



STATE OF MAINE
DEPARTMENT OF EDUCATION
23 State House Station
Augusta, ME
04333-0023

Janet T. Mills
Governor

Pender Makin
Commissioner

Child Care Centers
July 1, 2026 to June 30, 2027

The Child Care Center in which you are enrolling your child participates in the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP). This means the Center must serve meals and snacks that meet or exceed the nutritional requirements set forth by the U.S. Government.

In return for serving meals and snacks that meet these requirements, the Center receives payment from the USDA based on income levels of the families being served. CACFP gives more support if your household income is less than or equal to the limits on the chart below:

Family Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$29,526	\$2,461	\$1,231	\$1,136	\$568
2	\$40,034	\$3,337	\$1,669	\$1,540	\$770
3	\$50,542	\$4,212	\$2,106	\$1,944	\$972
4	\$61,050	\$5,088	\$2,544	\$2,349	\$1,175
5	\$71,558	\$5,964	\$2,982	\$2,753	\$1,377
6	\$82,066	\$6,839	\$3,420	\$3,157	\$1,579
7	\$92,574	\$7,715	\$3,858	\$3,561	\$1,781
8	\$103,082	\$8,591	\$4,269	\$3,965	\$1,983
Each Additional Family Member	\$10,508	\$876	\$438	\$405	\$203

In order to determine the level of reimbursement to be received by the Center for meals or supplements served to your child, the USDA requests that you complete the attached application and include all of the following information.

1. The name and age of the child for whom you are making the application.
2. If you receive SNAP, TANF, FDPIR benefits, and the above named child is included in the grant, enter your SNAP, TANF, or FDPIR case number on the line in Part I and skip to Part III.
3. If you complete Part II, you must include the name of each person living in the household. A household is any group of people living together sharing income and living expenses who may or may not be related.

Location: 23 State House Station, Augusta, ME 04333-0023

Phone: 207-624-6600 | **Fax:** 207-624-6700 | **TTY Users:** Call Maine Relay 711 | **Website:** www.maine.gov/doe
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4. The last four (4) digit of the Social Security Number of the household member or guardian who signs the application form.
5. The total income, before deductions, from all sources, for all persons living in the household.
6. The signature, address, and telephone number of the person completing the application form. The date the form was signed must also be included.

A form will not be considered complete unless the applicable information listed above is provided. The person who signs the form must understand that if the household income section of the form is left blank, that person is certifying that the household has zero income. The center staff will then consider your child to be in that category of eligibility which qualifies the Center to receive the highest level of payment for the meals and supplements your child will receive.

Child and Adult Care Food Program Application for Free or Reduced-price Meals

Name of Child **Age**

Days of the Week in Care	Hours in Care (ex. 7:30am-5:00pm)	Meals Received While In Care
☐ Monday		☐ Br ☐ AMSn ☐ Lu ☐ PMSn ☐ Su ☐ EvSn
☐ Tuesday		☐ Br ☐ AMSn ☐ Lu ☐ PMSn ☐ Su ☐ EvSn
☐ Wednesday		☐ Br ☐ AMSn ☐ Lu ☐ PMSn ☐ Su ☐ EvSn
☐ Thursday		☐ Br ☐ AMSn ☐ Lu ☐ PMSn ☐ Su ☐ EvSn
☐ Friday		☐ Br ☐ AMSn ☐ Lu ☐ PMSn ☐ Su ☐ EvSn
☐ Saturday		☐ Br ☐ AMSn ☐ Lu ☐ PMSn ☐ Su ☐ EvSn
☐ Sunday		☐ Br ☐ AMSn ☐ Lu ☐ PMSn ☐ Su ☐ EvSn

Br = Breakfast, AMSn = AM Snack, Lu = Lunch, PMSn = PM Snack, Su = Supper, EvSn = Evening Snack

☐ Check the box if you are applying for CACFP benefits on behalf of a Foster Child.

Part I: Household Receiving SNAP, TANF, or FDPIR Benefits

If you or any other person living in your household receives SNAP, TANF, or FDPIR benefits, and the above named child is included in the grant, enter your SNAP, TANF, or FDPIR case number on the line below. *If you do not receive SNAP, TANF, or FDPIR benefits for the above named child, complete Part II and Part III and include the last four (4) digits of your Social Security Number on the space provided.*

☐ Yes, this household currently receives SNAP, TANF, or FDPIR for the above named child.

SNAP ID# (not EBT) _____

TANF ID# _____

FDPIR ID# _____

Part II: All Other Households

- (a) Household members: List the names of all persons living in your household. Be sure to include yourself and the child listed above.
- (b) Social Security Number: Per sections 9 and 17 of the National School Lunch Act, unless the child's SNAP, TANF or FDPIR ID number is provided, the last four (4) digits of the adult household member or guardian who signs the application. If the adult does not have a Social Security Number, that person must enter the word "None" in the allotted space.

Although the Social Security Number is not mandatory, if the last four (4) digits of the Social Security Number are not given, or the word "None" the application cannot be approved.

- (c) Income: List *all* income from *all* sources received last month for each person who received it. Income must be the amount received *before* deductions. List each amount under the correct column.

Name of Household Member	Age	Monthly Gross Wages or Net Self-employment	Monthly TANF, Alimony, Welfare, Child Support	Monthly pensions, SSI, Social Security, Workers Comp Insurance & Retirement
Weekly Income x 4.333 weeks; Bi-weekly Income x 2.15 weeks				
Total Monthly Household Income:				

Part III: Penalties for Misrepresentation

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and program officials may verify the information on the application and that deliberate misrepresentation of any of the information on this application may subject me to prosecution under applicable State and Federal criminal statutes.

_____ Name of Adult (Printed)	_____ SSN	_____ Signature of Adult	_____ Date
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Household Address: _____

Home or Cell Phone: _____ Work Phone: _____

☐ I do not have a Social Security Number

The below information is requested solely for the purpose of determining the State's compliance with Federal Civil Rights laws. Your response will not affect Consideration of your application.

Ethnicity	Race (Mark One or More)
☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

This Portion to Be Completed by Child Care Center Personnel

Signature: _____ Date: _____

Child's Eligibility Category: ☐ Free ☐ Reduced-price ☐ Paid

Federal 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:

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

This institution is an equal opportunity provider.

State Non-Discrimination Statement

The Maine Human Rights Act prohibits discrimination because of race, color, sex, sexual orientation, age, physical or mental disability, genetic information, religion, ancestry or national origin.

Complaints of discrimination must be filed at the office of the Maine Human Rights Commission, 51 State House Station, Augusta, Maine 04333-0051. If you wish to file a discrimination complaint electronically, visit the Human Rights Commission website at <https://www.maine.gov/mhrc/file/instructions> and complete an intake questionnaire. Maine is an equal opportunity provider and employer.