

Application for Free and Reduced Price Meals in the Child and Adult Care Food Program

Part 1. Enrolled participant's information Attach an additional page if necessary.			Part 2. Benefit Information Circle type of benefit received. Case number required.
Last Name, First Name	Date of Birth M/D/Y	Date Enrolled M/D/Y	SNAP, Medicaid, SSI or FDPIR (if any)
			Case Number:
			Case Number:

Part 3. Total Household Income from Last Month – Complete Part 3 for any participant without a case number						
Names of all household members not listed in Part 1		HOUSEHOLD INCOME List last month's income below. Do not list hourly wage.				Check if NO income
Last Name, First Name	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other		
	\$	\$	\$	\$	<input type="checkbox"/>	
	\$	\$	\$	\$	<input type="checkbox"/>	
	\$	\$	\$	\$	<input type="checkbox"/>	
	\$	\$	\$	\$	<input type="checkbox"/>	

Part 4. Signature and Social Security Number The adult household member who fills out the application must sign below.

If Part 3 is completed, the adult signing the form must also list 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 a social security number is not needed.

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, I may lose meal benefits, and I may be prosecuted.

Sign here: _____ Print Name _____
 Social Security Number (last four digits): _____ Street Address _____
 I do not have a Social Security Number City/State/Zip _____
 Date Signed _____ Telephone _____

Part 5: (Optional) Racial/Ethnic Identity of participants listed in Part 1

- Mark one ethnic identity: Mark one or more racial identities:
- Hispanic or Latino American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
- Not Hispanic or Latino Asian White
- Black or African American

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- Totals from Part 3, if applicable: Free SNAP/Medicaid/SSI/FDPIR
- Total Household Size _____ Household Size & Income
- Total Monthly Income \$ _____ Reduced
- Paid Reason for Denial:
- Income Too High
- Incomplete

Signature of Center Official

Today's Date

Effective Date
(no earlier than first of current month;
expires 1 year from effective date)

Privacy Act Statement: This explains how we will use the information you give us.

The 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 your application for free or reduced price meals. The Social Security Number of the adult household member who signs the application is required unless you list SNAP, FDPIR, SSI or Medicaid case numbers for all children you are applying for, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if you are eligible for free or reduced price meals, to run the program, and to enforce the rules of the program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into misuse of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

PLEASE NOTE: 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.*

For assistance completing this form, contact the center:

Center Name _____

Address _____

City, State, Zip _____

Contact Person _____

Telephone _____

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>