Among the most common problems found at centers during monitoring reviews and audits are enrollment forms not on file or updated and incomplete or incorrectly classified Income Eligibility Forms (IEFs). By following the instructions in this tip sheet, centers can avoid costly errors that could result in paying money back to the State.

The information that each center must give to households includes three items. These are:

**Page 1** – Cover Letter to Households & Instructions

**Page 2** – Civil Rights and Center Contact Information

**Page 3** – Income Eligibility and Enrollment Form

If there is not enough space to list all enrolled children or all household members, have the family complete **attachment NS-100-C.a**. This must be **attached** to the household's NS-100-C and used by the center in making the determination of the household's eligibility status.

The Nebraska Department of Education Nutrition Services (NDE) provides each institution with an original of the items listed above. Institutions must fill in the center contact information on Page 2 of the Letter to Households (NS-100-C) before photocopying them. This includes the center's name, address, phone number and contact information, such as center name and director's signature. Each institution will need to make enough photocopies to distribute to the households of all children enrolled at the center.

**Enrollment and Income Eligibility Form (IEF) - Child Care Centers** (NS-100-C)
All children who are being claimed for meals for reimbursement must have a current Enrollment and Income Eligibility Form completed by the household and on file with your institution. In addition, any meals that are claimed in the free or reduced category must have Part 2 or Part 3b completed by a household member and determined by a center official.

**Part 1 – Child Enrollment**
Child's Name: List the first and last name including nicknames and hyphenated last name for all children enrolled at this center. Nicknames, abbreviations, initials, etc. are not acceptable. It is acceptable for you to print the names of the enrolled children on each household's form and each child's enrollment date before you distribute the forms to households.
Date of Birth: List each child's date of birth.
Enroll Date: List each child's enrollment date with the organization.
Usual Times & Days of Care and Meals Served: List the usual times of care for each child by listing their arrival time and leave time, check each day the child will be in care and check each meal type received while in care.
Ethnicity/Race: Using the codes provided, enter the codes for ethnicity and race.
Foster Child: If the child is a foster child (the legal responsibility of a foster care agency or the court), please check the box.
Head Start: If the child is eligible for head start, check box.
Infant: If the child is under 12 months of age, check box.
School age: If the child is attending Kindergarten or above and attends your child care program before, after and/or school days off, check box.

**Racial/Ethnic identity of children**
Households are asked to report the ethnicity and race of the children enrolled for care. This is optional for households, however, centers are required to gather and report this information each year. If the household did not mark this section, the center may fill this section out to the best of their ability and initial this section in the margin to document they completed this section.

**Definitions Ethnicity:**
1. Hispanic or Latino. An individual of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."
2. Not Hispanic or Latino.

**Definitions Race:**
1. American Indian or Alaskan Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to 'Black or African American.
4. Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. White. A person having origins in any of the original people of Europe, the Middle East, or North Africa.

**Part 2 - Household Receiving Benefits**
If the household receives benefits from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR), this information is to be recorded on Part 2 of the Child Enrollment and Income Eligibility Form. In addition to providing Part I with the general information for each participant, the household must check (✓ ) what benefits they are currently receiving and list their master case number on the line provided. **SNAP, TANF** and **FDPIR** are the **only** three programs that qualify for automatic eligibility

in the Free category in child care centers. If the household indicates a different type of benefit, such as Medicaid or Title XX, the IEF may not be based on Case Number eligibility.

**Foster Children**

If Child Enrollment and IEF is for a Foster Child/children only: Foster children automatically qualify in the Free category. If the foster child has any personal use income it must be identified in Part 3b, "0" or check in the Zero income box. The foster parent does not have to enter their income and they do not need to provide the last four digits of the social security number. The foster parent must date and sign the form.

If the Child Enrollment and IEF includes foster child/children AND household child/children:

If other household children are enrolled in the day care and are listed in Part 1, the foster child/children may be included as a member of the household. The increase in the household size may allow household children listed in Part 1 to be classified in the Free or Reduced categories.

1. All children enrolled in the child care center along with foster children are to be listed in Part1.
2. The foster parent must complete Part 3b - Total Household Income from Last Month, if the household does not qualify for benefits identified in Part 2.
3. The total household income of the foster family, including the foster child's personal use income, is used to determine eligibility for the children in Part 3b. NOTE: This is NOT the income the household receives to care for the foster child.
4. The parent/guardian must list the last four digits of their Social Security Number, sign and date the form.

**Head Start -** Head Start eligible children automatically qualify in the Free category.

**Part 3A –** Household **exceeding** the income guidelines provided - Complete Parts 1, 3A and 4 on the attached Enrollment and Income Eligibility form. Households are not required to provide child care centers with their household income. If centers are using this as an enrollment form a parent/guardian is still required to sign and date the form.

**Part 3B -** Household **below** the income guidelines provided are to complete Parts 1, 3B and 4 on the Enrollment and Income Eligibility Form.

HOUSEHOLD NAMES: All individuals residing in the household are to be listed including other children, spouses, grandparents, other relatives and unrelated people in their household who are living as an economic unit. Attachment 100-C.a. is to be used if additional space is needed.

GROSS INCOME BEFORE DEDUCTIONS: The amount of income each person receives is to be documented on the same line as their name. Columns are provided for different sources of income: Earnings from Work, Welfare/Child Support/Alimony, Pensions/Retirement/ Social Security or Other Income (see list). Next to the amount of income, households need to identify how often the income was received. Income is all money before taxes or deductions. If a person does not have income, check the box for zero income.

- OTHER INCOME: Strike benefits, unemployment compensation, worker's compensation, disability benefits, interest/dividends, cash withdrawn from savings, income from estates/trust/investments, royalties/annuities/rental income, and regular contributions from persons not living in the household.
- FOSTER CHILDREN: *List any personal income received by the foster child under Part 3B.* Personal income is (a) money given for the child's personal use, such as clothing, school fees and allowances and (b) all other money the child gets, such as money from his/her family.
- MILITARY HOUSING BENEFITS: Report off-base housing allowance as income. If the housing is part of the Military Housing Privatization Initiative, do not include as income.
- SELF-EMPLOYMENT: Report income derived from the business venture less operating costs for net income. The loss from the business cannot be deducted from a positive income earned in other employment. The least possible income is zero.

SOCIAL SECURITY NUMBER: Write the last four (4) digits of the social security number of the adult household member who signs the form. If the adult household member does not have a social security number, check the box. Use of this information is for CACFP use only and is required.

**For Center Use Only**

Every application that is returned to the child care center must be determined by center personnel. The section "For Center Use Only" must be completed for every IEF returned to the center. The application will be based either on 1) categorical eligibility (case number and benefits) reported in Part 2, or 2) household size and income reported in Part 3b, or 3) on behalf of foster children. The eligibility determination must be made by the center, indicating the application is determined 1) Free, 2) Reduced or 3) Paid.

Participants receiving benefits from SNAP, TANF or FDPIR should be determined in the free category if a master case number for one of those programs is listed. If Part 2 is complete, it is not necessary for the household to complete Part 3b.

When determining eligibility based on household income, indicate the total number of household members listed on the application and the total annual household income from Part 3b. Foster children may be included in the number of household members. The total number of persons in the household should equal the number of names listed on the Enrollment and IEF. Make sure names in Part 3b are not duplicated from Part 1 or Part 3b (Exception of foster children).

**Income Conversions**

Income calculations are made based on the following formulas:

- Monthly (**M**) income is calculated by **multiplying** the income by 12;
- Twice monthly (**2M**) income is calculated by **multiplying** by 24;
- Every two weeks (**E2**) is calculated by **multiplying** by 26;
- Weekly (**W**) income is calculated by **multiplying** the income by 52.

All numbers are rounded upward to the next whole dollar.

If households indicate $0 income OR check (✓ ) the "Zero Income Box" the IEF is determined in the Free category. (NOTE: If Part 3b income is left blank, the IEF is incomplete and determined Paid.)

The person who made the eligibility determination must sign the application and indicate the date the determination was made and signed (Date of Signature). The date determined by the center's determining official must be the same or later than the date signed by the adult household member or guardian. An effective date of the application must be given. The effective date may be dated as early as the first of the month in which the center official made the eligibility determination. This will allow the center to claim meals served to eligible participants in the free or reduced price categories at the beginning of the month in which the application was determined to be free or reduced price, if the center has enrollment documentation to show the participant was enrolled at the center on that date and was served a creditable meal**. Meals may not be claimed in the free or reduced price categories before the effective date of the application.**

Each spring NDE issues new Enrollment and IEFs to be used by centers for the period July 1 through June 30 of the following fiscal year.

Expiration date - All IEFs are valid for one year. NDE encourages all centers to solicit new IEFs annually during June and July, to coincide with the effective dates of the income eligibility guidelines. IEFs should be considered current and valid until the last day of the month in which the IEF was made effective one year earlier. This means that if an IEF was effective on July 1, 2018, it is considered valid until June 30, 2019. IEFs must be kept on file for four years for all participants whose meals are being claimed on the program.

Review the information provided by the household in making your eligibility determination. If you are doubtful about the accuracy or completeness of any information provided by a household, contact them for additional information or clarification. If you obtain additional information from households via telephone or other means, indicate the date, the information received and initial the clarification on the IEF. Service Provider Agreements (Title XX/Child Care Subsidy or other payment authorizations) do not qualify participants for free or reduced price meal rates. The only document that may be used for determining eligibility is the IEF.

For more information contact*:*
Nutrition Services
Nebraska Department of Education
P.O. Box 94987
Lincoln, Nebraska 68509
Telephone: (402) 471-2488 or (800) 731-2233

**NON-DISCRIMINATION STATEMENT:**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. Mail:
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or

2. Fax:
   (833) 256-1665 or (202) 690-7442; or

3. Email:
   program.intake@usda.gov

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