



As a requirement of the **Child and Adult Care Food Program (CACFP)**, this child care center is required to give **each household all of the documents in this packet every year regardless of your income.** This center is reimbursed by serving nutritious meals and snacks to all children enrolled for child care or afterschool care.

Parents/guardians should return all items with an asterisk (*) to your child care center main office.

- A. Parent Letter with Frequently Asked Questions
- B. **CACFP Meal Benefit Income Eligibility Statement***
- C. **Sharing Information With Medicaid/SCHIP*** (optional to return)
- D. **Infant Affidavit*** (required for all infants)
- E. WIC
- F. Building for the Future

G. Special Accommodations for Children with Dietary Needs

For children with special eating accommodations, the **Medical Statement to Request Special Meals and/or Accommodations** form must be completed by a physician or authorized medical authority. A parent note is not adequate documentation. Ask the center for a copy or download it:

www.qualitycareforchildren.org/forms.

A



Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. _____ offers healthy meals to all enrolled children 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 children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached **CACFP Meal Benefit Income Eligibility Statement (IES)** form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced-price meals.

Quality Care for Children (QCC) is an administrative sponsor for CACFP and works with this child care center and/or afterschool program. QCC will help ensure our program operates and complies with USDA standards. For more information about QCC, go to www.qualitycareforchildren.org.

Frequently Asked Questions

1. **Do I need to fill out an Income Eligibility Statement (IES) for each of my children in day care?** You may complete and submit one [1] IES form for all children enrolled in child care in your household **only** if the children in child care 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:** forms@qccga.org.
2. **Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) benefits can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in WIC may be eligible for free meals.
3. **Who can get reduced-price meals?** Your children can get reduced-priced meals if your household income is within the reduced-price limits on the Federal Income Eligibility Guidelines, shown on this application. Children in households participating in WIC may be eligible for reduced-price meals.
4. **May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.
5. **Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.
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 household member 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 Eligibility Guidelines, the center will receive a higher level of reimbursement. Once properly approved for free or reduced-price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income 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 you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally receive overtime pay, include it, but not if you only work overtime on an occasional basis.
8. **What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Income Eligibility Statement but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact Angelyn.Hoard@qccga.org or Kelly.Washington@qccga.org.

9. **We are in the military; do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, regarding deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.
10. **What if I disagree with the decision about the information I complete on this form?** You should talk to your sponsoring organization.

In the operation of the CACFP, 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 **404-479-4195** or **404-479-4197**.

Sincerely,



Caitlin Vadini, Director, Nutrition Services

3 Corporate Blvd. NE • Suite 230 • Atlanta, GA 30329

Main: 404-479-4200

Fax: 404-941-2939

www.qualitycareforchildren.org

The participant in the day care facility may qualify for free or reduced-price meals if your household income falls within the limits on the Annual Income Eligibility Guidelines.

ANNUAL INCOME ELIGIBILITY GUIDELINES

July 1, 2024 to June 30, 2025

Household Size	Reduced Price Meals – 185%			Free Meals – 130%		
	Annual Income	Monthly Income	Weekly Income	Annual Income	Monthly Income	Weekly Income
1	27,861	2,322	536	19,578	1,632	377
2	37,814	3,152	728	26,572	2,215	511
3	47,767	3,981	919	33,566	2,798	646
4	57,720	4,810	1,110	40,560	3,380	780
5	67,673	5,640	1,302	47,554	3,963	915
6	77,626	6,469	1,493	54,548	4,546	1,049
7	87,579	7,299	1,685	61,542	5,129	1,184
8	97,532	8,128	1,876	68,536	5,712	1,318
For each additional family member, add:	+9,953	+830	+192	+6,994	+583	+135

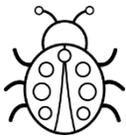
Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the social security of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- fax:**
(833) 256-1665 or (202) 690-7442; or
- email:**
program.intake@usda.gov

This institution is an equal opportunity provider.



B

Name of Child Care Center: _____

CAFCP Meal Benefit Income Eligibility Statement*

PART I: Child(ren) or Adult enrolled to receive day care

Name: (Last, First and Middle Initial)	Date of Birth (Optional) MM/DD/YY	SNAP, TANF, or FDPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. Note: Do not use EBT numbers. Write case number and proceed to Part III.	Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply. (See definitions in FAQs)				
			Head Start	Foster Child	Migrant	Runaway	Homeless
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information

A. Child Income - Sometimes children in the household earn or receive income. Please indicate the TOTAL income received by child household members listed in PART I here. All children income/How often? \$ _____/_____

B. Other Household Members. List all household members even if they do not receive income. Also, list the adult participant if he/she did not meet eligibility in Part I. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only along with the frequency, i.e. twice a month, weekly, etc. If they do not receive income from any source, write '0'. If you enter "0" or leave any field blank, you are certifying (promising) there is no income to report.

Name of Other Household Members (First and Last)	1. Earnings from work before deductions / How often?	2. Subsidies, child support, alimony / How Often?	3. Social Security, pensions, retirement / How Often?	4. All other income / How Often?
(Example) Jane Smith	\$ 200/week	\$ 150/twice a month	\$ 100/month	\$ ____/____
1. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
2. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
3. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
4. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
5. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

C. Total Household Members (Adults and Children) listed in Part I and Part II _____

D. Social Security Number. If Part II B is completed and household members are listed (with or without income), the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). **Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.** Last four Digits of Social Security Number XXX-XX _____ I do not have a Social Security Number

PART III: Enrollment Information: Children Only

My child is normally in attendance at the facility between the hours of _____ [am/pm] to _____ [am/pm]. (✓) Check here if only before/after school care is provided.

Circle the days your child will normally attend the center: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Circle the meals your child will normally receive while in care: Breakfast AM Snack Lunch PM Snack Supper Evening Snack

PART IV: Signature

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care. **If not completed fully and signed, the participant will be placed in the Paid category.**

Signature: X _____ Print Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

*This application is a revision of USDA's newly released meal benefit prototype and meets all legal requirements and reflects design best practices identified by USDA through focus testing and other research.

PART V: Participant's Ethnic and Racial Identities: The use of racial and ethnic data is to ensure compliance with USDA nondiscrimination requirements only. Providing information in Part V is voluntary. Your response or lack of response will not impact the participant's eligibility for meals.

Check (✓) one ethnic identity: <input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> Not Hispanic/ Latino	Check (✓) one or more racial identities: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial	<input type="checkbox"/> I do not wish to provide this information
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Official Use Only Section for QCC Staff: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total income: _____ per Week Every 2 weeks Twice a month Year Household Size: _____
Categorical Eligibility: Check (✓) if applicable Eligibility: check(✓) one Free Reduced Paid Day Care Homes Only: Check (✓) one Tier I Tier II

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

Determining Official's Signature: _____ Date: _____ Confirming Official's Signature _____ Date: _____

Follow Up Official's Signature: _____ Date: _____

Instructions

Households that receive SNAP, TANF, FDPIR, SSI or Medicaid: Complete the following:

Part I: For family day care home and child care center, list participant’s name and a SNAP, TANF, or FDPIR case number. For adult day care, list participant’s name and a SNAP, TANF, FDPIR, SSI or Medicaid case number. **Note: foster children (children placed in the household by the court system) can be included in this section. A separate form is no longer needed for foster children. Note:** Children in Foster care, enrolled in Head Start and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Please refer to the Q&A section for a definition of each free categorical eligibility.

Part II: Skip this part.

Part III: Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

Part IV: Sign the form. A Social Security Number is not necessary.

Part V: Answer this question if you choose to.

All other Households, including WIC households, complete the following:

Part I: For family day care home, child care center or adult day care, list participant’s name.

Part II: To report total household income from last month, complete the following:

A- Child Income: Please indicate the TOTAL income received by **Child** household members listed in PART I. Please list any child income and how often it is received in this section.

B – Adult Income: List the first and last name of each **Adult** person living in your household as an economic unit. You must indicate yourself and all other adult members living with you. In the case of an adult participant, the adult participant, and if residing with the adult participant, the spouse and dependent(s) of the adult participant should be listed here as well. Attach another sheet if necessary.

List Gross Income. Next to each person’s name, list each type of income received last month, and how often it was received.

B-Column 1: List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

B-Column 2: List the amount each person got last month from welfare, child support, alimony.

B-Column 3: List Social Security, pensions, and retirement.

B-Column 4: List all other income sources including Worker’s Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran’s benefits IVA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income from self-owned businesses, farming, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Social Security Number: If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or mark the “I don’t have a Social Security Number” box.

If no income: If the person does not receive income from any source, write “0”. If “0” is entered or any income field are blank, the person is certifying that there is no income to report. Please note that the last four digits of his or her Social Security Number is REQUIRED when/if **Part II B** is completed and household members are listed (with or without income).

Sources of Income for Children		Sources of Income for Adults		
Sources of Child Income	Example(s)	Earnings from Work	Public assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
-Earnings from work	-A child has a regular full or part-time job where they earn a salary or wages	-Salary, wages cash bonuses -Net income from self-employment (farm or business)	-Unemployment benefits -Worker’s compensation -Supplemental Security Income (SSI)	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household
-Social Security •Disability Payments •Survivor’s Benefits	-A child is blind or disabled and receives Social Security benefits -A parent is disabled, retired, or deceased, and their child receives Social Security benefits	If you are in the U. S. Military: -Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	-Cash assistance from State or local government -Alimony payments -Child support payments -Veteran’s benefits -Strike benefits	
-Income from person outside the household	-A friend or extended family member regularly gives a child spending money	-Allowances for off-base housing, food and clothing		
-Income from any other source	-A child receives regular income from a private pension fund, annuity, or trust			

C – Total Household Members. Please list the total number of all household members (children and adults) in this section.

Part III: Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

Part IV: An adult household member must complete this section completely and then sign the form. Please refer back to Part II to ensure the last four digits of his/her social security number have been recorded or the box has been marked if he/she does not have one.

Part V: Answer this question if you choose to.

Privacy Act Statement: This explains how we use the information you give us.

Section 107 of the Child Nutrition and WIC Reauthorization Act of 2004 (Act) amended section 9(b) of the Richard B. Russell National School Lunch Act to make runaway, homeless and migrant children categorically eligible for free meal benefits under the National School Lunch and School Breakfast Programs and is effective July 1, 2004.

Definitions for Part 1 of the CACFP Meal Benefit Income Eligibility Statement

<p>Foster Care</p>	<p>Foster care means 24-hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child-care institutions, and pre-adoptive homes. A child is in foster care in accordance with this definition regardless of whether the foster care facility is licensed and payments are made by the state or local agency for the care of the child, whether adoption subsidy payments are being made prior to the finalization of an adoption, or whether there is federal matching of any payments that are made.</p>
<p>Head Start Early Head Start *Proof required</p>	<p>Children enrolled in federal and state-funded Head Start or Early Head Start Programs are categorically eligible to receive free meal benefits without further application or eligibility determination. Categorical eligibility means Meal Benefit Forms are not required.</p> <p>Eligibility determinations for the CNPs are made on an annual basis. As long as the child is enrolled in Head Start or Early Head Start at the time the annual eligibility determination is made, all reimbursable meals served to that child may be claimed at the free rate.</p> <p>Institutions, sponsors, and school food authorities may establish eligibility of all Head Start enrollees through documentation provided by the Head Start program. Forms of acceptable documentation include:</p> <ul style="list-style-type: none"> ○ Approved Head Start application ○ Statement of Head Start enrollment ○ List of participants from a Head Start official
<p>Migrant</p>	<p>Migrant family means, for purposes of CACFP eligibility, a family with children under the age of compulsory school attendance who changed their residence by moving from one geographic location to another, either intrastate or interstate, within the preceding two years for the purpose of engaging in agricultural work and whose family income comes primarily from this activity.</p>
<p>Runaway</p>	<p>The term "runaway", used with respect to a youth, means an individual who is less than 18 years of age and who absents himself or herself from home or a place of legal residence without the permission of a parent or legal guardian. https://definitions.uslegal.com/r/runaway-youth</p>
<p>Homeless</p>	<p>The term "homeless children" has the meaning given to "homeless children and youths" in section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)).</p> <p>"Homeless children" means:</p> <ol style="list-style-type: none"> 1. Individuals who lack a fixed, regular, and adequate nighttime residence; and 2. Includes - <ol style="list-style-type: none"> a. Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; b. Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; c. Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and d. Migratory children who qualify as homeless because they are living in circumstances described in a-c above.

C Sharing Information with MEDICAID/SCHIP

Name of Child Care Center: _____

Dear Parent/Guardian:

If your children qualify for free or reduced-price meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to become sick.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced-price meals, unless you tell us not to.** Medicaid and SCHIP 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 in this health insurance program. Filling out the CACFP Meal Benefit Income Eligibility Forms does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send it with your Income Eligibility Form to the child care center office. It will be forwarded to Quality Care for Children, Nutrition Department, 3 Corporate Blvd. NE, Suite 230, Atlanta, GA 30329 right away. (Sending in this form will not change whether your children get free or reduced-price meals.)

No! I DO NOT want information from my CACFP Meal Benefit Income Eligibility Statement shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Signature of Parent/Guardian: _____

Today's Date: _____

Print Your Name: _____

Address: _____

For more information, you may call **Quality Care for Children** at 404-479-4255 or 404-479-4253.

D

Infant Affidavit

MANDATORY FOR ALL INFANTS IN CARE

In CACFP, programs must offer a USDA approved "ready-to-feed" commercially prepared iron-fortified milk-based infant formula to infants in their care. The Georgia Department of Early Care and Learning only permits these types of commercially prepared, "ready-to-feed" formula.

To be completed by center BEFORE giving to parents:

Name of Sponsor: Quality Care for Children

According to USDA regulations, as an institution participating in the Child and Adult Care Food Program, I must offer to provide meals to all infants enrolled for care in my center/facility.

I, _____, will provide the following to infants enrolled for care in my facility:

- _____ (name of milk-based iron-fortified formula) and
- _____ (name of iron-fortified infant cereal)

Parents/Guardians:

Do not complete unless the center section above has been filled-in with both formula and cereal above.

Name of Infant: _____

Please check one of the following options and sign this form:

I would like the provider/center to provide the milk-based iron fortified infant formula and iron-fortified infant cereal listed above to my infant and I will provide clean, sanitized and labeled bottles daily.

I will provide the following for my infant on a daily basis:

- _____ (name of milk-based iron-fortified formula) and
- _____ (name of iron-fortified infant cereal)

Parent/Guardian Signature

Date

*Any parent requesting any formula other than a USDA approved milk-based or soy-based iron fortified formula be provided to their infant or any parent who provides any formula other than a USDA approved milk-based or soy-based iron-fortified formula for their infant must provide a doctor's note indicating the required use of the formula. If a parent elects to have the center or day care home provider supply meals to their infant, the infant will be fed according to its individual feeding plan that is provided by the parent or guardian although the center or day care home provider may only claim reimbursement for no more than breakfast, lunch or supper, and a snack.

E WIC

A Special Food and Nutrition Education Program For Women, Infants and Children

WHO IS ELIGIBLE?

- A pregnant woman
- A breastfeeding woman
- A woman who has recently been pregnant
- An infant or a child less than 5 years old

SERVICES PROVIDED:

- Nutritious foods
- Nutrition counseling
- Breast feeding support
- Health care referral

TO BE ELIGIBLE, YOU MUST ALSO:

- Have a low or moderate income
AND
- Have a special need that can be helped by WIC foods and nutrition counseling

APPROVED WIC FOODS:

- Milk, cheese, eggs, cereals, peanut butter, fruit or vegetable juices, dry beans or peas, iron fortified formula

YOU DO NOT HAVE TO BE ON PUBLIC ASSISTANCE TO APPLY.

CALL YOUR LOCAL HEALTH DEPARTMENT FOR MORE INFORMATION.

Georgia WIC Program

Georgia WIC

Georgia Department of Public Health

2 Peachtree Street, NW

10th Floor

Atlanta, GA 30303

Telephone: 1-800-228-9173

Website: <http://dph.georgia.gov/WIC>

INCOME ELIGIBILITY GUIDELINES (Effective from July 1, 2024 to June 30, 2025)

Household Size	Reduced Meal Income Limits				
	Annually	Monthly	Twice A Month	Every Two Weeks	Weekly
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
For each additional family member add	+9,953	+830	+415	+383	+192

This institution is an equal opportunity provider.

F

Good nutrition today means a stronger tomorrow!

Building for the Future

with CACFP

This day care receives support from the Child and Adult Care Food Program to serve healthy meals to your children.



Meals served here must meet USDA's nutrition standards.

Questions? Concerns?

Quality Care for Children
Nutrition Services
404-479-4253
www.qualitycareforchildren.org

Bright from the Start: Department of Early
Care and Learning, Nutrition Services
404-656-5987
www.dec.state.ga.us

Learn more about CACFP at USDA's website:

<https://www.fns.usda.gov/>

USDA is an equal opportunity provider, employer and lender.

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