

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
Annual Income:	\$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.

