

Dear Parent or Guardian:

We are requesting your help by completing the attached form (NS-100-C). In order for our center to receive funds from the Nebraska Department of Education's Child and Adult Care Food Program (CACFP), we need to collect financial data regarding your household. Be assured that this information will be treated confidentially.

The CACFP allows our center to receive reimbursement for meals served to eligible children in our program. If you currently receive benefits from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR), you only have to indicate the child's name, the type of benefits you receive, list your case number, print your name and sign and date the application. If your household's income is equal to or less than the amounts indicated for your household's size on the chart below, our center will receive more reimbursement and be able to keep our fees to you as low as possible.

**INCOME ELIGIBILITY GUIDELINES
 JULY 1, 2014 - JUNE 30, 2015**

Household Size	Household Income				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	21,590	1,800	900	831	416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
For each additional family member add:	7,511	626	313	289	145

The U.S. Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e., sharing living expenses). The income reported on NS-100-C must include the gross income, before deductions, of members of the household. If your most current income does not accurately reflect your circumstances, you may list the amount of your usual income.

In addition to your household's income, you must report the names of all members of your household and the last four digits of the social security number of the adult household member signing the application. If the person signing the application does not have a social security number, check "I do not have a social security number." Please complete, sign, date and return the attached form to our center as soon as possible. An incomplete application cannot be approved.

Thank you for your cooperation.

Sincerely, _____ (Center Director)

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.) *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 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.