**PUBLIC RELEASE**

Today, ,

(Name of Institution)

announced its sponsorship of the USDA Child Care Food Program. Meals will be made available to enrolled children/clients at no separate charge without regard to race, color, national origin, sex, age, or disability. Parents'/clients’ income determines the amount of money USDA will reimburse us to provide meals to enrolled children/clients. The income eligibility guidelines listed below are used to determine our reimbursement from USDA. Children/clients from households whose annual income is at or below these levels are eligible to be counted for free or reduced-price meal reimbursements.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Family Size (Annual Income) |  |  |  |  |  |  |  |  |  | Each Additional Family Member - |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |  | ADD |
| Free | 19,084 | 25,779 | 32,474 | 39,169 | 45,864 | 52,559 | 59,254 | 65,949 |  | + 6,695 |
| Reduced Price | 27,158 | 36,686 | 46,213 | 55,741 | 65,268 | 74,796 | 84,323 | 93,851 |  | + 9,528 |

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), (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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

Meals will be provided at: ***(List Name and Address of all sites)***

This Public Release will be sent to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Media Date