

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

Aspire Health Partners	5151 Adanson St. Orlanodo , 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 the 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.

<b>Name of Facility</b> Aspire Health Partners	Address
Aspire Health Partners	919 2nd Street
Turning Point Program	Sanford, FL 32771

The Income Eligibility Guidelines for Free and Reduced-Price Meals, effective July 1, 2023, through June 30, 2024.

## Free Meals Gross Income

Household Size	Annual Income Monthly Income		Weekly Income	
1	\$0-\$18,954	)-\$18,954		
2	2 \$0-\$25,636		\$0-\$493	
3	\$0-\$32,318	\$0-\$2,694	\$0-\$622	
4	\$0-\$39,000	\$0-\$3,250	\$0-\$750	
5 6	\$0-\$45,682 \$0-\$52,364	\$0-\$3,807	\$0-\$879 \$0-\$1,007	
		\$0-\$4,364		
7	\$0-\$59,046	\$0-\$4,921 \$0-\$1,136		
8	\$0-\$65,728	28 \$0-\$5,478 \$0-\$1,264		
For Each Additional Family Member Add	+\$6,682	+\$557	+\$129	

# **Reduced Price Meals**

#### **Gross Income**

Household Size	Annual Income	Monthly Income	Weekly Income	
1	\$18,955-\$26,973	\$1,581-\$2,248	\$366-\$519	
2	\$25,637-\$36,482	5,637-\$36,482 \$2,138-\$3,041 \$494-\$702		
3	\$32,319-\$45,991	\$2,695-\$3,833	\$623-\$885	
4	\$39,001-\$55,500	\$3,251-\$4,625	\$751-\$1,068	
5	\$45,683-\$65,009	\$3,808-\$5,418	\$880-\$1,251	
6	\$52,365-\$74,518	\$4,365-\$6,210	\$1,008-\$1,434	
7	\$59,047-\$84,027	\$4,922-\$7,003	\$1,137-\$1,616	
8	\$65,729-\$93,536	\$5,479-\$7,795	\$1,265-\$1,799	
For Each Additional Family Member Add	+\$9,509	+\$793	+\$183	

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

1.	aspirehealthpartners.com	Date Sent:	09.01.2023
2.		Date Sent:	
3		Date Sent:	

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: <a href="https://www.usda.gov/sites/default/files/documents/ad-3027.pdf">https://www.usda.gov/sites/default/files/documents/ad-3027.pdf</a>, 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.