all income received and how often it was received on the same line with the person who received it. You must list gross income BEFORE deductions or taxes, social security, etc. (Self-employed individuals should report net income.) List each amount under the correct title. Use the following conversion factors to determine monthly income: Weekly income x 4.33 = Monthly income. Every 2 weeks income x 2.15 = Monthly income. Twice a month income x 2 = Monthly income.

LIST ALL HOUSEHOLD MEMBERS ²		GROSS INCOME AND HOW OFTEN IT WAS RECEIVED ²				
Name (Last, First)	Age	Earnings from Work (Before Deductions)	Welfare Payments Child Support and/or Alimony	Payments from Pensions Retirement Social Security	All Other Income Received Last Month	
(Example) Jane Smith (Check if Foster Child) <input type="checkbox"/>	32	\$200/weekly	\$150/bi-weekly	\$100/monthly		Check If NO income
1. _____ <input type="checkbox"/>	_____	/	/	/	/	<input type="checkbox"/>
2. _____ <input type="checkbox"/>	_____	/	/	/	/	<input type="checkbox"/>
3. _____ <input type="checkbox"/>	_____	/	/	/	/	<input type="checkbox"/>
4. _____ <input type="checkbox"/>	_____	/	/	/	/	<input type="checkbox"/>
5. _____ <input type="checkbox"/>	_____	/	/	/	/	<input type="checkbox"/>
6. _____ <input type="checkbox"/>	_____	/	/	/	/	<input type="checkbox"/>

PART 3—ALL HOUSEHOLDS Please check the ethnic and racial identity of your child(ren). You are not required to answer this question. The collection of this information is strictly for statistical reporting and will have no effect on determination of eligibility for benefits.

ETHNICITY: Hispanic or Latino Not Hispanic or Latino

RACE: American Indian or Alaska Native Black or African American White Asian Native Hawaiian or Other Pacific Islander

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 agency 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. The signature on this application is that of an adult household member.

Print Name and Address, *Street, City, Zip*

Signature of Adult Household Member	Signature Date <i>Mo./Day/Yr.</i>	Work:	Telephone Number <i>Home:</i>
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FOR CENTER USE ONLY		
Basis of Determining Eligibility Total Household Size _____ <input type="checkbox"/> Total Monthly Income \$ _____	Eligibility Determination <input type="checkbox"/> Free <input type="checkbox"/> Free (based on zero income) [temporarily until: _____ (45 days)] <input type="checkbox"/> Reduced <input type="checkbox"/> Non-Needy	Determining Official's Initials and Date _____ (Expires in one year from signature date of adult household member)

¹ Applicant must provide information if establishing eligibility as a household **currently** receiving food stamps (FoodShare Wisconsin), FDPIR, or W-2 Cash Benefits.

² Applicant must provide information if establishing eligibility as a household **not currently** receiving food stamps (FoodShare Wisconsin), FDPIR, or W-2 Cash Benefits.

**NOTIFICATION LETTER FOR DETERMINATION
OF ELIGIBILITY FOR FREE OR REDUCED-PRICE BENEFITS**

Date: _____

Dear _____ :

After reviewing your application for free or reduced-price benefits, the following determination has been made:

- Your child(ren)'s eligibility has not changed.
- Beginning _____ , your child(ren) will receive meals at no cost.
- Beginning _____ , your child(ren) will receive meals at the reduced-price charge of:
_____ for lunch/supper, _____ for breakfast and _____ for snack.
- Your application has been denied for the following reason(s):

If you are not eligible for benefits now but have a decrease in household income, become unemployed, become eligible for W-2 Cash Benefits, FDPIR, Food Stamps (FoodShare Wisconsin), or have an increase in household size, you may fill out a new application for benefits at any time during the year.

If you do not agree with the decision or you desire to formally appeal the decision, please contact

_____ at _____
(Institution's Determining Official) *(telephone number)*

to discuss your appeal rights. The hearing procedure is enclosed.

Sincerely,

(Signature of Sponsor Representative)

In accordance with Federal Law and U.S. Department of Agriculture 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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION**Child and Adult Care Food Program****HEARING PROCEDURES—PRICING PROGRAMS**

The following hearing procedure established in accordance with Child and Adult Care Food Program regulations [7 CFR Part 226.23(c)(4)] is to be followed by a household requesting a hearing when free or reduced-price meal benefits are denied or terminated as a result of verification.

1. If a household disagrees with the decision of the determining official, a request for a hearing may be made by calling or writing (*name of institution's hearing official*) at (*address and phone number of hearing official*). The request for fair hearing must be made within fifteen (15) calendar days of the date of the notification letter.
2. The hearing will be scheduled with reasonable promptness and convenience and the household shall be provided with at least ten (10) days' advance written notice of the time and place of the hearing.
3. The hearing will be conducted and the decision made by the hearing official, (*insert name of institution's hearing official*). This person did not participate in the decision under appeal.
4. The household has an opportunity to be assisted or represented by an attorney or other person.
5. The household may examine, prior to and during the hearing, the documents and records presented to support the decision under appeal.
6. The household may present oral or documentary evidence and arguments supporting a position.
7. The household may question or refute any testimony or other evidence and confront and cross-examine any adverse witnesses.
8. The decision of the hearing official will be based on the oral and documentary evidence presented at the hearing and made a part of the hearing record.
9. The parties concerned and any designated representatives thereof will be notified in writing of the decision of the hearing official.
10. For each hearing a written record will be prepared, including the decision under appeal, any documentary evidence, and a summary of any oral testimony presented at the hearing, the decision of the hearing official and the reasons therefore, and a copy of the notification to the parties concerned of the hearing official's decision.
11. Such written record will be preserved for a period of three (3) years after the end of the current fiscal year and shall be available for examination by the parties concerned or their representatives at any reasonable time and place during such period.

SAMPLE MEDIA RELEASE—PRICING PROGRAM (FFY 2012)

The _____ today announced its policy for free and reduced-price
(Name of Institution)

meals for households of enrolled children not required to pay for the full price of meals served in centers under the federal Child and Adult Care Food Program. Meals are available to all participants without regard to race, color, national origin, sex, age or disability.

The center will apply the following household size/income guidelines for determining eligibility for free and reduced-price meals for the current year:

Household Size-Income Scale For Determining Eligibility for Free and Reduced-Price)

Listed below are the USDA Income Eligibility Guidelines while are effective July 1, 2011 through June 30, 2012

Household Size	Free Annual Income Level (Must be at or below)	Reduced Annual Income Level (Must be at or between)		
1	\$14,157	\$14,157.01	and	\$20,147
2	19,123	19,123.01	and	27,214
3	24,089	24,089.01	and	34,281
4	29,055	29,055.01	and	41,348
5	34,021	34,021.01	and	48,415
6	38,987	38,987.01	and	55,482
7	43,953	43,953.01	and	62,549
8	48,919	48,919.01	and	69,616
For Each Additional Household Member Add	4,966	4,966.01	and	7,067

Enrolled children from households whose income is within the levels shown are eligible for free or reduced-price meals. Children who are Wisconsin Works (W-2 Cash Benefits) beneficiaries or members of food stamp (FoodShare Wisconsin) households, households receiving benefits through the Food Distribution Program on Indian Reservations, or a Head Start participant and is a member of a household that meets the low-income criteria prescribed by the Head Start Act are automatically eligible to receive free meal benefits. Application forms are being sent to all homes in a letter or notice to parents or guardians. Additional copies are available at the center's office. The information provided on the application is confidential and will be used only for the purpose of determining eligibility. Applications may be submitted any time during the operating year.

In certain cases, foster children are also eligible for free or reduced-price meals. If a household has such children living with them and wishes to receive such benefits, the foster parents should contact the center about their eligibility.

In accordance with Federal Law and U.S. Department of Agriculture 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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.