



# Family Service

501 South 7th Street • Lincoln, NE 68508-2920  
Phone: 402.441.7949 • Fax: 402.441.6466  
[www.familyservicelincn.org](http://www.familyservicelincn.org)

2007 Nonprofit of the Year

Serving Families  
Since 1891

Dear Tier 2 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) or foster children living in your residence.

## 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, P.O. Box 94987, Lincoln, NE 68509-4987, Bev Benes, Director, (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).

## 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 qualify as a Tier I home provider based upon:

- a) Income Eligibility Guidelines **OR**
- b) your receipt of benefits from Food Stamps, 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 with appropriate verification for approval. If you qualify, you will be approved for Tier I reimbursement. You must complete this form if you wish to claim CACFP meals served to your own children, or foster children living in your residence. If you qualify you may claim meals served to your own children under 13 years of age when meals are served to other children enrolled in your child care.

## Instructions For Completing the Income Eligibility Application

If you receive food stamps, 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. Attach a benefit letter or certification notice from the Welfare Agency to verify your participation. 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.



United Way of Lincoln  
and Lancaster County

A Private, Not-For-Profit Corporation



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 1, 3 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.

**You must complete a separate application for EACH foster child in your residence.**

### **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 2 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 2 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:

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

We will contact you regarding your eligibility status. If you have any questions about this form, please contact Megan Evenson at (402) 441-7924 or (800) 642-6481. Thank you for your cooperation.

**NS-300-H Fiscal Year 2010 Income Eligibility Form**  
**Home Provider Application to Claim Meals Served to Own Children and/or Tier I Determination**  
 Rev. April 2009

**Provider Name and Provider Number:**  
 \_\_\_\_\_

Call the sponsoring organization if you need help filling out this form.

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> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><b>LAST NAME</b></td> <td style="width:33%;"><b>FIRST NAME</b></td> <td style="width:33%;"><b>DATE OF BIRTH</b></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>DATE OF BIRTH</b>	_____	_____	_____	_____	_____	_____	<p><b>2</b> Benefit Information - Circle if you are receiving:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><b>Food Stamps</b></td> <td style="width:33%;"><b>TANF</b></td> <td style="width:33%;"><b>FDPIR</b></td> </tr> <tr> <td colspan="3"><b>REQUIRED: List your case number<sup>1</sup></b></td> </tr> <tr> <td colspan="3">_____</td> </tr> <tr> <td colspan="3">_____</td> </tr> </table>	<b>Food Stamps</b>	<b>TANF</b>	<b>FDPIR</b>	<b>REQUIRED: List your case number<sup>1</sup></b>			_____			_____		
<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>DATE OF BIRTH</b>																				
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<b>REQUIRED: List your case number<sup>1</sup></b>																						
_____																						
_____																						

<sup>1</sup>If you list a case number, you do not have to complete Part 4.

**3**  **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 4. List the foster child's monthly personal use income. Write "0" if the child has no personal use income. \$ \_\_\_\_\_

**4 HOUSEHOLD MEMBERS AND MONTHLY INCOME:** If you have listed any Food Stamp, 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			
<b>LAST NAME</b>	<b>FIRST NAME</b>					
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$

**5 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 Provider</b>	<b>Date Signed</b>	<b>Social Security Number</b> <sup>2</sup>
Printed Name _____	Home Telephone _____	Work Telephone _____
Street/Apt. No. _____	City _____	Zip _____

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

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 Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
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<sup>2</sup> **PRIVACY ACT STATEMENT:** Section 9 of the National School Lunch Act requires that, unless you provide a Food Stamp, 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 Food Stamp or Welfare Office to determine current certification for receipt of Food Stamps, 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 _____ Total Monthly Income \$ _____ Food Stamps/TANF/FDPIR/ <input type="checkbox"/> Foster Child <input type="checkbox"/>	Tier I Eligible <input type="checkbox"/> Verification Done <input type="checkbox"/> Eligible to Claim Own <input type="checkbox"/> Not Eligible <input type="checkbox"/> Reason for Denial: Income too high <input type="checkbox"/> Incomplete <input type="checkbox"/>	<p><b>This box for ZERO INCOME ONLY</b></p> Temporary Approval Until: _____ Maximum of 45 days.
Signature of Sponsor Official _____	Today's Date _____	Effective Date (no earlier than first of current month) _____

**INCOME ELIGIBILITY GUIDELINES  
JULY 1, 2009 - JUNE 30, 2010**

Household Size	Household Income				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
For each additional family member add:	6,919	577	289	267	134