

Child & Adult Care Food Program For-Profit Statement

Sponsor Name	Agreement Number	Center Name	Program Year

To be eligible to participate on the Child & Adult Care Food Program (CACFP) a privately owned For-Profit child or adult care center must have at least 25% of the children/adults in care (enrollment or licensed capacity, whichever number is less) eligible for free or reduce price meals **OR** receive benefits from Title XIX or Title XX during the qualifying month. Each for-profit center must meet the 25% every month to be eligible to claim meals.

Centers which are new to the CACFP are required to complete this statement and submit it as part of the application to participate in the CACFP. Each site with the sponsor is required to complete a separate statement.

Definitions:

Enrollment – the number participants (children or adults) in care at the center for any length of time during the month prior to the 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 reimbursement for the qualifying month.

Title XIX/XX Participants (Child Care Subsidy) – the number of children or adults whose care was paid for (partially or in full) with Title XIX or Title XX by the Nebraska Department of Health and Human Services (DHHS) for the qualifying month. Count the participants whom your organization received Title XIX or Title XX payment. (Do not count each authorization form, 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 of CACFP Agreement.

Qualifying Month & Year: _____

Number of Title XIX/Title XX participants: _____

Number of participants qualifying for Free or Reduced Meals (Child Care Only): _____

Center’s Licensed Capacity: _____

Center’s Current Enrollment: _____

For NDE Nutrition Service Staff Only		
Number of Title XIX/XX or Free/Reduced Verified	Capacity/Enrollment	Total %

