



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: **Application for Tier I Determination in Tier II Family Day Care Homes.**

### **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, Nutrition Services, PO Box 94987, Lincoln, NE, 68509-4987, Bev Benes, Administrator, (402) 471-2488. 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, and children ages 13 to 18 in educational enrichment programs in area eligible facilities (after school snack program).

### **Confidentiality**

All information you submit is confidential and will only be available to this agency and the administering agencies of the CACFP. We will not share this information with your provider. 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.

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 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 3. If you have a case number do not complete Part 5.

If you do not participate in any of the listed programs, but you qualify based on the income guidelines, you must complete Part 5. 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 is for a foster child, complete Parts 1, 4 and 6. 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. **A SEPARATE application must be completed for EACH foster child.**

## Signature

Sign your name, write your social security number and the date signed in Part 6.

**Please do not return this form to your provider.** Return this application form to our office:

Family Service Child Care Food Program  
Attn: Tier Office  
501 South 7<sup>th</sup> Street  
Lincoln, NE 68508

If you have any questions about this form, please contact Megan Evenson at (402) 441-7924 or (800) 642-6481.

*In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.*

**Provider Name and Provider Number:**  
 \_\_\_\_\_  
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To assist your provider in receiving the correct rate of reimbursement for meals served to your child(ren) please complete this form. Please call the sponsoring organization if you need help.

**Sponsor Name: Family Service Child Care Food Program**

**Sponsor Telephone Number: (800) 642-6481**

<p><b>1</b> Enrolled child's name and date of birth</p> <p><b>LAST NAME    FIRST NAME    DATE OF BIRTH</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>2</b> Benefit Information - Circle if you are receiving:</p> <p><b>SNAP    TANF    FDPIR</b></p> <p><b>REQUIRED: List your case number<sup>1</sup></b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>3</b> You may list other State or Federal Programs in which you or your child participate that meet the CACFP income guidelines. These programs are listed in the attached letter.</p> <p>Program Name: _____</p> <p>Case Number<sup>1</sup>: _____</p>
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<sup>1</sup>If you list a case number, you do not have to complete Part 5.

**4**  **FOSTER CHILD.** Check if this application is for a foster child. A separate application must be completed for each foster child. If this is a foster child, you do not need to complete Part 6. List the foster child's monthly personal use income. Write "0" if the child has no personal use income. \$ \_\_\_\_\_

**5 HOUSEHOLD MEMBERS AND MONTHLY INCOME:** If you have listed any SNAP, TANF or FDPIR case numbers, go to Part 6.

Names of Household Members Who Are Not Listed in Part 1		Gross <b>Monthly</b> Earnings (Before Deductions) Do Not List Hourly Wage		Monthly Welfare Payments, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Any Other <b>Monthly</b> Income
		JOB 1	JOB 2			
LAST NAME	FIRST NAME					
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$

**6 SIGNATURE AND SOCIAL SECURITY NUMBER:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that sponsor officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

<b>Signature of Adult Household Member</b>	<b>Date Signed</b>	<b>Social Security Number<sup>2</sup></b>
Printed Name _____	Home Telephone _____	Work Telephone _____
Street/Apt. No. _____	City _____	Zip _____

**7 (Optional) Racial/Ethnic Identity of children listed in Part 1**

Mark one ethnic identity:

Hispanic or Latino  
 Not Hispanic or Latino

Mark one or more racial identities:

American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

<sup>2</sup> **PRIVACY ACT STATEMENT:** Section 9 of the National School Lunch Act requires that, unless you provide a SNAP, FDPIR or TANF case number for the child for whom benefits are sought, you must provide the Social Security number of the adult household member signing the application or indicate that the household member does not have a Social Security number. Provision of a Social Security number is not mandatory, but if a Social Security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The Social Security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out at any time through program reviews, audits and investigations and may include contacting employers to determine income, contacting a SNAP or Welfare Office to determine current certification for receipt of SNAP, FDPIR or TANF benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received, and reviewing documents submitted to the Internal Revenue Service. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

**-----FOR SPONSOR USE ONLY-----**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12		
Total Household Size _____	Tier I Eligible <input type="checkbox"/>	<b>This box for ZERO INCOME ONLY</b>
Total Monthly Income \$ _____	Not Eligible <input type="checkbox"/> Reason for Denial:	Temporary Approval Until: _____
SNAPs/TANF/FDPIR/Other <input type="checkbox"/>	Income too high <input type="checkbox"/> Incomplete <input type="checkbox"/>	Must be reviewed in 45 days
Foster Child <input type="checkbox"/>		
Signature of Sponsor Official _____	Today's Date _____	Effective Date (no earlier than first of current month) _____