Revised FY2015-2016

NEWS RELEASE – Child Care Centers

_____ announces participation in the USDA Child and Adult Care Food Program administered by the Kentucky Department of Education.

Meals will be served at no separate charge to enrolled participants at the center and are provided without regard to race, color, national origin, sex, age or disability. "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) 877-8339; or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer."

Children who are K-TAP recipients, SNAP households, or participate in Head Start are automatically eligible to receive free meal benefits.

If you have questions regarding the Program, please contact _____ (sponsor contact person) at _____ (phone number).

Participating Center **Address**

_____

_____

_____

Reduced Income Eligibility Guidelines – 185% Effective July 1, 2015-June 30, 2016					
Reduced Price Meals					
Household Size	***Yearly***	***Monthly***	***Twice Per Month***	***Every Two Weeks***	***Week***
1	$21,775	**$1,815**	$908	**838**	$419
2	$29,471	**$2,456**	$1,228	**$1,134**	$567
3	$37,167	**$3,098**	$1,549	**$1,430**	$715
4	$44,863	**$3,739**	$1,870	**$1,726**	$863
5	$52,559	**$4,380**	$2,190	**$2,022**	$1,011
6	$60,255	**$5,022**	$2,511	**$2,318**	$1,159
7	$67,951	**$5,663**	$2,832	**$2,614**	$1,307
8	$75,647	**$6,304**	$3,152	**$2,910**	$1,455
For each additional family member add:	+$7,696	**+$642**	+$321	**+$296**	+$148

1. Record name of **public information media** to which news release was sent, and date submitted:

   Name: _____ Date: _____

2. Record name of **minority/grassroots organization** to which news release was sent, and date:

   Name: _____ Date: _____

**FNS 113-1*