

**LETTER TO PARENT/GUARDIAN - DAY CARE HOMES  
FOR CHILDREN ENROLLED IN TIER II HOMES**

Date

Dear Parent/Guardian:

This letter is for parents/guardians who have children enrolled in the home of \_\_\_\_\_, who is a provider that participates in the federal Child and Adult Care Food Program (CACFP) through an agreement with our agency. The CACFP is a program under the U.S. Department of Agriculture and, like the National School Lunch Program (NSLP), it assists licensed child care providers in providing healthy and nutritious meals to your children. One of the most important resources your provider receives from the CACFP is reimbursement for the nutritious meals and healthy snacks they feed your child.

Since July 1997, the CACFP has used a “geographical area” or a “household income eligibility” to determine the provider’s reimbursement level. Your provider’s home is located in a Tier II geographical area. **You may be able to help your provider!**

If your family or child participates in a qualifying program, or your household meets the income eligibility guidelines included with this letter, your provider will receive a higher level of reimbursement. If you meet the income eligibility guidelines, have a foster child, or are participating in a qualifying program, please take a few moments to complete the Meal Benefit Form (MBF). It will be placed in our files and kept confidential. Please note that your children will participate in the CACFP whether or not the form is returned.

When you have completed the MBF, you have **two** options:

1. Mail the MBF directly to our agency (address below)
2. Return the MBF to your provider **sealed** envelope

If you choose option 2, please sign below, and enclose this letter with your MBF. Your signature certifies that you have agreed for your provider to transmit your MBF on your behalf to our agency.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you.

Sincerely,

**Catalyst Community  
Child Care Food Program  
3161 Cameron Park Drive, Suite  
101 Cameron Park, CA 95682**

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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](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
- (3) E-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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