

Child and Adult Care Food Program

Media Release

(Non-Pricing Programs Only)

Center Name _____

Street Address _____ City _____ Zip Code _____

Center Contact Person _____ Phone Number _____

Sent To _____ Date _____

Note: Emergency shelters and at-risk only programs should omit references to income and the income guidelines before sending to local media sources.

Please print the following media release as a free public service announcement.

Today _____ (name of center) announced its sponsorship of the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program administered by the Arizona Department of Education, Community Nutrition Programs. Meals will be made available to enrolled participants at no separate charge without regard to race, color, national origin, sex, age, or disability. Household income determines the amount of money institutions will be reimbursed to provide meals to enrolled participants. The income-eligibility guidelines listed below are used to determine the amount of reimbursement.

FREE

REDUCED-PRICE

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 15,782	\$ 1,316	\$ 658	\$ 607	\$ 304	\$ 22,459	\$ 1,872	\$ 936	\$ 864	\$ 432
2	21,398	1,784	892	823	412	30,451	2,538	1,269	1,172	586
3	27,014	2,252	1,126	1,039	520	38,443	3,204	1,602	1,479	740
4	32,630	2,720	1,360	1,255	628	46,435	3,870	1,935	1,786	893
5	38,246	3,188	1,594	1,471	736	54,427	4,536	2,268	2,094	1,047
6	43,862	3,656	1,828	1,687	844	62,419	5,202	2,601	2,401	1,201
7	49,478	4,124	2,062	1,903	952	70,411	5,868	2,934	2,709	1,355
8	55,094	4,592	2,296	2,119	1,060	78,403	6,534	3,267	3,016	1,508
For each additional family member add:	+ 5,616	+ 468	+ 234	+ 216	+ 108	+ 7,992	+ 666	+ 333	+ 308	+ 154

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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: 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.

Meals will be provided at the site(s) listed below: (Attach additional pages if needed)

Center Name _____

Street Address _____

City, Zip Code _____

Phone Number _____