

## Child and Adult Care Food Program Proprietary For-Profit Statement

Sponsor Name	Sponsor Number	Center Name	Program Year

Proprietary (for-profit) (independent or sponsored) centers which are new to the Child and Adult Care Food Program must complete this statement and submit it as part of the application and agreement to participate in the CACFP. A separate statement must be submitted for each new center. U.S. Department of Agriculture regulations state that reimbursement shall be payable to proprietary centers only for calendar months during which not less than 25 per cent of enrolled participants or 25 per cent of licensed capacity were Title XIX or Title XX beneficiaries. For adult centers, the 25 per cent requirement applies only to enrollment, not licensed capacity. Child care centers may also qualify if 25 per cent of the enrolled children qualify for Free or Reduced price meals.

**Definitions:**

**Enrollment** - the number of children or adults in care at the center for any length of time during the month prior to submission of this statement (qualifying month).

**Qualifying Month** - the month immediately preceding the submission of this application. Centers must demonstrate the 25% eligibility for the month before they begin participation on the CACFP. Centers do not receive CACFP reimbursement for the qualifying month.

**Title XIX/Title XX participants** - the number of children or adults whose care was paid for (partially or in full) with Title XIX or Title XX funds by the Nebraska Health and Human Services System (HHSS) for the qualifying month. Count those for whom you received Title XIX or Title XX payment. Do not count authorization forms, foster care, institutionalized care, protective custody care, respite care, etc.

This statement is effective only upon the approval of the application and agreement to participate in the CACFP for the fiscal year stated in Part I.

**Qualifying Month and Year:** \_\_\_\_\_

**Number of Title XIX/Title XX participants:** \_\_\_\_\_

**Number of participants qualifying for Free or Reduced Price Meals (child care only):** \_\_\_\_\_

**Center's Licensed Capacity:** \_\_\_\_\_

**Center's Current Enrollment:** \_\_\_\_\_

<b>FOR NDE NUTRITION SERVICES USE ONLY</b>		
Number of Title XIX/XX or Free/Reduced Verified	Capacity/Enrollment	Total %

