

**INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS  
JULY 1, 2022 THROUGH JUNE 30, 2023**

**Part 1. CHILD ENROLLMENT:** Complete the information below for all children in care. If the child is an infant, foster child (legal responsibility of a foster care agency or the court), Head Start eligible or a school-age child, please check the box.

Table with columns: Last Name, First Name; Date of Birth; Enrollment Date; Times of Care (Usual); Usual Days of Care; Meals Served During Care; Infant; School Age; Head Start; Foster Child.

**OPTIONAL:** Please check the ethnicity and race of the child(ren) you are enrolling.

- Ethnicity (select one or more): [ ] Hispanic or Latino [ ] Not Hispanic or Latino
Race (select one or more): [ ] American Indian or Alaskan Native [ ] Asian [ ] Black or African American [ ] Native Hawaiian or other Pacific Islander [ ] White or Caucasian

**Part 2.** Household Receiving Benefits: Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR): Complete Parts 1, 2 and 4.

Check Applicable Program & Provide Case Number(s): [ ] SNAP Case #: [ ] TANF Case #: [ ] FDPIR Case #:

**Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES:** Complete Parts 1, 3A and 4.

If your family income exceeds the income guidelines (listed on attached letter), check this box [ ]

**Part 3B. ALL OTHER HOUSEHOLDS -** If you do not have a SNAP, TANF or FDPIR **MASTERCASE** number: Complete Parts 1, 3B and 4.

Table for household income with columns: List the Names of All Household Members not listed in Part 1 and Foster Children; Earnings from Work; Welfare, Child Support, Alimony; Pensions, Retirement, Social Security; All Other Income; Check if ZERO income.

Social Security Number of Household Member who signs form:

Last four digits of Social Security Number: XXX-XX - If you do not have a Social Security Number, check this box [ ]

**Part 4. SIGNATURE AND CONTACT INFORMATION:**

I certify (promise) that all information on this form is true and that all income is reported. I understand that the facility will receive Federal funds based on the information I give...

Print Name

Address

City State Zip Code

Signature of Parent/Guardian Date

E-Mail Address/Telephone

**FOR CENTER USE ONLY**

SNAP/TANF/FDPIR HOUSEHOLD ANNUAL INCOME: HOUSEHOLD SIZE:

- HOUSEHOLD CATEGORY: [ ] Free [ ] Reduced [ ] Paid [ ] Incomplete

Center Official Signature Date of Signature

Foster Child - Free Category List name of foster child(ren)

Effective Date Expiration Date

*Dear Parent or Guardian:*

Our child care institution has been approved by the Nebraska Department of Education for participation in the Child and Adult Care Food Program (CACFP). The CACFP reimburses our institution for the partial cost of meals. We are requesting your help to receive the maximum benefits from the CACFP by completing the attached form (NS)100-C.

**The parent/guardian must complete Parts 1 and 4 and one of the following options:** Part 2, Part 3A or Part 3B, to determine the amount of CACFP funds the center will be eligible to receive. **Note: No white out or erasure ink should be used.** If there is an error cross through, correct, and initial.

**Part 1 - CHILD ENROLLMENT**

- **Child's Name:** List the first and last name including nicknames and hyphenated last name for all children enrolled at this center.
- **Date of Birth:** List each child's date of birth.
- **Enroll Date:** List each child's enrollment date with the organization.
- **Usual Times & Days of Care and Meals Served:** List the usual times of care for each child by listing their arrival and leave time, check each day the child will be in care and each meal type received while in care.
- **Infant:** If the child is under 12 months of age, check box.
- **Foster Child:** If the child is a foster child (the legal responsibility of a foster care agency or the court), check the box.
- **Head Start:** If the child is eligible for head start, check box.
- **School age:** If the child is attending Kindergarten or above and attends your child care program before, after and/or school days off, check box.

**Optional –** Check the boxes of all appropriate race(s) and ethnicities regarding the child(ren) you are enrolling. If you do not select Race or Ethnicity, one will be selected for you based on visual observation. This does not affect your child's eligibility for Free or Reduced meals.

**Part 2 – Household Receiving Benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR):**

- Complete Parts 1, 2 and 4 on the attached form.
- Check the box(s) and provide case number for the program from which benefits are received.

**Part 3A – Household exceeding the income guidelines listed on the chart below - Complete Parts 1, 3A and 4 on the attached form.**

**TO CALCULATE ANNUAL INCOME**

Weekly Income X 52 ♦ Every 2 Weeks Income X 26 ♦ Twice a Month Income X 24 ♦ Monthly Income X 12

Household Size:	1	2	3	4	5	6	7	8	Each Additional Family Member
<b>Annual Income:</b>	\$25,142	\$33,874	\$42,606	\$51,338	\$60,070	\$68,802	\$77,534	\$86,266	+ \$8,732

**Part 3B - Household below the income guidelines listed on the chart above - Complete Parts 1, 3B and 4 on the attached form using the additional information below:**

- **HOUSEHOLD NAMES:** Write the names of everyone in the household not listed in Part 1. Include yourself and all other children, your spouse, grandparents, other relatives and unrelated people in your household. Use a separate sheet of paper if you do not have enough space.
- **GROSS INCOME BEFORE DEDUCTIONS:** Write the amount of income each person gets on the same line as their name. Use the appropriate column(s): Earnings from Work, Welfare/Child Support/Alimony, Pensions/Retirement/Social Security or Other Income (see definitions below). Next to the amount of income write how often the income is received. Income is all money before taxes or anything else is taken out. If a person does not have income, check the box for zero income.

**OTHER INCOME:** strike benefits, unemployment compensation, workman's compensation, disability benefits, interest/dividends, cash withdrawn from savings, income from estates/trust/investments, royalties/annuities/rental income, and regular contributions from persons not living in the household.

**FOSTER CHILDREN:** List any personal income received by the foster child under Part 3B. Personal income is (a) money given for the child's personal use, such as clothing, school fees and allowances and (b) all other money the child gets, such as money from his/her family.

**MILITARY HOUSING BENEFITS:** Report off-base housing allowance as income. If the housing is part of the Military Housing Privatization Initiative, do not include as income.

**SELF-EMPLOYMENT:** Report income derived from the business venture less operating costs for net income. The loss from the business cannot be deducted from a positive income earned in other employment. The least possible income is zero.

- **SOCIAL SECURITY NUMBER:** Write the last four (4) digits of the social security number of the adult household member who signs the form. If the adult household member does not have a social security number, check the box. Use of this information is for CACFP use only and is required.

**Part 4 SIGNATURE AND CONTACT INFORMATION:**

- Sign and date the application. The form must be signed by the parent or guardian.
- Complete the contact information – name, address, e-mail address and telephone number.

**Privacy Act Statement:**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, the funds your child care/center/provider receives may be impacted. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

**For assistance completing this form, contact the center:**

Center Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**The State Agency administering the Child and Adult Care Food Program is:**

Nebraska Department of Education  
Nutrition Services  
P.O. Box 94987  
Lincoln, NE 68509  
Telephone: 402-471-2488  
Web site: <http://www.education.ne.gov/NS>