

Dear Provider:

This letter pertains to you if you wish to establish eligibility as a Tier I home in the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP) or if you want to receive reimbursement for meals served to your own child(ren).

Establishing Eligibility as a Tier I Home

The CACFP has a two-tiered reimbursement structure. To qualify for the higher Tier I reimbursement rate for meals served to children enrolled in your day care, you must either:

- 1) be located in a low-income area as determined by
 - a) school enrollment **OR**
 - b) census data (this determination will be made by our organization)
OR
- 2) qualify as a Tier I home provider based upon
 - a) Income Eligibility Guidelines **OR**
 - b) your receipt of benefits from SNAP, TANF or FDPIR.

To qualify as a Tier I home, you need to complete the attached application form, **Home Provider Application to Claim Meals Served to Own Children and/or Tier I Determination**. After completing this application form, you must submit it to our agency for approval. If you qualify, you will be approved for Tier I reimbursement.

If you qualify as a Tier I home because your home is located in a low-income area you do not have to complete this form unless you want to claim meals served to your own child(ren).

Establishing Eligibility for Meals Served to Your Own Child

You must complete this form if you wish to claim CACFP meals served to your own child(ren) or foster children. If you qualify, you may claim meals served to your own child(ren) under thirteen years of age when meals are served to other children enrolled in your day care.

Verification of household income/eligible benefits is required if you are applying for Tier I rates of reimbursement based on your Household Income. Verification documents may consist of income tax statements, paycheck stubs, statement of benefits received from government assistance programs (SNAP, TANF, FDPIR), etc. This is not an all-inclusive list as other sources of documentation may be requested by our agency. (Verification of income is not required if the day care has been determined to be eligible for Tier I rates based on area information by school or census data.)

Instructions For Completing the Income Eligibility Application (NS-300-H)

If you receive Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR) or benefits under the Nebraska Temporary Assistance to Needy Families (TANF), then you may complete Part 2 of the application form by circling the type of assistance received and listing your case number. If you do not participate in any of these programs, you must complete Part 4 of the form. You should include your total current household income by source and the names of all household members. You must sign and date the form in Part 5.

The Department of Agriculture defines a household as a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses). Therefore, the income reported on the application must include the gross income of all members of your household, by source, and the net income for your child care business. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income, using last year's income as a basis, if no significant changes have occurred.

You must report all household income, not just your day care business income. We are required by law to verify the information stated on your application. If this application is to qualify as a Tier I home,

you may attach a copy of your most recent tax return, or you may submit documentation for last month. This includes payment statements from salaried work and statements pertaining to other forms of income. For your own income from your child care business you must submit documentation of your gross income for last month, along with receipts of your business expenses so that we can verify your net business income.

Foster Care

Providers wanting to claim foster children living in their residence need to complete Parts 3, 4 and 5. A foster child who is the legal responsibility of the welfare agency or court may be certified as eligible for free meals regardless of your household income. If you have a foster child, please contact our office for additional information before completing the application.

Signature

Sign and date this application form in Part 5. The form will be in effect for one year. Make sure that all parts of the application that pertain to you have been completed. The application cannot be approved unless it contains complete documentation. If you have any questions regarding proper completion of the application, please contact our office for assistance.

Tier II Eligibility

If you do not live in a low income area and don't complete this form, or if you do not qualify for Tier I based on the Income Eligibility Guidelines, you are still eligible to receive the lower Tier II reimbursement rate for CACFP meals served to enrolled children.

Confidentiality

The information included in this application is confidential. This information may only be made available to designated representatives of our organization, representatives of the Nebraska Department of Education, representatives of USDA, or representatives of the General Accounting Office.

The application form must be returned to our office at the following address. We will contact you regarding your eligibility status. If you have any questions about this form, please contact the sponsoring organization

Program Benefits

The Child Care Food Program was established in 1968 in response to the need to provide adequate nutrition to a growing number of children in day care. In 1988, eligible adults were included in the program which is now called the Child and Adult Care Food Program.

Good nutrition, the development of desirable eating habits and learning about food choices are vital building blocks for young children. Provisions must be made to ensure that these building blocks are in place in order to promote good health throughout life.

The goal of the Child and Adult Care Food Program is to see that well balanced meals are served and that good eating habits are taught in child care settings. The CACFP provides reimbursement for nutritious meals and snacks served to eligible children in child care centers, family day care homes, and outside-school-hours centers, as well as to eligible adults in adult care centers.

The CACFP is administered by the Nebraska Department of Education. Funding for the program is provided by the U.S. Department of Agriculture. All Program funds come from tax dollars, which is why all recipients must be accountable for how these funds are used.

The Program Serves:

- children through age 12
- children of migrant workers, through age 15
- physically and mentally disabled persons receiving care in a center where most children are 18 years old and under
- adults in nonresidential day care settings
- children ages 13 to 18 in educational enrichment programs in area eligible facilities (after school snack program)

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, we cannot approve the participant for free or reduced price meals. 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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (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.

This institution is an equal opportunity provider.

As stated above, all protected bases do not apply to all programs, *“the first six protected bases of race, color, national origin, age, disability and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.”*

Please contact the sponsoring organization if you need help. Attach NS-301-H.a. to add more children or household members.

For assistance completing this form, contact the sponsoring organization:

Sponsor Name: Family Service Lincoln
Address: 501 S 7th St
City, State, Zip: Lincoln, NE 68508
Contact Person: Megan Evenson
Telephone: 1-800-642-6481

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>

INCOME ELIGIBILITY GUIDELINES

July 1, 2018 – June 30, 2019

Household Size	Household Income				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
For each additional family member add:	7,992	666	333	308	154

Home Provider Application to Claim Meals Served to Own Children and/or Tier I Determination

Part 1. Enrolled children's information. Attach NS-301-H.a. to list more children			Part 2. Enter Master Case Number if household qualifies for SNAP, TANF or FDPIR <i>Note: Social Security numbers, Medicaid numbers and EBT numbers are not accepted.</i> Master Case Number:			
Child's Last Name, First Name	Date of Birth M / D/ Y	Date Enrolled M / D/ Y				
Part 3. Foster Children	Date of Birth M / D/ Y	Date Enrolled M / D/ Y	Foster Child's personal use income			
			\$			
Part 4. Household Income – Complete Part 4 if you did not complete Part 2.						
Names of all household members not listed above unless they have income		GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) <i>Frequency of pay: W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly</i>				Check if Zero income
Last Name, First name	Earnings from Work	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All other incomes		
	How much? / Frequency?	How much? / Frequency?	How much? / Frequency?	How much? / Frequency?	How much? / Frequency?	
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
Part 5. Signature – The adult household member who fills out the application must sign below.						
If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.) If you have given a case number in Part 2 or if this application is only for a foster child, a social security number is not needed. <i>I certify that all information on this application is true and that all income is reported. I understand that the center will get Federal funds based on the information I give. I understand that state officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.</i>						
Sign here:			Print Name:			
Social Security Number (Last 4 digits):			Street Address:			
<input type="checkbox"/> I do not have a Social Security Number			City/State/Zip:			
Date signed:			Telephone:			
Part 6: (Optional) Racial / Ethnic identity of children listed above.						
Mark one ethnic identity:		Mark one or more racial identities:				
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> American Indian or Alaska		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander Native		
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Asian		<input type="checkbox"/> White		
		<input type="checkbox"/> Black or African American				

FOR SPONSOR USE ONLY

 Total Household Size: _____
 Total Annual Income: _____
 SNAP/TANF/FDPIR/OTHER:
 Foster Child:

Tier 1 Eligible:
Eligible to claim own:
 Verification Complete:
 Not eligible:

Signature of Sponsor Official

Date of Signature

Effective Date

INCOME ELIGIBILITY GUIDELINES

July 1, 2018 – June 30, 2019

Household Size	Household Income				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
For each additional family member add:	7,992	666	333	308	154

Provider Name:
 1C 1S 2T M
 SS#
 Map N/A
 Ethnicity
 Signed
 Dated
 Determination box checked
 School on List N/A
 Census dates match map N/A
 Income Verification