



Michigan Office
 139 W. Lake Lansing Rd., Suite 120 • East Lansing, MI 48823
 Telephone: (800) 234-3287 • FAX: (517) 332-5543

Illinois Office
 4415 W. Harrison St., Suite 535 • Hillside, IL 60162
 Telephone: (800) 284-5273 • FAX: (708) 236-0872

www.acdkids.org

Dear Participant/Parent-Guardian:

This letter is intended for adults/parents or parents/guardians of participants enrolled in a day care center. offers healthy meals to all enrolled participants 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 participants enrolled in care. Please help us comply with the requirements of the CACFP by completing the attached Household Income Eligibility Statement (HIES). In addition, by filling out this form, we will be able to determine eligibility for free or reduced price meals.

1. Do I need to fill out a HIES for each participant enrolled in care? You may complete and submit one CACFP Household Income Eligibility Statement for all participants enrolled in day care in your household only if those in day 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:

2. Which adult and child care institutions can receive free meal reimbursement without providing household income information? Adults receiving Medicaid, Supplemental Security Income (SSI), Food Assistance Program (FAP) Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) are eligible for free meals. Children in households receiving FAP, FIP, or FDPIR can get free meals. Foster children and children enrolled in Head Start Programs are also eligible for free meals.

3. Who can get reduced price meals? You may get low cost meals if your household’s income is within the reduced-price limits on the federal income eligibility guidelines, **effective July 1, 2020, until June 30, 2021**, shown below:

Family Size	Yearly Income	Monthly Income	Weekly
1	\$23,606	\$1,968	\$ 454
2	\$31,894	\$2,658	\$ 614
3	\$40,182	\$3,349	\$ 773
4	\$48,470	\$4,040	\$ 933
For each additional family member add:	\$ 8,288	\$ 691	\$ 160

Refer to the Instructions for Participants/Parents/Guardians Household Income Eligibility Statement on how to complete the HIES. Find the category that most closely defines your household and follow the directions for completing each part of the HIES. If your household income is greater than the levels shown on the above CACFP income guidelines, it is not necessary for you to complete the HIES form.

Families with Children:

Your family may be eligible to receive health insurance, called MICHild, through the State of Michigan. MICHild is a health insurance program for uninsured children of Michigan’s working families. To determine if your family is eligible, call 1-888-988-6300 for an application or access an online application at the [MI Child website](#)

“Educating parents and caregivers about nutrition to promote the development of children and establish healthy eating habits to last a lifetime.”

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. 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: (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; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider. (11/2015)

(www.michigan.gov/michild). You can also access the MICHild brochure that briefly explains the insurance program.

Your family may be eligible to receive Women, Infants & Children (WIC), a health and nutrition program, that has demonstrated a positive effect on pregnancy outcomes, child growth and development. To determine eligibility, call 1-800-26-BIRTH or access online information at [Women, Infants, & Children \(WIC\) website](http://www.michigan.gov/wic) (<http://www.michigan.gov/wic>) to learn about WIC and locate a local WIC agency.

4. May I fill out a form if someone in my household is not a U.S. citizen? Yes. Participants and family members do not have to be U.S. citizens to qualify for meal benefits offered at the center.

5. Who should I include as members of my household? You must include all people in your household (such as grandparents, other relatives, or friends who live with you). 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 and the frequency the income is received. If recent income does not accurately reflect your circumstances, you may provide a projection of your 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 federal income eligibility guidelines listed above, the family day care home will receive a higher level of reimbursement. Once properly approved for the higher reimbursement rate, whether through income or by providing a current FAP, FIP, FDP/IR case number, or listing the name of other categorically eligible programs, you will remain eligible for those benefits for 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income unemployment 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 receive. For example, if you normally receive \$1,000 every two weeks, but you missed some work in the last two weeks and only received \$900, put down that you receive \$1,000 per every two weeks. If you normally receive overtime, include it, but not if you only receive it sometimes.

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 HIES, but are not required to include payments received for the foster child as income.

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, in regard to 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.

In the operation of child feeding programs, the U.S. Department of Agriculture 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 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 have other questions or need help, call 800-234-3287 (ext. 108).

Sincerely,



Denise Meyer
Executive Director

"Educating parents and caregivers about nutrition to promote the development of children and establish healthy eating habits to last a lifetime."

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Instructions for Parents/Participants/Guardians Household Income Eligibility Statement - Child Care Institutions

If you are applying for foster child(ren) only, follow these instructions:

Part 1: Do not complete.

Part 2: List name, age, and birth date of foster child(ren); check the box for foster child.

Part 3: Sign and date the form. The last four digits of a social security number are not necessary.

If your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, follow these instructions:

Part 1: List the name and case number for any household member (including adults) receiving FAP, FIP, or

Part 2: FDPIR.

Part 3: List the name, age, and birth date for all children enrolled in day care.

Note: Sign and date the form. A Social Security Number is not necessary.

Benefits received under WIC, Medicaid, or Department of Human Services (DHS) Child Care Assistance Program (where DHS pays a portion of your child care expense) does not automatically qualify for Category A (free) meals.

All other households, including households where some of the children are foster children, follow these instructions (not required if household is over the income limits and don't have any foster children):

Part 1: Do not complete.

Part 2: List the names and ages of everyone (related or not related) living in your household, including you, other adults and children (If you need more space, use a separate sheet of paper.);

Place a X in the column for all children enrolled in child care;

List household members' ages and dates of birth;

Place a X in the next column if children in the household are foster children;

If no case number is indicated in Part 1, list (by person) the amount and source of income that person receives and the frequency the income is received. List earnings before deductions, welfare benefits, child support or alimony or any other income including retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits, Worker's Compensation, unemployment, strike benefits, regular contributions of people who do not live in your household or any other income; and

Place a X in the box for those listed who do not have income.

If you are in the Military Housing Privatization Initiative or receive Combat Pay, do not include the housing allowance as income.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. 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: (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; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider. (11/2016)

Foster child payments received by the family from the placement agency are not considered income and do not have to be reported. The presence of a foster child in a family does not make all children in the household automatically eligible for free meals.

If you are a farmer or self-employed, income is gross farm or business income received in the month prior to application minus farm or business expenses. Gross wages from other jobs or income from other sources must also be listed as income. A loss from self-employment must be listed as zero income and cannot reduce other income.

Help Determining Annualized Income

If your household receives income at different frequencies (i.e. one person may receive monthly retirement income and another may receive weekly pay checks) then all income must be annualized. Use the following chart to annualized income:

- If paid every week, multiply the total gross income by 52.
- If paid every two weeks, multiply the total gross income by 26.
- If paid once a month, multiply the total gross income by 12.
- If paid twice a month, multiply the total gross income by 24.
- If paid once a year, enter the yearly income amount.

Part 3: Sign and date the form and list the last four digits of your Social Security Number or check the box indicating "I do not have a Social Security Number."

Please return the completed application to:

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 the participant for free or reduced price meals. You must include the last four digits of the Social Security Number 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 Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant 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 the participant 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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) (http://www.ascr.usda.gov/complaint_filing_cust.html) online, 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; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Return this completed form to:

Participant Enrollment Form

Instructions:

1. List full name of participant enrolled in care
2. Circle the typical days each participant is in care
3. List times each participant is in care
4. Circle the meals and snacks each participant typically receives while in care
5. Select the ethnicity of each participant using the following codes: H = Hispanic or Latino, N = Not Hispanic or Latino*
6. Select one or more racial designations of each participant using the following codes: A/I = American Indian or Alaskan Native, A = Asian, B = Black or African American, H/PI = Native Hawaiian or Pacific Islander, W = White*
7. Sign and date the form and return to your care center

Participant's First and Last Name	Typical Days in Care (circle all that apply)	List Times in Care	Meals/Snacks Received (circle all that apply)	Ethnicity	Race
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		

* This information is voluntary. This will assist us in assuring the Child and Adult Care Food Program is administered in a nondiscriminatory manner.

_____ Adult/Parent/Guardian's Address

_____ Adult/Parent/Guardian's Phone Number

_____ Signature of Adult/Parent/Guardian

_____ Date Signed

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Child and Adult Care Food Program (CACFP) Formula/Food Sign-Off Statement



As a participant in the CACFP, we must offer to supply all infant meal food components, as developmentally appropriate, to all infants in our care.

We will supply the following items to your infant:

- Iron-fortified infant formula
- Iron-fortified infant cereal
- Infant foods and/or table foods in the appropriate texture for the age of your infant.

Parents/Guardians may choose to accept our supplied infant formula and/or foods or provide their own. Mothers are always welcome to breast feed on-site and/or provide expressed breastmilk.

Parents/Guardians may provide one food component towards a reimbursable meal. Our center must supply all other meal components, as developmentally ready, to receive reimbursement.

Please check your preferences below for each meal pattern requirement.

Our center will supply the following formula and infant food:

Formula offered by our center: _____
(Specific brand/type identified by center)

Parent/Guardian check your breast milk/formula preference:

I want the center to provide formula to my infant
I will come to the center to breast feed my infant

I will bring iron-fortified formula for my infant
I will bring expressed breast milk for my infant

Iron-Fortified Infant Cereal offered by our center:

Rice Barley Wheat Oat Multi-grain

Parent/Guardian check your infant cereal preference:

I want the center to provide iron fortified infant cereal for my infant
I will bring iron fortified infant cereal for my infant

Food offered by our center:

Store-bought infant foods
Table foods at the appropriate consistency for the development of your infant

Parent/Guardian check your infant food preference:

I want the center to provide developmentally appropriate foods for my infant
I will bring foods for my infant

If parent/guardian is supplying any breast milk, formula, or infant foods: Specify what we may feed your infant if they are still hungry after they are fed what has been supplied for the day:

Infant Name: _____ Birth Date: _____

Parent/Guardian Signature: _____ Date Signed: _____

Non-Discrimination Statement

In accordance with Federal 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, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) 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. Additionally, program information is available in languages other than English.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or 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: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.



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BUILDING FOR THE FUTURE

Dear Parent/Guardian,

Your child care home provider participates with the Child and Adult Care Food Program (CACFP), a United States Department of Agriculture (USDA) program. The CACFP provides cash reimbursement to child care home providers for nutritious meals served and helps children develop healthy eating habits. Child care homes participate in the CACFP through a Family Day Care Home Sponsor. The program is administered by the Michigan Department of Education.

Through the CACFP you can be assured that your child is getting balanced, nutritious meals and developing healthy, lifelong eating habits. Optimal nutrition is critical during children’s early years and promotes healthy growth and development.

As a participant in the CACFP, your child care home provider receives reimbursement for serving nutritious meals and snacks. Meals and snacks must meet the USDA meal pattern requirements listed below.

MEAL	REQUIREMENTS
Breakfast	1. Fruits or vegetables 2. Whole grain or enriched grains or breads (such as toast, muffins, pancakes, etc.) <u>or</u> a meat or meat alternate (such as eggs or yogurt) 3. Fluid, pasteurized milk
Lunch/Dinner	1. Meat or meat alternate (such as poultry, fish, cheese, dry beans, etc.) 2. Whole grain or enriched grains or breads (such as bread, pasta, rice, tortillas, etc.) 3. One vegetable and one fruit or two vegetables 4. Fluid, pasteurized milk
Snack	Choose any two of the following: 1. Fluid, pasteurized milk 2. Vegetables 3. Fruits 4. Whole grain or enriched grains or breads 5. Meat or meat alternate

Children less than one year old: Foods in the infant meal pattern vary according to the infant’s age. If your child is less than one year old, please ask your provider for a printed copy of the infant meal pattern requirements.

If you have any questions about the CACFP, please contact:

Association for Child Development
 139 W. Lake Lansing Road
 Suite 120
 East Lansing, Michigan 48823

(800) 234-3287 or (517) 332-7200
www.acdkids.org

OR

Child and Adult Care Food Program
 Michigan Department of Education
 P.O. Box 30008
 Lansing, Michigan 48909

(517) 373-7391
www.michigan.gov/CACFP

What is the CACFP?

The CACFP is the Child and Adult Care Food Program, a federal program that provides monetary reimbursement to facilities offering healthier meals and snacks to children. Each day, more than 4.2 million children participate in the CACFP. Through the CACFP, participants' nutritional needs are met on a daily basis. The program plays a vital role in improving the quality of child care.

In addition to child care, the CACFP helps make afterschool programs more appealing to at-risk youth. By offering nutritious snacks in programs serving low-income areas, afterschool programs can increase participation and ensure that youth are getting healthy snacks.

Homeless children and children from temporarily displaced families can also receive up to three meals each day through shelters that participate in the CACFP.

How does the CACFP work?

The CACFP reimburses participating centers, homeless shelters, day care homes, and schools for serving nutritious meals. It is administered at the federal level by the Food and Nutrition Service (FNS), an agency of the United States Department of Agriculture (USDA).

The Michigan Department of Education (MDE) administers the CACFP in Michigan. MDE approves institutions to operate the program on the local level. MDE monitors the program and provides guidance and assistance to ensure these institutions meet program requirements.

The Association for Child Development, a sponsoring organization, plays a critical role in supporting licensed and relative care homes and centers by providing training, technical assistance, and monitoring.

Who is eligible for CACFP meals?

- Children age 12 and under
- Migrant children age 15 and younger
- Youth through age 18 in afterschool programs

What kinds of meals are served?

CACFP facilities follow meal patterns established by USDA.

- Breakfast consists of serving milk, vegetables or fruits, and grains or bread or meat or meat alternate.
- Snacks include two of the following five components: milk, fruits, vegetables, grains or bread, or meat or meat alternate.
- Lunch and dinner require milk, grains or bread, meat or meat alternate, and two vegetable or one fruit and one vegetable.

CACFP PARTNERS



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Did you know?

Children on WIC receive milk, cereal, eggs, juice, bread, beans, peanut butter and fresh fruits and vegetables, saving you hundreds of dollars on healthy food each year.

FIVE REASONS

to stay on WIC

until age

1. Children have better growth and development
2. Promotes healthy weight
3. Children are better prepared for school
4. Pays for milk, fresh fruits and vegetables and other healthy food
5. Eating healthy helps children focus and behave better

Call us at 800-225-5942

Visit us at www.michigan.gov/wic



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