

SAMPLE

**North Carolina Department of Health and Human Services
Division of Public Health
Women’s & Children’s Health Section
Nutrition Services Branch
Special Nutrition Programs**

CHILD AND ADULT CARE FOOD PROGRAM MEDIA RELEASE

(Child Care Centers, Adult Day Care Centers, Sponsoring Organizations of Centers, Outside School Hours Care Center)

AGREEMENT NUMBER: _____

The _____ announces
Name of Institution

their participation in of the U.S. Department of Agriculture funded Child and Adult Care Food Program. Meals will be available at no separate charge to enrolled participants. The income guidelines for free and reduced price meals by family size are listed on the back of this sheet. Children who are TANF recipients or who are members of SNAP or FDPIR households or are Head Start participants, are automatically eligible to receive free meal benefits. Adult participants who are members of food stamp or FDPIR households or who are SSI or Medicaid participants are automatically eligible to receive free meal benefits.

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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 mail to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, by fax (202) 690-7442; or email at program.intake@usda.gov. This institution is an equal opportunity provider.

For Institution Use Only

Sent To:	Media Outlets	Date
_____	_____	_____
_____	_____	_____

Routing: Submit original to media outlet and one copy to State Agency with current income guidelines. Retain one copy for your files.

INCOME ELIGIBILITY GUIDELINES
Effective from July 1, 2017 to June 30, 2018
The Following Household Size and Income Standards Are Used to Determine Eligibility

HOUSEHOLD SIZE	YEARLY		MONTHLY		TWICE PER MONTH		EVERY TWO WEEKS		WEEKLY	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$15,678	\$22,311	\$1,307	\$1,860	\$654	\$930	\$603	\$859	\$302	\$430
2	\$21,112	\$30,044	\$1,760	\$2,504	\$880	\$1,252	\$812	\$1,156	\$406	\$578
3	\$26,546	\$37,777	\$2,213	\$3,149	\$1,107	\$1,575	\$1,021	\$1,453	\$511	\$727
4	\$31,980	\$45,510	\$2,665	\$3,793	\$1,333	\$1,897	\$1,230	\$1,751	\$615	\$876
5	\$37,414	\$53,243	\$3,118	\$4,437	\$1,559	\$2,219	\$1,439	\$2,048	\$720	\$1,024
6	\$42,848	\$60,976	\$3,571	\$5,082	\$1,786	\$2,541	\$1,648	\$2,346	\$824	\$1,173
7	\$48,282	\$68,709	\$4,024	\$5,726	\$2,012	\$2,863	\$1,857	\$2,643	\$929	\$1,322
8	\$53,716	\$76,442	\$4,477	\$6,371	\$2,239	\$3,186	\$2,066	\$2,941	\$1,033	\$1,471
For each additional family member add:	\$5,434	\$7,733	\$453	\$645	\$227	\$323	\$209	\$298	\$105	\$149

The poverty guidelines are sometimes loosely referred to as the “federal poverty level” (FPL), but that phrase is ambiguous and should be avoided, especially in situations (e.g., legislative or administrative) where precision is important.

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