



**STATE OF TENNESSEE  
DEPARTMENT OF HUMAN SERVICES**  
CITIZENS PLAZA BUILDING  
400 DEADERICK STREET  
NASHVILLE, TENNESSEE 37243-1403  
TELEPHONE: 615-313-4749 FAX: 615-313-6683  
TTY: 1-800-270-1349  
[www.tn.gov/humanserv/cacfp](http://www.tn.gov/humanserv/cacfp)

**BILL HASLAM**  
GOVERNOR

**RAQUEL HATTER, MSW, Ed.D.**  
COMMISSIONER

**MEMORANDUM**

**TO:** Child and Adult Care Food Program (CACFP) Institutions

**FROM:** Loretta Goldsmith-Howell Program Manager, Child and Adult Care Food Program

**DATE:** August 17, 2016

**SUBJECT:** **Income Eligibility Guidelines for the Period of July 1, 2016 through June 30, 2017**

Attached are the income eligibility guidelines issued by the U.S. Department of Agriculture for the period of July 1, 2016 through June 30, 2017. The guidelines are to be used in determining eligibility for free and reduced-price meal reimbursements for the CACFP.

For child and adult care centers, please note that the new guidelines in Attachment A to this memorandum will affect free and reduced-price applications taken on and after July 1, 2016. These income guidelines do not affect the CACFP participation of After School "At Risk" Meal Programs or Emergency Shelters.

If you have any questions, please contact our office at (615) 313-4749.

lgh/

**ATTACHMENT A**

**CHILD AND ADULT CARE FOOD PROGRAM  
INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED PRICE MEALS  
EFFECTIVE JULY 1, 2016 THROUGH JUNE 30, 2017  
(Use for eligibility determinations and for public release)**

Parent, Guardian, Family Member: If your total household income is within the limits listed below, the person you are applying for may be eligible for Free or Reduced-Price meals.

**ANNUAL INCOME**

<b>Household Size</b>	<b>Free Rate Reimbursement</b>	<b>Reduced Rate Reimbursement</b>	<b>Paid Rate Reimbursement</b>
1	\$15,444.00 and under	\$15,444.01 - \$21,978.00	\$21,978.01 and above
2	\$20,826.00 and under	\$20,826.01 - \$29,637.00	\$29,637.01 and above
3	\$26,208.00 and under	\$26,208.01 - \$37,296.00	\$37,296.01 and above
4	\$31,590.00 and under	\$31,590.01 - \$44,955.00	\$44,955.01 and above
5	\$36,972.00 and under	\$36,972.01 - \$52,614.00	\$52,614.01 and above
6	\$42,354.00 and under	\$42,354.01 - \$60,273.00	\$60,273.01 and above
7	\$47,749.00 and under	\$47,749.01 - \$67,951.00	\$67,951.01 and above
8	\$53,157.00 and under	\$53,157.01 - \$75,647.00	\$75,647.01 and above
For Each Additional Person, Add	+\$5,408.00	+\$7,696.00	+\$7,696.00

**ATTACHMENT B**

**INCOME ELIGIBILITY GUIDELINES FOR REDUCED-PRICE MEALS  
EFFECTIVE JULY 1, 2016 THROUGH JUNE 30, 2017**

(Use for attaching to parent/guardian letters)

Parent, Guardian, Family Member: If your total household income is within the limits listed below, the person you are applying for may be eligible for Reduced-Price meals.

**ANNUAL INCOME**

<b>Household Size</b>	<b>Reduced Rate Reimbursement</b>
1	\$15,444.01 - \$21,978.00
2	\$20,826.01 - \$29,637.00
3	\$26,208.01 - \$37,296.00
4	\$31,590.01 - \$44,955.00
5	\$36,972.01 - \$52,614.00
6	\$42,354.01 - \$60,273.00
7	\$47,749.01 - \$67,951.00
8	\$53,157.01 - \$75,647.00
For Each Additional Person, Add	+\$7,696.00