

**Adult Care Centers  
Public News Release for Non-Pricing Programs**

Aspire Health Partners, Inc.

5151 Adanson St., Suite 201, Orlando, FL 32804

**Institution Name**

**Institution Address**

We announce the sponsorship of the U. S. Department of Agriculture's Child and Adult Care Food Program.

**Nondiscrimination Policy**

Meals will be available at no separate charge to enrolled eligible participants at the center(s) listed below and will be provided regardless 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.

**Free and Reduced Price-Meal Policy Statement**

Participants eligible for free and/or reduced-price meals must complete an application with documentation of eligibility information including number and names of all household members, the last four digits of the Social Security Number of the head of household/primary wage earner or adult signing the application or an indication that a household member does not have one, total monthly household income or Food Stamps, SSI, or Medicaid identification number, and the signature of an adult care center participant.

<u>Name of Facility</u>	<u>Address</u>
Aspire Health Partners, Inc.	919 East 2nd Street
Turning Point Program	Sanford, FL 32771
_____	_____
_____	_____

The Income Eligibility Guidelines for Free and Reduced-Price Meals, effective July 1, 2020 through June 30, 2021

**Free Meals**

**Gross Income**

Household Size	Annual Income	Monthly Income	Weekly Income
1	\$0-\$16,588	\$0-\$1,383	\$0-\$319
2	\$0-\$22,412	\$0-\$1,868	\$0-\$431
3	\$0-\$28,236	\$0-\$2,353	\$0-\$543
4	\$0-\$34,060	\$0-\$2,839	\$0-\$655
5	\$0-\$39,884	\$0-\$3,324	\$0-\$767
6	\$0-\$45,708	\$0-\$3,809	\$0-\$879
7	\$0-\$51,532	\$0-\$4,295	\$0-\$991
8	\$0-\$57,356	\$0-\$4,780	\$0-\$1,103
For Each Additional Family Member Add	+\$5,824	+\$486	+\$112

**Reduced Price Meals**

**Gross Income**

Household Size	Annual Income	Monthly Income	Weekly Income
1	\$16,589-\$23,606	\$1,384-\$1,968	\$320-\$454
2	\$22,413-\$31,894	\$1,869-\$2,658	\$432-\$614
3	\$28,237-\$40,182	\$2,354-\$3,349	\$544-\$773
4	\$34,061-\$48,470	\$2,840-\$4,040	\$656-\$933
5	\$39,885-\$56,758	\$3,325-\$4,730	\$768-\$1,092
6	\$45,709-\$65,046	\$3,810-\$5,421	\$880-\$1,251
7	\$51,533-\$73,334	\$4,296-\$6,112	\$992-\$1,411
8	\$57,357-\$81,622	\$4,781-\$6,802	\$1,104-\$1,570
For Each Additional Family Member Add	+\$8,288	+\$691	+\$160

Name(s) and dates of public information media to which this public news release was sent:

1. www.aspirehealthpartners.com Date Sent: 09/17/2021
2. \_\_\_\_\_ Date Sent: \_\_\_\_\_
3. \_\_\_\_\_ Date Sent: \_\_\_\_\_