



Dear Parent or Guardian:

Your child is enrolled for care in the home of a provider participating in the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP) through an agreement with our agency. Through this agreement, your provider is able to claim reimbursement for the meals served to your child while in care.

Regulations that govern this program have established two tiers of reimbursement for meals served to children in family day care homes. Your provider will be reimbursed at the lower Tier II rate for your child, unless your household income qualifies your child as eligible for the higher Tier I rates. You can help your provider receive the higher rate of reimbursement by establishing your household's eligibility for the Tier I rates by completing the attached application form: **Household Application for Tier I Determination in Tier II Family Day Care Homes. NS-301-H**

Confidentiality

All information you submit is confidential and will only be available to this agency and the administering agencies of the CACFP. 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.

If you believe that your household income is under the Income Eligibility Guidelines included with this letter, we encourage you to complete the attached application so that your provider may receive the higher Tier I reimbursement rates for meals served to your child. Higher reimbursement will contribute to the overall quality of care your provider maintains.

Instructions for Completing the Household Application for Tier I Determination in Tier II Family Day Care Homes

If you or your child participates in any of the following programs, your provider may be reimbursed at the higher rate upon your completion of this application:

Federal Categorically Eligible Programs

Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR)
National School Lunch Program and School Breakfast Program
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
Commodity Supplemental Food Program (CSFP): elderly recipients only
Federally funded Head Start participants enrolled on the basis of a determination that the family meets the program's low income criteria

State Categorically Eligible Programs

Child Care Subsidy N-Focus (formerly Title XX)
Commodity Supplement Food Program (CSFP); pregnant, postpartum and breast feeding women, infants and children
The Emergency Food Assistance Program (TEFAP)
Temporary Assistance for Needy Families (TANF)
Kids Connection (State Children's Health Insurance Program - SCHIP)
State Supplement
Refugee Resettlement
State Disability
Low-Income Energy Assistance Program
Medicaid
Medically Handicapped Children's Program

Aged and Disabled Services Block Grant

If you participate in any of these programs, you must indicate the name of the program and your case number in Part 2. If you have a case number do not complete Part 4.

If you do not participate in any of the listed programs, but you qualify based on the income guidelines, you must complete Part 4. List the total gross income, by source, for each household member for last month. 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. Names of all household members must be listed, even if they have no income. 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).

Foster Care

If this application includes a foster child, complete Parts 3 and 5. A foster child who is the legal responsibility of the welfare agency or court may be certified as eligible for this program regardless of your household income.

Signature

Sign your name, write the last four digits of your social security number and the date signed in Part 5. Return this application form to the sponsor address listed below or to the provider.

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)

This explains what to do if you believe you have been treated unfairly. 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, audiotope, 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."

If you have any questions about this form please contact your Sponsoring Organization noted below:

Sponsoring Organization Contact Information

Name: Family Service
Address: 501 S 7th ST
City, State, Zip: Lincoln, NE 68508
Phone: 402-441-7949
Contact Person: Megan Evenson

State Agency Contact Information:

The agency administering CACFP in Nebraska is:

Nebraska Department of Education
Nutrition Services
P.O. Box 94987
Lincoln, NE 68509-4987
Lisa Smith, CACFP Director
(402) 471-2488

INCOME ELIGIBILITY GUIDELINES

July 1, 2019 – June 30, 2020

Household Size	Household Income				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	23,107	1,926	963	889	445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
For each additional family member add:	8,177	682	341	315	158

Household application for Tier 1 Determination in Tier II Family Day Care Homes

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			Foster Child's personal use income			
	Date of Birth M / D/ Y	Date Enrolled M / D/ Y				
			\$			
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)				Check if Zero income
		<i>Frequency of pay: W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly</i>				
Last Name, First name	Earnings from Work	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All other incomes		
<small>How much? / Frequency?</small>	<small>How much? / Frequency?</small>	<small>How much? / Frequency?</small>	<small>How much? / Frequency?</small>	<small>How much? / Frequency?</small>	<small>How much? / Frequency?</small>	
						<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: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Mark one or more racial identities: <input type="checkbox"/> American Indian or Alaska <input type="checkbox"/> Native Hawaiian or Other Pacific Islander Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American				

FOR SPONSOR USE ONLY

Total Household Size: _____

Tier 1 Eligible: ☒

Total Annual Income: _____

Not eligible: ☐SNAP/TANF/FDPIR/OTHER: ☒Foster Child: ☐_____
Signature of Sponsor Official_____
Date of Signature_____
Effective Date

INCOME ELIGIBILITY GUIDELINES

July 1, 2019 – June 30, 2020

Household Size	Household Income				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	23,107	1,926	963	889	445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
For each additional family member add:	8,177	682	341	315	158

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