NEBRASKA
DEPARTMENT OF EDUCATION

INTRODUCTION TO THE CHILD AND ADULT CARE FOOD PROGRAM

Manual for Child Care Centers
Fiscal Year 2027
July 1, 2026 – June 30, 2027

NUTRITION SERVICES

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   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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Welcome to the Nebraska Department of Education Nutrition Services CACFP Training!

We are pleased to have you at this training session to learn about the Child and Adult Care Food Program (CACFP).

According to the USDA,

"CACFP provides aid to childcare institutions ...

For the provisions of nutritious foods that contribute to the wellness, healthy growth, and development of young children."

PURPOSE

The purpose of this workshop is for you to learn how to effectively administer the CACFP in your center.

TODAY, YOU WILL LEARN:

- ❒ The step-by-step process in doing the daily, weekly, and monthly record keeping for the CACFP.
- ❒ How to determine eligibility of participants.
- ❒ How to use the various forms required for the CACFP.
- ❒ How to prepare your monthly claim for reimbursement.
- ❒ Record keeping requirements for the CACFP.
- ❒ Important regulatory requirements.
- ❒ Tips to help you prepare for a compliance review or audit.

Ask Questions!

Take Notes!

Share your success and ideas!

Common terms used in the CACFP

ADA - Average Daily Attendance

CACFP - Child and Adult Care Food Program

CIL - Cash-In-Lieu

EFT - Electronic Funds Transfer

FDPIR - Food Distribution Program on Indian Reservations

FNS - Food and Nutrition Services (the part of USDA that administers CACFP)

FSMC - Food Service Management Contract

DHHS - Nebraska Department of Health and Human Services

IEF - Income Eligibility Form

NDE - Nebraska Department of Education

NDL - National Disqualified List

RPI - Responsible Principal or Individual

RMSS - Record of Meals and Supplements Served

SNAP - Supplemental Nutrition Assistance Program (formerly Food Stamps)

TANF - Temporary Assistance for Needy Families

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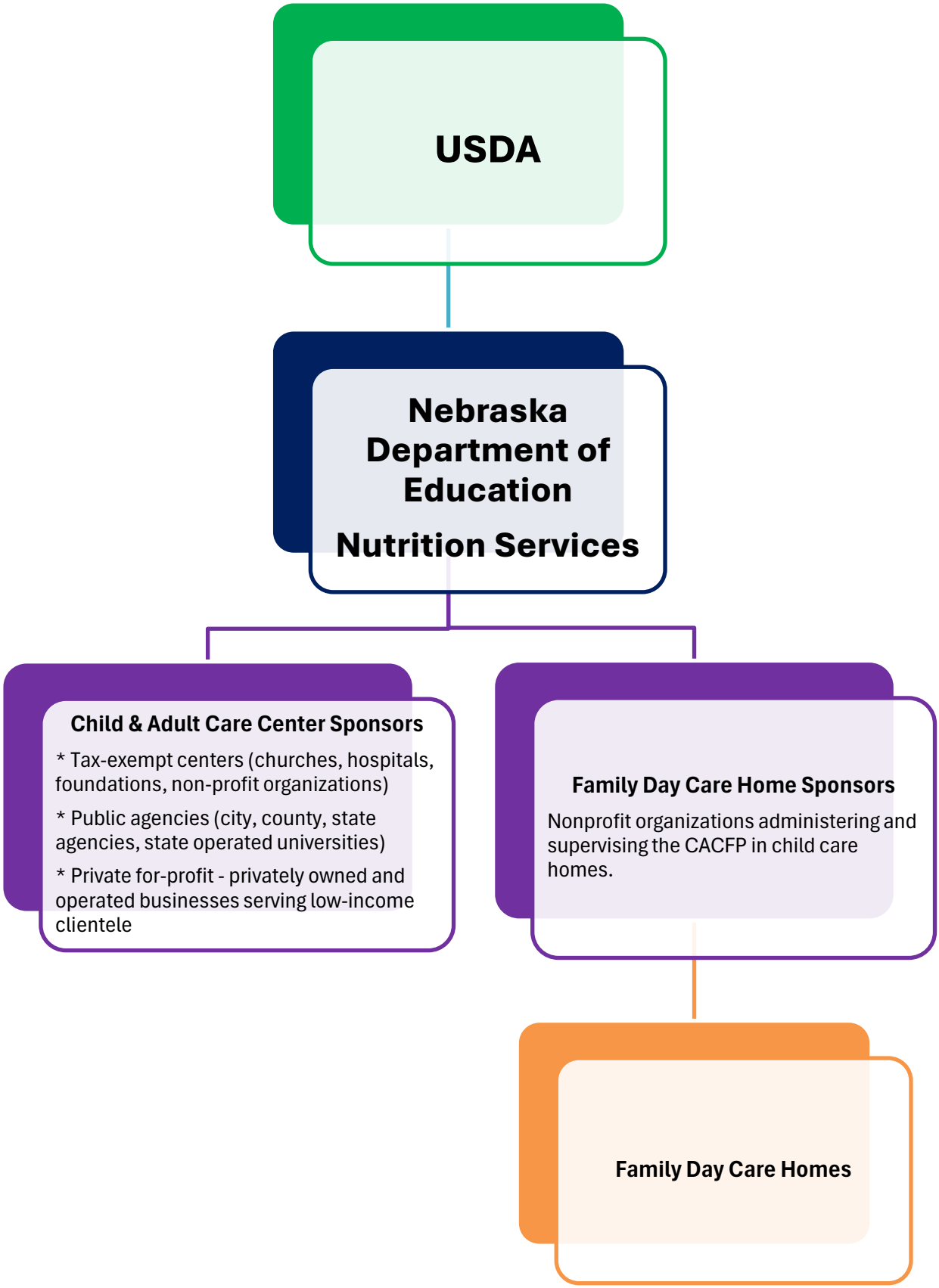
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ORGANIZATIONAL STRUCTURE OF THE CACFP



OVERVIEW OF THE CACFP

The Child Care Food Program was established in 1968 in response to the need to provide adequate nutrition to a growing number of children in day care. In 1988, eligible adults were included in the program which is now called the Child and Adult Care Food Program (CACFP).

Good nutrition, the development of desirable eating habits and learning about food choices are vital building blocks for young children. Provisions must be made to ensure that these building blocks are in place in order to promote good health throughout life.

The goal of the CACFP is to see that well balanced meals are served and that good eating habits are taught in childcare settings. The CACFP provides nutritious meals and snacks served to eligible children in childcare centers, family day care homes, and outside-school-hours centers, as well as to eligible adults in adult care centers.

The CACFP is administered by the Nebraska Department of Education (NDE) Nutrition Services. Funding for the program is provided by the U.S. Department of Agriculture (USDA). All Program funds come from tax dollars, which is why all recipients must be accountable for how these funds are used.

The Program Serves:

- children through age 12
- children of migrant workers, through age 15
- children through the age of 18 years in certain after school programs in area-eligible locations
- children aged 18 and younger residing in homeless shelters
- physically and mentally disabled persons receiving care in a center where most children are 18 years old and under
- adults in nonresidential day care settings

Eligibility Requirements

- Institutions must be licensed by a federal, state, or local licensing authority *(exceptions: programs operated by Head Start, located in and sponsored by a school, or at-risk programs. Health and safety standards must be met)*.

- Institutions must:
    - have tax-exempt status from the Internal Revenue Service **OR**
    - have at least 25 percent of the children in care (enrolled or licensed capacity, whichever is less) eligible for free/reduced price meals OR are childcare subsidy/title XX beneficiaries.

- Childcare centers, adult care centers and outside school hours' centers may participate in the program either with a sponsor or as independent centers. Family day care home providers who participate in the CACFP must be affiliated with a sponsoring organization.

OVERVIEW OF THE CACFP

Some Services of the Nebraska Department of Education:

- To provide reimbursement for meals served. The reimbursement is determined by the number of eligible enrolled participants who are served creditable meals and the current rates set by the U.S. Department of Agriculture. This is referred to as "meals times' rate."
- To provide technical assistance and training on nutrition, food service operations, program management and record keeping.
- To provide information and resources on the Nutrition Services web site.
- Online application and claims processing.
- To review and monitor program services to ensure good nutrition for all eligible enrolled participants.

Some Responsibilities of the Center:

- To serve meals meeting program requirements.
- To keep daily records of participants in attendance, number of meals served, and quantities of food served and prepared.
- To collect household size and income information on Income Eligibility Forms.
- To comply with all regulations, agreements and instructions relating to the CACFP.
- To maintain program integrity by being administratively capable, accountable and operate a program with financial viability.

All responsibilities of participating institutions are specified in Federal Regulations 7 CFR 226 and the CACFP Agreement, Part II (NS-407-G).

Definitions

- **Enrollment:** Any child who is enrolled for care during the claim month. To be enrolled for care, enrollment documentation containing the following information must be on file for each enrolled child: 1) child's name, 2) child's date of birth, 3) date care began, 4)days and times in care, 5) usual meals served while in care and 6) signature of the parent or other adult household member.

  Exception to items 4 and 5: If the center has time in/time out records that are initialed by or signed by the parents or a time clock/computer system for time in/time out where parents clock the child in and out, items 4 and 5 above are not required. The center must maintain the time in/time out records for four years.

  All children MUST be enrolled for care annually. Meals may be claimed only for eligible enrolled participants. If a complete and current enrollment form is not on file for a participant, meals may not be claimed in any of the three reimbursement categories (free, reduced, paid). Meals claimed for children who are not enrolled will be deducted during compliance reviews or audits.

OVERVIEW OF THE CACFP

Children of day care employees must be enrolled for care if CACFP meals are claimed for them. Children who are enrolled for care, but whose meals are not claimed on the CACFP, count toward total enrollment. For example, infants who are in attendance and whose meals are not claimed on CACFP count toward enrollment.

Attendance Records (Time-in & Time-out): Time In/Out records are required for all participants for whom meals are claimed on the CACFP.

Time In/Out Attendance records must include the following:
1) Child's First & Last Name,
2) Time-in,
3) Time-out
4) Date (Month/Day/Year)

If a child leaves the center and returns during the same day, time in/out must be recorded for each departure/arrival.

Time In/Out records must be legible.

There must be a separate time in/out record for each member of a household who is in care. For example, a family of three children must have three separate entries.

Summary
Meals may not be claimed if a current and complete enrollment form is not on file for the claiming period. *The child's information and parent's signature are required to be updated annually.*

If a childcare center is using their own enrollment form, the form must have prior approval by NDE.

Meals may not be claimed if time-in and time-out records are missing or incomplete for the claiming period.

OVERVIEW OF THE CACFP

AT-RISK PROGRAM

The hours **after** school are a critical time when children and youth are most at-risk of engaging in delinquent behavior. An afterschool care program that serves snacks and/or meals reimbursed through the U.S. Department of Agriculture (USDA) offers children and youth constructive activities and something to eat. It draws them into supervised afterschool care programs that are safe, fun and filled with learning opportunities. Afterschool snacks and/or meals fill the gap between the lunch they receive at school and meals served at home and help children and youth receive the nutrition they need to learn, play, and grow.

At-Risk Program Eligibility: To be eligible to participate in the at-risk afterschool meals component of CACFP, either independently or through a sponsor, an afterschool program must be organized primarily to provide care for children after school or on the weekends, holidays, or school vacations during the regular school year. An at-risk afterschool center may not claim meals or snacks during the summer, unless it is located in the attendance area of a school operating on a year-round calendar.

At-Risk Program Requirements: To be eligible to participate, your afterschool care program must be located in a low-income school attendance area where 50 percent or more of the children are eligible for free and reduced-price school meals. Additionally, you must offer educational or enrichment activities. There are no federal licensing requirements to participate in the USDA At-Risk Afterschool Meals Program ; however, afterschool care programs are required to meet any State or local licensing requirements. If there are no State or local requirements, programs must meet State or local health and safety requirements.

Cash Reimbursement from USDA: Your organization will be reimbursed for afterschool snacks/meals at the free rate.

Reimbursable Snacks/Meals: Afterschool snacks/meals can be served to all children and youth through age 18 and must be offered at no charge. Snacks/meals must meet the CACFP meal pattern specified for ages 6-12. Children ages 13 through 18 may need to be served larger portion sizes than specified to meet their nutritional needs.

Your Responsibilities: You will need to keep a roster or sign-in sheet for participating children and youth. Additionally, you must record and report the total number of snacks served each day and keep menu production records. These records must be separate from the meals served under the regular CACFP, as well as claimed separately.

A maximum of one meal and one snack in the At-Risk Afterschool Program may be claimed for a participant per day. Some meals/snacks may be claimed on days when school is not in session during the school year. The At-Risk Afterschool Program is not available during the summer break from school.

To find out if your center qualifies for the At-Risk Afterschool Program, contact the Nebraska Department of Education Nutrition Services office.

For more information about the At-Risk Afterschool Meals, Revised 2017.
https://www.education.ne.gov/ns/CACFP/documents/atriskhandbook.pdf

GETTING STARTED ON THE CACFP

If your center is brand new to the CACFP or if the center has not participated in the CACFP in the previous fiscal year, here are some tips to help you through the application process.

Please ensure that every section of the application is fully completed before submitting it. Applications cannot be approved until all required information and supporting documents have been provided. Avoid submitting materials in separate parts — wait until you can submit the entire application and all supporting documentation together.

Why is this important? Any application that remains incomplete 60 days after its original submission date must be denied, and you will be required to reapply. It is the responsibility of the applicant institution to make sure that all required documents are submitted promptly and in full.

All new applicants must complete and submit the following:

Step 1 - Submit to NDE Offices

- ❒ **NDE 01-032** Pre-award Compliance and DUNS/Sam.gov registration
- ❒ **W-9/ACH Form** Request for Taxpayer Identification Number and Certification and Enrollment for direct deposit for monthly reimbursements.
- ❒ **NDE 01-017** Certificate of Authority
- ❒ **NDE 01-017** Organization Authorized Representatives
- ❒ **DHHS License** Child or Adult
- ❒ **NDE 01-033** Computer Access Application and Agreement – NDE will issue a computer access user id and password by email. Upon receipt the applicant may start completing the on-line application.

PLUS, the following, depending on type of institution:

Nonprofit organizations

- ❒ Letter from Internal Revenue Service (IRS) indicating the organization has nonprofit status under 501(c) (3) of the Internal Revenue Code (see page 16 for an example of this letter).
- ❒ If the day care has a different name than the organization that has nonprofit status, include a letter on organization letterhead stating that it operates the day care, and that the day care has the same legal identity as the nonprofit organization. (Example: “First American Church operates Hokey’s Hideaway Child Development Center. The center operates under the auspices of the church’s board of directors and has the same legal identity as the church.”)

Public Agencies

- ❒ Letter on public agency letterhead stating that the organization is a public agency.
- ❒ If the day care has a different name than the public agency, include a letter on agency letterhead stating that it operates the day care, and that the day care has the same legal identity as the public agency.

Step 1 Documentation is to be submitted to:

Nebraska Department of Education
Attention: Nutrition Services
P. O. Box 94987
Lincoln, NE 68509
Fax (402) 471-4407
Email Address: nde.nsweb@Nebraska.gov

Keep copies of all documents submitted.

GETTING STARTED ON THE CACFP

Step 2 - Complete On-line Application located at: https://nutrition.education.ne.gov



The Child Nutrition Program Software System (CNP) has multiple tabs which are required to be completed by the applicant. It is important to complete the tabs in the following order to ensure all required information is collected.

A. Sponsor Application

- Enter the information listed on the Certificate of Authority and Organization Statement. Please ensure the names, date of birth, and contact information matches the forms which have been submitted to NDE. (FYI - Responsible Individual #1 is the recipient of all NDE communication therefore make sure the email addresses are always current.)
- Ethnic/Racial Data – https://www.census.gov/quickfacts/fact/table/NE,US/RHI125220
- Staff Training – Enter the training which will be conducted by your organization with your staff
- Unique Entity ID – Enter the date of renewal

B. Site Application

- Each licensed facility or separate location is considered a 'site'
- Enter the current number of participants enrolled and their meal benefit categories (Free, Reduced, Paid)
- Ensure dates of Child Care Subsidy Agreement (if applicable) and Child/Adult Care License match the documentation which is uploaded
- Identify infant formula offered by your program if caring for infants
- Select each month meals will be offered for each site

Mealtimes are to be reasonable and within the following parameters for center-based programs:

1) breakfast service must be completed by 10:00 a.m.
2) lunch service may be between 10:00 a.m. and 2:00 p.m.
3) supper service may be no earlier than 5:00 p.m., at-risk exceptions
4) a minimum of three hours must elapse between the beginning of breakfast and the beginning of Lunch

- Enter anticipated dates of closures such as holidays, breaks, etc.

GETTING STARTED ON THE CACFP

If applicable:

- Food Service Contract – Enter the total amount of the contract (not individual site amount)
- Multi-Sites – Identify which months a site review will be conducted on each site application (3 minimum)

C. Staff Profile

Only enter staff who have CACFP responsibilities assigned. If a staff ends employment, enter their end date, do not delete their information.

NOTE: Staff who have multiple job duties must complete a time-certification worksheet for labor cost to be included as a CACFP expense

D. Budget

- Report anticipated cost for CACFP for the upcoming fiscal year (July 1 – June 30)
- Staff salaries will pre-populate from staff file
- Ensure food contract values match the contracts submitted
- Identify funding sources if your anticipated reimbursement does not cover expenses (i.e., private pay tuition, childcare subsidy payments, grants, etc.)

E. Checklist Summary – Required Supporting Documents

There are two separate folders where documents are to be uploaded for the application, sponsor & site(s):



Sponsor Checklist Summary

- NDE 01-017 Certificate of Authority
- NDE 01-017 Organization Statement
- NDE 01-032 Pre-Award Compliance
- Computer Access form
- Copy of Financial Statement - (See below)
- Copies of alternate recordkeeping forms

Enter the date these documents were uploaded or submitted.

GETTING STARTED ON THE CACFP

Submit the following financial statements (financial viability):

For Profit Organizations:

1. Two (2) months (most recent) bank statements
2. Statement of cash flow (profit/loss) for the most recent month
3. Statement of cash flow (profit/loss) for the current year-to-date

Non-Profit Organizations:

1. Organization wide audit (most recent) **OR** Two (2) months (most recent) bank statements
2. Statement of cash flows (profit/loss) for the most recent month
3. Statement of cash flows (profit/loss) for the current year-to-date

*** Financial Documents are to be compiled with accurate data. Balance sheets, statement of cash flows and audits must be compiled from an outside accounting source.**

Alternate record keeping forms: Institutions electing to use alternate recordkeeping forms, including those produced through commercial software packages, must submit such forms to Nutrition Services for review. Nutrition Services staff will evaluate all alternate recordkeeping forms to verify that they meet applicable federal reporting and documentation requirements. Approval must be obtained prior to implementation.

ADDITIONAL DOCUMENTS:

- ❒ NDE 01-030 – Proprietary for Profit Policy Statement – This includes a roster of enrolled participants for the qualifying month. Submit one for each site.
- ❒ Current DHHS provider agreement if participating based on 25% Title XX (See Page 17 for an example of this agreement)
- ❒ Title XX payment documents for qualifying month, by site, if participating based on 25% Title XX (See Page 18 for an example of a payment document). Photocopies are acceptable.
- ❒ Photocopies of Income Eligibility Forms (IEFs) for participants classified in the Free and Reduced categories, if participating based on 25% Free/Reduced.

Site Application Checklist Summary

- **DHHS License for each site**, unless exempt from licensing (Head Start and centers that are sponsored by public schools are exempt from licensing)
- If applicable
  - Health inspection
  - Child Care Subsidy Agreement/Adult Service
  - Provider Agreement (Title XX/Title XIX)
  - Food Service Management Contract (see below)

Enter the date these documents were uploaded onto the application.

Food Service Management Contracts

If you will be contracting with a vendor to provide meals, you must solicit bids from several sources, and a food service contract must be submitted with your application. If your food service contract exceeds $50,000/year, Nutrition Services must approve the contract before you sign it. Meals may not be claimed from CACFP unless the contract has been approved by the Nebraska Department of Education Nutrition Services. If you change vendors during the year or change to a self-preparation site, you also must notify our office and amend your CACFP agreement. Contact our office for more information. Standard contracts are available from our office or on our web site:

https://www.education.ne.gov/NS/forms/cacfpforms/index.html#FSMC

https://www.education.ne.gov/ns/cacfp/food-service-contractors/

GETTING STARTED ON THE CACFP

Training

Institutions that are new to the CACFP must complete Nutrition Services training prior to the approval of the institution's application. This training must have occurred within the previous six calendar months prior to the submission of the application. This training consists of training on CACFP record keeping, meal requirements and production records. In addition, childcare centers providing care for infants under one year of age must complete training on infant feeding requirements. At a minimum, at least one of the institution's responsible individuals/principals, and the CACFP contact person and the person(s) responsible for the food service are to complete this training prior to CACFP approval.

Follow-up on incomplete applications

Once your application is received by Nutrition Services, it will be reviewed by a member of our staff. If it is incomplete, we will notify you of what is needed to make it a complete application. It is your responsibility to make sure that all information and supporting documents are submitted in a timely manner. If your application is incomplete, it will delay the starting date when you may begin claiming meals.

A member of our staff will also visit your center or sponsoring organization for a pre-approval visit prior to the approval of your application.

Once your application is approved

Every new institution must submit records to Nutrition Services with the first month's claim. This includes copies of Income Eligibility and Enrollment Forms for all children whose meals are claimed, menu production records, meal count sheets (record of meals and supplements served), receipts for food purchases, monthly claim worksheet and the claim for reimbursement. If records are reviewed on site by our staff, the submission of some of these items may be waived.

Errors on claims (meals not meeting meal pattern, incorrectly determined IEFs, mathematical errors, etc.) will result in a deduction of those meals. If there are numerous errors, you will be required to submit records every month until they meet CACFP requirements. If you are not able to demonstrate compliance with program requirements within the first three months of program participation, you may be declared seriously deficient and terminated from the program if you do not correct the deficiencies. If your first claim is submitted correctly, no supporting documents will have to be submitted the following month.

You must keep all records pertaining to the CACFP on file for four years.

NOTE:

- **Sponsors have three months to demonstrate compliance and ability to administer the CACFP.**
- **Sponsors that do not demonstrate they are capable of administering the CACFP may be declared seriously deficient and be subject to termination from the program.**

GETTING STARTED ON THE CACFP

Frequently Asked Questions

Q: How soon can I begin claiming meals on the CACFP?

A: The earliest possible start date would be the first of the month when a COMPLETE application and all supporting documents are received by the Nebraska Department of Education. A member of the Nutrition Services staff must also make a preapproval visit to your center.

Starting dates are dependent upon licensing dates, Title XX agreement dates, training dates, etc., so the start date will vary for each applicant institution. The copy of the approved application you receive from the Nebraska Department of Education will indicate the effective date of your agreement.

Q: Who from the center must attend training and when?

A: The person who is ultimately responsible for the CACFP (the responsible individual or principal) must attend the full day training class. In addition, your food service staff should attend the meal requirements and production records portion of the training.

Center staff must have successfully completed training during the six-month period prior to the date when a complete application is on file at the Nebraska Department of Education. If more than six months have elapsed, the center staff must attend the training class again.

Training classes for childcare centers are held monthly, with the exception of May and July, alternating between Lincoln and Omaha. For dates of upcoming classes, call Nutrition Services toll free at (800) 731-2233 or (402) 471-2488 or visit our web site: http://www.education.ne.gov/ns/training/cacfp_alltraining.html

If your center is located in our western Nebraska service area, our staff will arrange with you to provide training.

Q: I hired a director who worked on the Food Program at another center and she attended the training class three months ago. Can this meet my training requirement?

A: Yes. The Nutrition Services office maintains a database of all individuals who have completed training. However, if more than four months have elapsed, the person will have to attend training class again. As part of your application, you will have to notify Nutrition Services of the name of the person who has completed training.

Q: We contract with a food service vendor for meals. Do we have to attend the menu planning section of the training?

A: Yes. It is necessary for your staff to be aware of the meal pattern requirements, portion sizes and creditable/non-creditable foods.

Q: Can I get help from your office?

A: Yes! New centers are encouraged to contact our staff with questions regarding all aspects of the CACFP. See page 4 for contact information.

Q: Can NDE staff complete the online application for our program? Can NDE staff make changes to our program's online application?

A: No. NDE staff are not permitted to complete or amend your online application. However, in the case that you do not have access to a computer, nor do you have transportation to gain computer access, NDE staff can help you complete the online application.

IS YOUR CENTER ELIGIBLE TO PARTICIPATE?

Yes, IF:

1) Your center is operated by a _____ _____ .

   Examples: city and county government, public schools, community colleges

OR

2) Your institution is a _____ - _____ and has tax-exempt status from the IRS.

   Examples: churches, private hospitals, foundations, nonprofit organizations participating in other federal programs.

OR

3) Your center(s) is _____ and meets the _____% requirement.

4) All centers must be _____by DHHS or the federal government in order to participate in the CACFP.
   (*Exemptions:* Head Start, centers operated by schools, At-Risk programs).

FOR-PROFIT CENTER OPTIONS FOR MEETING THE 25% REQUIREMENT

Private for-profit centers must meet the 25% requirement for each month that a claim is submitted for meal reimbursement.

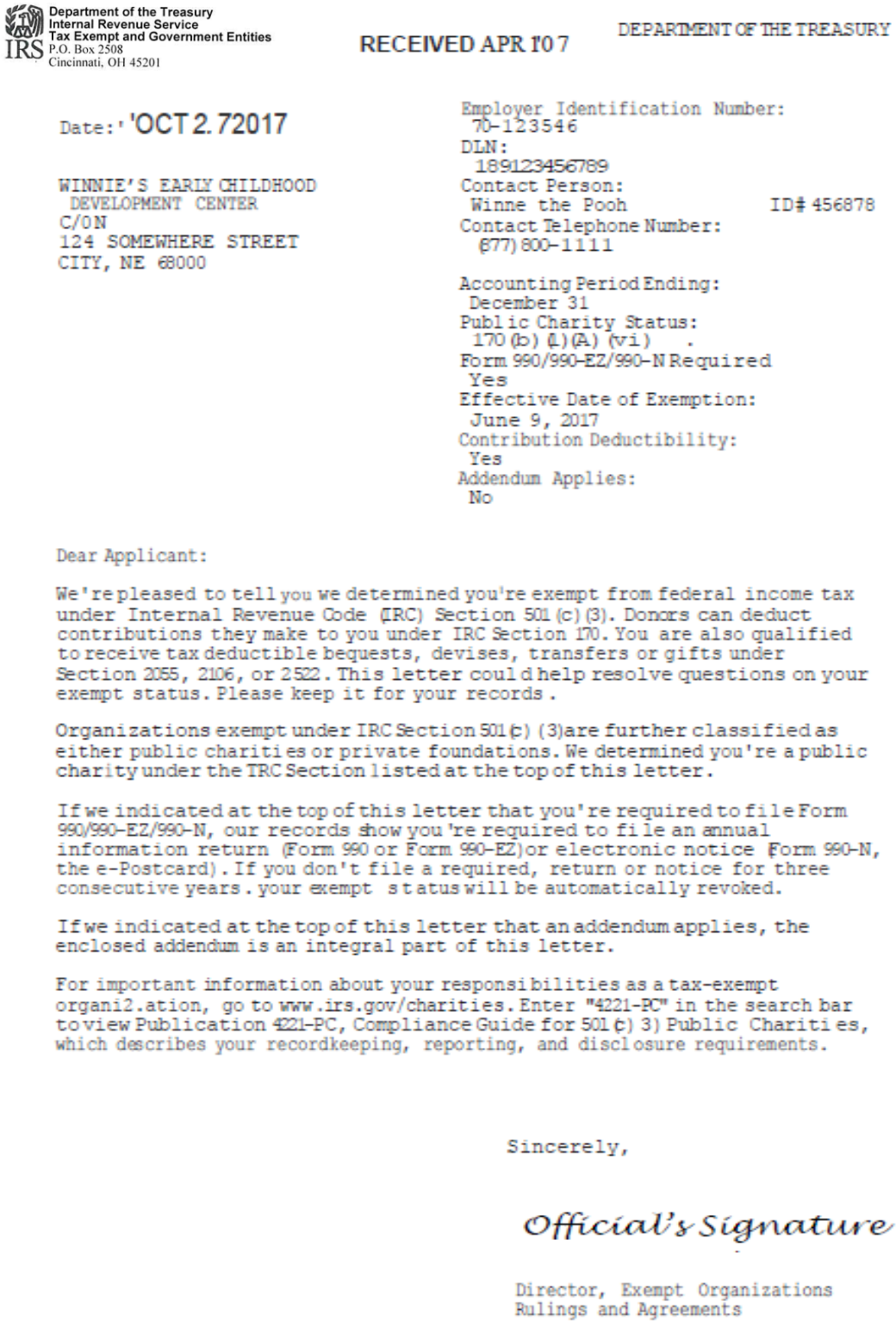
1. At least 25% of the children in care (enrolled or licensed capacity, whichever is less) must receive childcare subsidy/title XX beneficiaries from Nebraska Department of Health and Human Services (DHHS) in order to receive CACFP reimbursement for that month AND your current Service Provider Agreement from DHHS is on file with Nutrition Services.

OR

2. At least 25% of the children in care (enrolled or licensed capacity, whichever is less) served are eligible for free or reduced-price meals and current Income Eligibility Forms are complete and on file to document this eligibility. **(NOTE:** this option applies to childcare centers only.)

NONPROFIT ORGANIZATION – TAX-EXEMPT STATUS

Non-profit organizations are eligible to participate in the Child and Adult Care Food Program. During the initial application process, organizations that are tax-exempt under 501(c)(3) of the Internal Revenue Code must submit a copy of the letter from the Internal Revenue Service (IRS) which grants them tax-exempt status. A sample letter is shown below.



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

RECEIVED APR 10 7

DEPARTMENT OF THE TREASURY

Date: 'OCT 2. 72017

WINNIE'S EARLY CHILDHOOD
DEVELOPMENT CENTER
C/O N
124 SOMEWHERE STREET
CITY, NE 68000

Employer Identification Number:
70-123546
DLN:
189123456789
Contact Person:
Winne the Pooh ID# 456878
Contact Telephone Number:
(877) 800-1111

Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi) .
Form 990/990-EZ/990-N Required
Yes
Effective Date of Exemption:
June 9, 2017
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required, return or notice for three consecutive years. your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organi2.ation, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Official's Signature

Director, Exempt Organizations
Rulings and Agreements

FOR PROFIT CENTERS ONLY

Child Care Subsidy Agreement (Title XX)

If participating as a For-Profit center, a copy of your current Child Care Provider Agreement from DHHS must be on file with the Department of Education Nutrition Services, or your claim will not be processed on schedule. This applies to centers that are eligible and meet the 25% enrollment of childcare subsidized (Title XX) beneficiaries. If the childcare center is participating based on 25% Free/Reduced, Income Eligibility Forms must be on file to document the 25% requirement. *(Note: IEFs must be on file for all participants whose meals are claimed in the Free and Reduced categories).*

The agreement **must be signed** by both a center representative and a staff member of DHHS.

N-Focus Org ID Number: 123456789

Child Care Provider Agreement

Agreement Number:

This Agreement is entered into by and between the State of Nebraska, Department of Health and Human Services (hereinafter the "Department"), and the following child care provider HOKEY'S HIDEAWAY (hereinafter the "Provider").

This Agreement governs the provision of child care and child care related issues. This agreement is also governed by Nebraska Health and Human Services program manual, Nebraska Administrative Code (NAC) Titles 391, 392, and 480, the Nebraska Revised Statutes, which are incorporated herein as if fully set out; along with any and all attachments to this Agreement.

I. **Term of Agreement:** This Agreement shall be in effect from 8-1-26 to 7-31-27 at which time a new Agreement must be signed if service provision is to continue.

II. **Provider Information:**

1) Full legal name: HOKEY'S HIDEAWAY

2) Provider address: 1234 KIDDIE DRIVE (Street) OMAHA (City) 68131 (Zip code)

3) Provider mailing address, if different from location: _____ (Street) _____ (City) _____ (Zip code)

4) Provider telephone number: _____ (Home) _____ (Cell) _____ (Work)

5) Location(s) of child care facility: same (Street) _____ (City) _____ (Zip code)

6) SSN or FID: 1234567890

7) Driver's license (State, Number, and Expiration date): n/a for centers
(Proof of drivers license is not required if the Provider is not transporting children in care and does not have a driver's license.

III. **Scope of Services by Provider:** The Provider agrees that for good and valuable consideration as described in Section IV, the Provider shall perform the following services and abide by the following provisions:

1) A secondary Agreement by an approved individual provider of service(s) under this Agreement is not allowed (this does not include substitute child care providers for emergencies or illness).

2) A secondary Agreement by an agency provider is _____, is not __X__, allowed under this Agreement. If allowed, the service(s) to be provided by the person(s) with a secondary Agreement is/are _____.

The Provider named in Section II is responsible for the performance of any person(s) with a secondary Agreement.

FOR PROFIT CENTERS ONLY

Child Care Authorization

NEBRASKA HEALTH & HUMAN SERVICES SYSTEM
FINANCE & SUPPOR[illegible] FINANCIAL SERVICES

WARRANT # (DIRECT DEPOSIT/EFT #) 1234567
ISSUED DATE: 04-19-2002
PAYMENT AMOUNT: $2,054.80

EXPLANATION OF PAYMENTS TO PAYEE:

HOKEY'S HIDEAWAY
12345 WEST MAINSTREM ROAD
ANYWHERE, NE

OWNER: **HOKEY's HIDEAWAY** TAX ID #: **47-00000000**

A. ORIGINAL CLAIMS PROCESSED

CLAIM # 987654321 PROVIDER #5555666677 **HOKEY'S HIDEAWAY**
Line 1 Vr 1 Customer Name **GARBER, SILAS** Dates of Service 03-01-2002/03-31-2002
Srv Auth **11111111** Srv Cd 6679 Service TODDLER CARE Freq DY Units 21.00 Rate 21.000
Total Chrg 441.00 Reduced Amt 0.00 Cust Oblig 0.00 FICA 0.00 Prev Pd Amt 0.00
Line Approved Amt 441.00

Line 4 Vr 1 Customer Name **BUTLER, JAMES** Dates of Service 03-01-2002/03-31-2002
Srv Auth **22222222** Srv Cd 3530 Service SCHOOL AGE CARE Freq HR Units 100.00 Rate 3.500
[illegible]

SAMPLE

Line 10 Vr 1 Customer Name **KERREY, BOB** Dates of Service 03-01-2002/03-31-2002
Srv Auth **444444444** Srv Cd 6679 Service TODDLER CARE Freq DY Units 20.00 Rate 21.000
Total Chrg 420.00 Reduced Amt 0.00 Cust Oblig 0.00 FICA 0.00 Prev Pd Amt 0.00
Line Approved Amt 420.00

Line 12 Vr 1 Customer Name **ORR, KAY** Dates of Service 03-01-2002/03-31-2002
Srv Auth **555555555** Srv Cd 6679 Service TODDLER CARE Freq DY Units 21.00 Rate 21.000
Total Chrg 441.00 Reduced Amt 0.00 Cust Oblig 0.00 FICA 0.00 Prev Pd Amt 0.00
Line Approved Amt 441.00 **Total Claim Paid Amt** 1,853.00

FOR PROFIT CENTERS ONLY

Calculating the 25% Requirement

For-profit center must meet the 25% requirement each month a claim is filed. All paperwork to document the 25% must be kept on file for four years.

New for-profit centers must meet the 25% requirement during a qualifying month. This is the month prior to the center's starting date on the CACFP. Meals may not be claimed for reimbursement during the qualifying month.

If using Free/Reduced OR Title XX documentation, the 25% is based on the lesser of 1) enrollment or 2) licensed capacity. Childcare centers may use either method but may not use both methods during the same month.

Scenario:

- Hokey's Hideaway is a brand-new center that starts business on March 1.
- The center has an agreement with DHHS to provide Title XX services during March.
- March becomes the qualifying month in which the center must meet the 25% requirement.
- If the 25% requirement is met during March, the center may start on the CACFP on April 1, if all other requirements are met.
- Hokey's Hideaway has a licensed capacity of 61 and has 40 eligible enrolled participants.

Example A: 25% of enrollment

Number of eligible enrolled participants is 40

Multiply by 25% = 10

How many children must have some of their care paid for by DHHS from Title XX funds **OR** have 25% of their enrollment eligible for Free/Reduced price meals?

10

Example B: 25% of licensed capacity

The center's licensed capacity is: 61

Multiply by 25% = 15.25

How many children must have some of their care paid for by DHHS from Title XX funds?

16

Remember!

When determining the 25% factor, always round the number of children UP to the next highest number.

REIMBURSEMENT RATES

Reimbursement for the CACFP is based on a three-tiered structure similar to the National School Lunch Program. The reimbursement rate for meals is based upon the income of the household of each participant. Meals served to participants from low-income families are reimbursed at a higher rate ("Free") than meals served to participants from households whose income is above the Income Eligibility Guidelines ("Paid"). Centers are responsible for soliciting this information from households on the Income Eligibility Forms (IEFs). Each IEF that is returned to the center must be reviewed by a center official and classified in one of the three categories: Free, Reduced, Paid.

All centers receive reimbursement based on the number of meals claimed in each of the three eligibility categories (Free, Reduced, Paid) multiplied by the rate of reimbursement listed below. This is referred to as "meals times rate."

Cash-in-lieu OR Commodities

In addition to "meals times rate," centers have the option of receiving government commodity foods OR an additional amount of money for every lunch and supper that is claimed. Every institution may decide whether to receive commodities or the cash-in-lieu of commodities. You have the option to change from one to the other on an annual basis.

The Commodity Distribution Program is operated by the Nebraska Department of Health and Human Services (DHHS). If your center decides to receive commodities, you will have a separate agreement with DHHS. More information is available from DHHS and will be sent to you if you sign up to receive commodities.

Reimbursement Rates for July 1, 2026 – June 30, 2027

Meal Type	Reimbursement Category	Rate
Breakfast	Free	$ 2.54
	Reduced	$ 2.24
	Paid	$ 0.42
Lunch/Supper	Free	$ 4.76
	Reduced	$ 4.36
	Paid	$ 0.45
Snacks	Free	$ 1.30
	Reduced	$ 0.65
	Paid	$ 0.12
Cash-in-lieu of commodities. This amount is added to every lunch and supper claimed		0.320

All centers receive the "meal times rate" reimbursement. This is the number of meals served multiplied by the current rate of reimbursement.

NEBRASKA FOOD DISTRIBUTION – USDA FOODS (COMMODITIES)

"Commodity Program Participants" are sponsors who have chosen to receive USDA food (Commodities). NDE sends out annual declaration, **November**, to each sponsoring organization to decide between receiving cash-in-lieu or USDA Foods. Changes are not allowed during any other time during the fiscal year.

The number of lunches and suppers served to participants determines the quantity of USDA Foods your organization may receive. DHHS- Nebraska Food Distribution requires each Commodity Program Participant to complete an annual USDA Commodity "Survey" (order) each **February**. The purpose of the survey is to review and place orders for the upcoming fiscal year and ensure adequate quantities of foods are available. If sponsors do not participate in the February Survey, the only items available to those sponsors is Surplus Inventory (over stock items) and other processed commodities. Additionally, sponsors are responsible to complete monthly order surveys to receive specific foods for delivery. These orders are due 45-days in advance of processing and delivery. USDA Foods are delivered in August through May.

There is NO COST to you for the USDA Foods, but you are REQUIRED to pay processing, shipping, and warehouse charges. Package size of the commodity foods are generally No. 10 cans or 10-lb frozen raw ground meat. There is a cost associated with ordering end products (processed foods). These charges will be listed on the offering sheet. It is your choice if you want to order the end products (processed foods) or not.

"Commodity Program Participants" Child and Adult Care Centers may be eligible to receive bonus "free" USDA Foods which do not count against their "P.A.L. (Planned Assistance Level) of Nebraska's Entitlement".

USDA Foods Available

The following are examples of the foods that are available during Fiscal Year 2027.

Apple slices, canned Apple slices, frozen Applesauce, canned Apricots, canned Apricots, frozen
Beans, green, canned
Beans, green, frozen Beans, pinto
Beans, refried
Beef, ground, frozen
Beef, patties, frozen
Broccoli, frozen
Carrots, canned
Cheese, sliced, string
Cheese, mozzarella
Chicken, Cut up,
Frozen Chicken, Diced,
Frozen Corn, canned,
Eggs, liquid
Flour, Whole Wheat
Fruit Mix, canned
Ham, sliced, frozen
Macaroni, Whole Grain
Orange Juice, Frozen
Peanut Butter
Peaches, diced, canned
Pears, sliced
Peas, canned, frozen
Pork, pulled, roast
Potatoes, oven fries
Potatoes, wedges
Raisins
Rice, long-grain
Rolled oats
Rotini, whole grain
Spaghetti noodles
Strawberries, frozen
Sweet Potatoes
Tomato sauce, canned
Tomatoes, diced, canned
Turkey, breast, deli
Turkey, hams
Turkey, roasts
Vegetable oil

For more information about the USDA Foods Distribution Program, contact:
Nebraska Department of Health and Human Services
Email: DHHS.NebraskaFoodDistribution@Nebraska.gov

Reminder: Failure to pay your bill for commodity shipments is a serious deficiency in your ability to demonstrate financial viability and may jeopardize your continued participation in CACFP! Pay bills on time!

CHILD ENROLLMENT INFORMATION

Each child whose meals are claimed for reimbursement from the CACFP must be enrolled annually. Enrollment forms are good for one year. Example: An enrollment completed any time in April 2026 is valid through April 30, 2027. Meals may not be claimed if a complete and current enrollment form is not on file for the claiming period. Meals will be deducted during reviews and audits if enrollment forms are not complete or current for the claiming period.

Exceptions to Annual Enrollment

The only exception to required annual enrollment applies to the following types of CACFP institutions: adult care centers, outside-school-hours centers, and children participating only in the at-risk/area-eligible program.

Enrollment documentation must be on file for **every** participant for whom a meal is claimed. The following information MUST be included on all enrollment forms:

1. _____ Required for all children
2. _____ Required for all children
3. _____ Required for all children
4. _____ Required for all children
5. _____ Not required on enrollment form if parents sign children in/out daily*
6. _____ Not required on enrollment form if parents sign children in/out daily*

*Exception to 5 and 6 of Enrollment Requirements:

Days and times in care and usual meals served in care are not required on the CACFP annual enrollment if:

- The center has time in/time out attendance records that are signed or initialed by the parent daily.
- If the center has a time clock, computer check in/out time system that is used by the parent daily.

Regardless of who checks the children in and out, the time in/out records are required for all participants. The center must maintain the time in/time out records for *four years*.

Acceptable Enrollment Forms

You may use the Child Income Eligibility & Enrollment (NS-100-C) form provided by the Nebraska Department of Education Nutrition Services. ***Recommended***

OR

You may use your current enrollment form and add the required items to it.

CHILD INCOME ELIGIBILITY AND ENROLLMENT FORM (NS-100C)

The Income Eligibility & Enrollment Form must be given to all households. The form consists of three (3) pages:

Page 1	Cover Letter to Families & Instructions to Households
Page 2	Civil Rights Statement and Center Contact Information
Page 3	Income Eligibility and Enrollment Form

OR

NS-103-C - Cover Letter to Households - Pricing - Child Care Centers (use this if you have a separate charge for meals)

Optional Attachment: NS-100-C.a. Attachment for additional enrolled children or household members may be given out when needed. This attachment **may not be used** without NS-100-C. (See sample on Page 27)

A set of master's which you may photocopy is included in the Resource Materials packet. These are also available on the Nutrition Services web site on the CACFP Forms and Resources page. Prior to photocopying the forms, **enter your organization's name and contact information**. You will need to make enough photocopies to distribute to the households of all participants enrolled at the center. CACFP Forms online: http://www.education.ne.gov/NS/forms/cacfpforms/index.html

The IEF section must be on file for every child for whom meals are claimed in the free and reduced-price categories. Meals served to children from households whose income exceeds the income eligibility guidelines may be claimed for reimbursement in the paid category. The child enrollment section must be completed along with a parent/guardian signature and date is on file. Remember- current and complete enrollment forms must be on file for all children for whom meals are claimed.



For training purposes – Master Copy located in Resource Packet

Dear Parent or Guardian:

Our childcare institution has been approved by the Nebraska Department of Education for participation in the Child and Adult Care Food Program (CACFP). The CACFP reimburses our institution for the partial cost of meals. We are requesting your help to receive the maximum benefits from the CACFP by completing the attached form (NS)100-C. *All information contained in this form is* ***confidential.***

The parent/guardian must complete Parts 1 and 4 and one of the following options: Part 2, Part 3A or Part 3B, to determine the amount of CACFP funds the center will be eligible to receive. **Note: No white out or erasure ink should be used.** If there is an error cross through, correct, and initial**.**

Part 1 - CHILD ENROLLMENT

- Child's Name: List the first and last name including nicknames and hyphenated last names for all children enrolled at this center.
- 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 and leave time, check each day the child will be in care and each meal type received while in care.
- Infant: If the child is under 12 months of age, check box.
- Foster Child: If the child is a foster child (the legal responsibility of a foster care agency or the court), check the box.
- Head Start: If the child is eligible for head start, check box.
- School age: If the child is attending Kindergarten or above and attends your childcare program before, after and/or school days off, check box.

Optional - Check the boxes of all appropriate race(s) and ethnicities regarding the child(ren) you are enrolling. If you do not select Race or Ethnicity, one will be selected for you based on visual observation. This does not affect your child's eligibility for Free or Reduced meals.

Part 2 - Household Receiving Benefits from the Supplemental Nutrition Assistance Program **(SNAP),** Temporary Assistance for Needy Families **(TANF),** or Food Distribution Program on Indian Reservations **(FDPIR):**

- Complete Parts 1, 2 and 4 on the attached form.
- Check the box(s) and provide case number for the program from which benefits are received.

Part 3A - Household **exceeding** the income guidelines listed on the chart below - Complete Parts 1, 3A and 4 on the attached form.

TO CALCULATE ANNUAL INCOME

Weekly Income X 52 Every 2 Weeks Income X 26 Twice a Month Income X 24 Monthly Income X 12

Household Size:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	Each Additional Family Member
Annual Income:	$29,526	$40,034	$50,542	$61,050	$71,558	$82,066	$92,574	$103,082	+ $ 10,508

Part 3B - Household **below** the income guidelines listed on the chart above **-** Complete Parts 1, 3B and 4 on the attached form using the additional information below:

HOUSEHOLD NAMES: Write the names of everyone in the household not listed in Part 1. Include yourself and all other children, your spouse, grandparents, other relatives and unrelated people in your household. Use a separate sheet of paper if you do not have enough space.

GROSS INCOME BEFORE DEDUCTIONS: Write the amount of income each person gets on the same line as their name. Use the appropriate column(s): Earnings from Work, Welfare/Child Support/Alimony, Pensions/Retirement/Social Security or Other Income (see definitions below). Next, to the amount of income write how often the income is received. Income is all money before taxes or anything else is taken out. If a person does not have income, check the box for zero income.

OTHER INCOME: strike benefits, unemployment compensation, workman'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.

Part 4 - SIGNATURE AND CONTACT INFORMATION:

- Sign and date the application. The form must be signed by the parent or guardian.
- Complete the contact information – name, address, e-mail address and telephone number.

Privacy Act Statement:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, the funds your childcare/center/provider receives may be impacted. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child, or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-Discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 6329992. Submit your completed form or letter 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;

(2) Fax: (202) 690-7442; or

(3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

For assistance completing this form, contact the center:

Center Name:_____

Address: _____

City, State, Zip: _____

Contact Person:_____

E-Mail: _____

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: 402-471-2967
Website: http://www.education.ne.gov/NS

For training purposes – Master Copy located in Resource Packet

Fiscal Year 2027 – Income Eligibility & Enrollment Form – Page 3 of 3
Child Care Centers – NS-100C

Revised 4/2026

INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS
JULY 1, 2026 THROUGH JUNE 30, 2027

Part 1. CHILD ENROLLMENT : Complete the information below for all children in care. If the child is an infant, foster child (legal responsibility of a foster care agency or the court), Head Start eligible or a school-age child, please check the appropriate box.

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)		Days in Care (Usual)							Meals Served During Care						Infant	School age	Head Start	Foster Child
			Arrival Time	Leave Time	M	Tu	W	Th	F	Sa	Su	B	AM	L	PM	D	EV	(Zero -11 months)			
																		❑	❑	❑	❑
																		❑	❑	❑	❑
																		❑	❑	❑	❑
																		❑	❑	❑	❑

Optional: Please check the ethnicity and race of the child(ren) you are enrolling.

Ethnicity (select one or more): ❑ Hispanic or Latino ❑ Not Hispanic or Latino

Race (select one or more): ❑ American Indian or Alaskan Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or other Pacific Islander ❑ White or Caucasian

Part 2. Households Receiving Benefits: Supplemental Nutrition Assistance Program (SNAP), Temporary for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR)
Complete Parts 1, 2 and 4.

Check Applicable Program & Provide a Master Case Number(s): ❑ SNAP Case #:_____ ❑ TANF Case #:_____ ❑ FDPIR Case #:_____

Part 3A. Households **exceeding** the income guidelines (listed on the attached letter), check this box. ❑

Part 3B. All other households – If you do not have a SNAP, TANF or FDPIR *master case* number. Complete Parts 1, 3B and 4.

List the names of **ALL** household members not listed in **Part 1 & foster children.**	REPORT GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self-Employed) **Frequency of pay codes – W= Weekly E2 – Every 2 weeks 2M = Twice Monthly M= Monthly Y=Yearly**								Check if Zero Income
	Earnings from Work		**Welfare, Child Support, Alimony**		**Pensions, Retirement, Social Security**		**All other income (see instructions)**		
	How much	How often	How much	How often	How much	How often	How much	How often	
									❑
									❑
									❑

Last four digits of the Social Security Number of Household Member who signs this form: XXXX-XX-_____ If you do not have a Social Security Number, check this box: ❑

Part 4 Signature and Contact Information

I certify (promise) that all the information on this form is true and that all income is reported. I understand that the facility will receive Federal funds based on the information I give I understand that CACFP Official may verify the information. I understand that if I purposely give false information the participant receiving meals may lose their benefits, and I may be prosecuted.

_____ _____
Signature of Parent/Guardian **Date of Signature**

Optional: Parent/Guardian Contact Information:

_____
Print Name

_____
Address ***City*** ***State*** ***Zip***

E-Mail Address: _____ ***Telephone:*** _____

Center Use Only

_____ SNAP/TANF/FDPIR Household (must have a master case #)

_____ Annual Income: $ _____ Household Size _____

_____ _____
Center Official Signature Date of Signature

_____ _____
Effective Date Expiration Date

Household Meal Benefit Category:
- ❑ Free
- ❑ Reduced
- ❑ Paid
- ❑ Incomplete

Foster Child – Free Category
List names of foster child(ren):

NS-100-C.A. INCOME ELIGIBILITY FORM- ATTACHMENT FOR ADDITIONAL CHILDREN OR HOUSEHOLD MEMBERS

This is an attachment to NS-100-C that may be used when there is not enough space to list all the children enrolled in the center or all members of the household. This attachment is not to be used alone; it must be used in conjunction with NS-100-C. This page does not have to be given to every household - **only** those who need the extra space to list everyone.

Fiscal Year 2027 Income Eligibility & Enrollment Form – Attachment
Child Care Centers NS-100-Ca

Revised 4/2026

CACFP Income Eligibility & Enrollment Form Attachment – Additional Children & Household Members

This form is **only** to be utilized when more than four (4) children are enrolled and attend the childcare center OR there are additional household members in the home. This form must be attached to NS-100-C. Please do not duplicate names of children listed on Part 1 of the Income Eligibility and Enrollment For or duplicate the names of household members listed in Part 3b.

Complete this section for any children enrolled in the center **not listed** on Part 1 of NS-100-C.

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)		Days in Care (Usual)							Meals Served During Care						Infant	School age	Head Start	Foster Child
			Arrival Time	Leave Time	M	T u	W	T h	F	Sa	Su	B	A M	L	P M	D	E V	(0-11 months)			
																		❑	❑	❑	❑
																		❑	❑	❑	❑
																		❑	❑	❑	❑
																		❑	❑	❑	❑

Optional: Please check the ethnicity and race of the child(ren) you are enrolling.

Ethnicity (select one or more): ❑ Hispanic or Latino ❑ Not Hispanic or Latino

Race (select one or more): ❑ American Indian or Alaskan Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or other Pacific Islander ❑ White or Caucasian

Complete this section for any household member **not listed** Part 3b of NS-100-c.

List the names of **ALL** household members not listed in **Part 1 & foster children.**	REPORT GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self-Employed) **Frequency of pay codes – W= Weekly E2 – Every 2 weeks 2M = Twice Monthly M= Monthly Y=Yearly**								Check if Zero Income
	Earnings from Work		**Welfare, Child Support, Alimony**		**Pensions, Retirement, Social Security**		**All other income (see instructions)**		
	How much	How often	How much	How often	How much	How often	How much	How often	
									❑
									❑
									❑
									❑
									❑
									❑

Instructions to Childcare Center Officials: Attach this page to NS-100-C for this household. Include enrolled children and all household members when making income determinations.

PART 1 – CHILD ENROLLMENT INFORMATION

All participants who are claimed for meals must have an enrollment form on file.

The following information is required to be completed by parents/guardians:

- Child's Name: List the first and last names including nicknames and hyphenated last name for all children enrolled at this center.
- 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 and leave time, check each day the child will be in care and each meal type received while in care.

If applicable the following boxes are to be checked by the parent/guardian:

- Infant: If the child is zero – 11 months of age
- Foster Child: If the child is a foster child (the legal responsibility of a foster care agency or the court)
- Head Start: If the child is eligible for head start
- School age: If the child is attending Kindergarten or above and attends your childcare program before, after and/or school days off

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)		Usual Days of Care							Meals Served During Care						Infant	School Age	Head Start	Foster Child
			Arrival Time	Leave Time	M	T	W	T	F	S	S	B	AM	L	PM	D	EV				
Rodriguez, Daniel "DJ"	4/9/22	6/5/22	7:15 am	4:45 pm	X	X	X	X	X			X		X	X			❑	❑	❑	❑
																		❑	❑	❑	❑

OPTIONAL: Please check the ethnicity and race of the child(ren) you are enrolling.

Ethnicity (select on or more): ❑ Hispanic or Latino ❑ Not Hispanic or Latino

Race (select one or more): ❑ American Indian or Alaskan Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or other Pacific Islander ❑ White or Caucasian

Ethnicity/Race of Participant: 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.

PART 1 – CHILD ENROLLMENT INFORMATION

Continued Definitions of Race:

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.

Mini – Review

1. Households must state the race or ethnic identity of their children on the Income Eligibility and Enrollment Form. **True** **False**

2. Centers must compile information about race and ethnic identity of their enrolled participants. **True** **False**

3. All participants claimed for reimbursement of meals and snacks are required to have a complete and current enrollment form on file. **True** **False**

Head Start Child

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)		Usual Days of Care							Meals Served During Care						Infant	School Age	Head Start	Foster Child
			Arrival Time	Leave Time	M	T	W	T	F	S	S	B	AM	L	PM	D	EV				
Garber, Silas "Punky"	5/9/22	8/8/24	7:30 am	5:45 pm	X	X	X	X	X			X		X	X			❑	❑	X	❑
																		❑	❑	❑	❑

The use of this box is for children who are currently enrolled and attend a head start program. Categorical eligibility based on head start enrollment **does not extend to all children in the same household**. Sponsors are required to verify head start eligibility with the parent/guardian. Sponsors may obtain one of these two source documents for verification:

a) Approved Head Start Application

OR

b) Statement of Head Start Enrollment

FOSTER CHILD(REN)

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)		Usual Days of Care							Meals Served During Care						Infant	School Age	Head Start	Foster Child
			Arrival Time	Leave Time	M	T	W	T	F	S	S	B	AM	L	PM	D	EV				
Garber, Silas "Punky"	5/9/22	8/8/24	7:30 am	5:45 pm	X	X	X	X	X			X		X	X			❑	❑	❑	X
Jones, Clare	4/2/23	6/1/24	7:30 am	5:45 pm	X	X	X	X	X			X		X	X			❑	❑	❑	❑

If the Income Eligibility and Enrollment form are for foster Child(ren) only:

1. Foster children automatically qualify in the Free category.
2. If the foster child has any personal use income it must be identified in Part 3b, "0" or check in the Zero income box.
3. 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.
4. The foster parent must date and sign the form.

If the Child Enrollment and IEF includes foster child(ren) AND household child (ren):
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 childcare center along with foster children are to be listed in Part 1.
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. 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.

INCOME ELIGIBILITY & ENROLLMENT FORM – FOSTER CHILD EXAMPLE

INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS
JULY 1, 2026 THROUGH JUNE 30, 2027

Part 1. CHILD ENROLLMENT: Complete the information below for all children in care. If the child is an infant, foster child (legal responsibility of a foster care agency or the court), Head Start eligible or a school-age child, please check the box.

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)		Usual Days of Care							Meals Served During Care						Infant	School Age	Head Start	Foster Child
			Arrival Time	Leave Time	M	T	W	T	F	S	S	B	AM	L	PM	D	EV				
Garber, Silas "Punky"	5/9/22	8/8/25	7:30 am	5:45 pm	X	X	X	X	X			X		X	X	X		☐	☐	☐	☒
Jones, Clare	4/2/23	6/1/23	7:30 am	5:45 pm	X	X	X	X	X			X		X	X	X		☐	☐	☐	☐
																		☐	☐	☐	☐

OPTIONAL: Please check the ethnicity and race of the child(ren) you are enrolling.

Ethnicity (select one or more): ☐ Hispanic or Latino ☒ Not Hispanic or Latino

Race (select one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☒ White or Caucasian

Part 2. Household Receiving Benefits: Supplemental Nutrition Assistance Program (**SNAP**), Temporary Assistance for Needy Families (**TANF**), or Food Distribution Program on Indian Reservations (**FDPIR**): **Complete Parts 1, 2 and 4.**

Check Applicable Program & Provide Case Number(s): ☐ **SNAP Case #:**_____ ☐ **TANF Case #:**_____ ☐ **FDPIR Case #:** _____

Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES: Complete Parts 1, 3A and 4.

If your family income exceeds the income guidelines (listed on attached letter), check this box ☐

Part 3B. ALL OTHER HOUSEHOLDS – If you do not have a SNAP, TANF or FDPIR *MASTERCASE* **number**: Complete Parts 1, 3B and 4.

List the Names of All Household Members not listed in Part 1 and Foster Children		GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly								Check If ZERO Income
		Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		
		How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?	
1	Garber, Silas "Punky"									☒
2	Jones, Jennifer	$17, 123	Y							☐
3	Jones, Sam	$29, 567	Y							☐
4										☐

Social Security Number of Household Member who signs form:

Last four digits of Social Security Number: XXX- XX - 1111 If you do not have a Social Security Number, check this box ☐

Part 4. SIGNATURE AND CONTACT INFORMATION:

I certify (promise) that all information on this form is true and that all income is reported. I understand that the facility will receive Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose their meal benefits, and I may be prosecuted.

Jennifer S. Jones 8/20/2026

Signature of Parent/Guardian Date

Print Name

Address

City State Zip Code

E-Mail Address/Telephone

FOR CENTER USE ONLY

_____ SNAP/TANF/FDPIR HOUSEHOLD

__X__ ANNUAL INCOME: $46,690 HOUSEHOLD SIZE: 4

Gertrude Hokey August 22, 2026

Center Official Signature Date of Signature

8/1/2026 8/31/2027

Effective Date Expiration Date

HOUSEHOLD CATEGORY:
- ☒ Free - *Silas*
- ☒ Reduced - *Clare*
- ☐ Paid
- ☐ Incomplete

Foster Child – Free Category
List name of foster child(ren)
Garber, Silas "Punky"

INCOME ELIGIBILITY & ENROLLMENT FORM – HOUSEHOLD BENEFIT EXAMPLE

Income Eligibility & Enrollment – Benefit Determination
Part 2 – Benefit Eligibility Programs
This section is to be completed by households who receive one the following assistance programs listed. There are only **THREE** types of assistance that result in categorical eligibility and classification in the FREE meals category.

These are:

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Food Distribution Program on Indian Reservations (FDPIR)

Example of Household Assistance Benefit

Part 2. Household Receiving Benefits: Supplemental Nutrition Assistance Program (**SNAP**), Temporary Assistance for Needy Families (**TANF**), or Food Distribution Program on Indian Reservations (**FDPIR**): **Complete Parts 1, 2 and 4.**

Check Applicable Program & Provide Case Number(X) **SNAP Case** #0011223 ☐ **TANF Case #:**_____ ☐ **FDPIR Case #:** _____

Child Care Subsidy (Title XX) Eligibility does NOT automatically qualify a household for free meal benefits.

Mini- Review

1.	Families eligible for subsidized childcare (Title XX) automatically qualify for benefits in the Free category	**True**	**False**
2.	A case number is required if a family receives SNAP, TANF, or FDPIR	**True**	**False**
3.	Medicaid, WIC, and SSI are eligible programs for benefits in the Free category in childcare centers.	**True**	**False**
4.	The last four digits of the social security number is required if a case number is provided for SNAP, TANF or FDPIR.	**True**	**False**

INCOME ELIGIBILITY & ENROLLMENT FORM – HOUSEHOLD BENEFIT EXAMPLE

INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS
JULY 1, 2026 THROUGH JUNE 30, 2027

Part 1. CHILD ENROLLMENT: Complete the information below for all children in care. If the child is an infant, foster child (legal responsibility of a foster care agency or the court), Head Start eligible or a school-age child, please check the box.

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)		Usual Days of Care							Meals Served During Care						Infant	School Age	Head Start	Foster Child
			Arrival Time	Leave Time	M	T	W	T	F	S	S	B	AM	L	PM	D	EV				
Butler, James "Jimmy"	1/9/24	5/8/24	7:30 am	5:45 pm	X	X	X	X	X			X		X	X	X		☐	☐	☐	☐
																		☐	☐	☐	☐
																		☐	☐	☐	☐

OPTIONAL: Please check the ethnicity and race of the child(ren) you are enrolling.

Ethnicity (select one or more): ☐ Hispanic or Latino ☒ Not Hispanic or Latino

Race (select one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☒ White or Caucasian

Part 2. Household Receiving Benefits: Supplemental Nutrition Assistance Program (**SNAP**), Temporary Assistance for Needy Families (**TANF**), or Food Distribution Program on Indian Reservations (**FDPIR**): **Complete Parts 1, 2 and 4.**

Check Applicable Program & Provide Case Number(s): ☒ **SNAP Case #:** 111111 ☐ **TANF Case #:**_____ ☐ **FDPIR Case #:** _____

Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES: Complete Parts 1, 3A and 4.

If your family income exceeds the income guidelines (listed on attached letter), check this box ☐

Part 3B. ALL OTHER HOUSEHOLDS – If you do not have a SNAP, TANF or FDPIR ***MASTERCASE*** **number**: Complete Parts 1, 3B and 4.

List the Names of All Household Members not listed in Part 1 and Foster Children	GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly								
	Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		Check if ZERO Income
	How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?	
1									☐
2									☐
3									☐
4									☐

Social Security Number of Household Member who signs form:

Last four digits of Social Security Number: XXX- XX -_____ If you do not have a Social Security Number, check this box ☐

Part 4. SIGNATURE AND CONTACT INFORMATION:

I certify (promise) that all information on this form is true and that all income is reported. I understand that the facility will receive Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose their meal benefits, and I may be prosecuted.

Linda Butler — Signature of Parent/Guardian

7/23/2026 — Date

Print Name

Address

City State Zip Code

E-Mail Address/Telephone

FOR CENTER USE ONLY

__X__ SNAP/TANF/FDPIR HOUSEHOLD

_____ ANNUAL INCOME: _____ HOUSEHOLD SIZE: _____

Gertrude Hokey — Center Official Signature

July 24, 2026 — Date of Signature

7/1/2026 — Effective Date

7/31/2027 — Expiration Date

HOUSEHOLD CATEGORY: ☒ Free ☐ Reduced ☐ Paid ☐ Incomplete

Foster Child – Free Category
List name of foster child(ren)

_____

PART 3A – HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES

Part 3a – Households Exceeding the Income Guidelines

- Households are not required to provide childcare centers with their household income and may check the box.
- If centers are utilizing this as an enrollment form the adult household member (i.e., parent/guardian) is required to sign and date the form

Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES: Complete Parts 1, 3A and 4.
If your family income exceeds the income guidelines (listed on attached letter), check this box: X

Household Income Eligibility

Part 3B – Eligibility based upon Income

Household below the income guidelines listed complete as follows- Complete Parts 1, 3B and 4 on the attached form using the additional information below.

HOUSEHOLD NAMES: Write the names of everyone in your household not listed in Part 1. Include yourself and all other children, your spouse, grandparents, other relatives, and unrelated people in your household. Use a separate sheet of paper if you do not have enough space.

GROSS INCOME BEFORE DEDUCTIONS: Write the amount of income each person gets on the same line as their name. Use the appropriate column(s): Earnings from Work, Welfare/Child Support/Alimony, Pensions/Retirement/Social Security or Other Income (see list below). Next to the amount of income write how often the income was received. Income is all money before taxes or anything else is taken out. 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.

HOUSEHOLD INCOME ELIGIBILITY

Part 3b - Household Income Reporting

		GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly								
List the Names of All Household Members **not** listed in Part 1		Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		Check If ZERO income
		How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?	
1	Charles, Joe	$ 2,543	**M**							❑
2	Charles, Nancy			$ 225	**M**					❑
3	Charles, Missy									**X**
4										❑

Social Security Number of Household Member who signs form:

Last four digits of Social Security Number: XXX- XX-8765 If you do not have a Social Security Number, check this box ❑

Conversions to Annual Income

The IEF request the amount of income earned be provided for each household member along with the income frequency (see frequency codes provided – W, E2, 2M, M, Y). The income is to be calculated based on these 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.

Hourly wages are not acceptable. You will need to contact the households to determine a weekly, monthly, or annual salary if an hourly wage is listed.

IEF's that are over income shall be determined in the Paid category. If the household did not provide all required information, the center shall also mark the 'incomplete' box.

Social Security #'s – The last four (4) digits of the Social Security Number are required to be entered for IEF to be determined based on household size and income. The use of this information is only for CACFP purposes. If the adult household does not have a social security number, please have them check (✓) the box provided.

Zero Income - 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.)

Mini-Review

1.	All household members, except children in Part 1, must be Listed in Part 3b, even if they have no income.	**True**		**False**
2.	It is okay for someone to list their hourly wage because everyone works 40 hours a week.	**True**		**False**
3.	Unborn children should be listed as a household member	**True**		**False**
4.	If the household lists an eligible benefit and case number in Part 2, you may ignore Part 3b.	**True**		**False**
5.	It is okay for families to write “N.A.” or “over guidelines” or “we don’t qualify” in Part 3b.	**True**		**False**
6.	Income Eligibility and Enrollment Forms are confidential and must be kept in a secure location.	**True**		**False**
7.	A father pays child support; therefore, it may be deducted from the household income.	**True**		**False**
8.	A household member lists their income as bi-weekly, what should the center official multiply the figure by?	**24**	**OR**	**26**
9.	Foster parents do not have to list the last four digits of their social security number.	**True**		**False**

PARENT/GUARDIAN SIGNATURE & INFORMATION

Part 4. SIGNATURE AND CONTACT INFORMATION:

I certify that all information on this form is true and that all income is reported. I understand that the facility will receive Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose their meal benefits, and I may be prosecuted.

Nancy Charles _____ 8/15/2026

Signature of Parent/Guardian Date



REQUIRED

A parent/guardian is required to sign and date this form for it to be a valid enrollment record.

Nancy Charles _____

Print Name

617 Locust Lane _____

Address

Someplace, NE 64444

City State Zip Code

Ncharles123@mail.com (402)555-8765

Email Address Telephone



OPTIONAL

This information may be used by centers to contact households for clarification of information on the IEF.

NDE may use this information to verify enrollment, attendance, or participation.

All Income Eligibility and Enrollment Forms must be signed by an adult household member.

CENTER OFFICIAL DETERMINATION

FOR CENTER USE ONLY

_____ SNAP/TANF/FDPIR HOUSEHOLD

__X__ **ANNUAL INCOME: $24,100 HOUSEHOLD SIZE: 4**

Danica Furr — 7/15/2026

Center Official Signature — Date of Signature

7/1/2026 — 7/31/2027

Effective Date — Expiration Date

HOUSEHOLD CATEGORY:

- [X] Free
- [ ] Reduced
- [ ] Paid
- [ ] Incomplete

Foster Child – Free Category
List name of foster child(ren):

For Center Use Only - Instructions

The eligibility status of every application that is returned to the care center must be determined by center personnel within 10 days of receipt. 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 (master case number), 2) foster child eligibility (automatically free) or 3) household size and income reported in Part 3b. The eligibility determination must be made by the center, indicating the application is determined Free, Reduced or Paid.

Participants receiving benefits from SNAP, TANF or FDPIR should be determined in the Free category if the master case number 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. The total number of persons in the household should equal the number of names listed on the IEF.

If the IEF includes household children and foster children, the foster children should be included in the household size and the foster child/children's personal use income shall be included in the household income. This process shall be used if it will allow children listed in Part 1 to be classified in the Free or Reduced category. The foster children will always be determined in the Free category. Therefore, it is possible that the household children could be determined Free or Reduced and the Foster child would be determined Free on the same IEF.

Sign and Date the IEF

The person who makes the eligibility determination must sign the IEF and indicate the date signed. The date signed 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 no earlier than 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.

EFFECTIVE PERIOD- EXPIRATION DATE

Income Eligibility Forms are good for one year. The determining official shall enter date the IEF was made effective and identify the expiration date.

Each spring NDE issues current IEFs to be used by centers for the period July 1 through June 30 of the following year. This time frame is consistent with the Income Eligibility Guidelines that go into effect every July 1. Centers should distribute new IEFs to households during June and July, so there can be a July 1 effective date.

CENTER OFFICIAL DETERMINATION

All IEFs are valid for one year. Example: An IEF with an effective April 10 date is valid until April 30 of the following year. However, the Department of Education encourages all centers to solicit new IEFs annually during June and July, to coincide with the effective dates of the income eligibility guidelines. When soliciting IEFs, the center should be using the IEFs that have been provided for the current July 1 - June 30 fiscal year.

IEFs must be kept on file for four years for all participants for whom meals were or are being claimed for reimbursement. Four years is defined as the current fiscal year and the previous three fiscal years.

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 information must be changed, cross through the information, provide the correct information, initial and date the revision. **Do not write on top of information or use "white-out" to make revisions.**

General Guidelines

- Child Income Eligibility and Enrollment Forms should be completed in ink (not in pencil).
- Forms are **not** to be completed by the center; information is to be entered by the adult household member.
- White-out is not to be utilized on any part of the form, if an error is made simply cross out the error and initial.
- Clarify information with the adult household member if you have any questions about the information provided on the forms.
- Direct Certification is **NOT** allowed to be used for eligibility determination in the CACFP.

RECAP:

- Make determinations on IEF's within 10 days of receipt.
- Current and correctly determined IEFs *must be on file* for all participants whose meals are claimed in the Free and Reduced categories.
- IEFs may be backdated only to the *first of the month when the determination* is made.
- A *master case number MUST BE listed* for households qualifying under "Part 2" – categorical eligibility.
- IEF's are valid for one year *i.e., Effective July 15, 2026 are valid through July 31, 2027.*

INCOME ELIGIBILITY GUIDELINES – FY2027

NUTRITION SERVICES INCOME ELIGIBILITY GUIDELINES
JULY 1, 2026 - JUNE 30, 2027

Household Size	Free Meals					Reduced Price Meals				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	20,748	1,729	865	798	399	29,526	2,461	1,231	1,136	568
2	28,132	2,345	1,173	1,082	541	40,034	3,337	1,669	1,540	770
3	35,516	2,960	1,480	1,366	683	50,542	4,212	2,106	1,944	972
4	42,900	3,575	1,788	1,650	825	61,050	5,088	2,544	2,349	1,175
5	50,284	4,191	2,096	1,934	967	71,558	5,964	2,982	2,753	1,377
6	57,668	4,806	2,403	2,218	1,109	82,066	6,839	3,420	3,157	1,579
7	65,052	5,421	2,711	2,502	1,251	92,574	7,715	3,858	3,561	1,781
8	72,436	6,037	3,019	2,786	1,393	103,082	8,591	4,296	3,965	1,983
For each additional family member add:	7,384	616	308	284	142	10,508	876	438	405	203

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.

Let's Do Some Examples:

1. Household size is 4; Annual Income is $ 36,820.

   Free Reduced Paid

2. Household size is 2; Annual Income is $ 40,034.

   Free Reduced Paid

3. Household size is 3; Annual Income is $ 67,645.

   Free Reduced Paid

INCOME ELIGIBILITY DETERMINATION EXAMPLE

INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS
JULY 1, 2026 THROUGH JUNE 30, 2027

Part 1. CHILD ENROLLMENT: Complete the information below for all children in care. If the child is an infant, foster child (legal responsibility of a foster care agency or the court), Head Start eligible or a school-age child, please check the box.

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)		Usual Days of Care							Meals Served During Care						Infant	School Age	Head Start	Foster Child
			Arrival Time	Leave Time	M	T	W	T	F	S	S	B	AM	L	PM	D	EV				
Thayer, John	1.4.23	3.7.24	6:30 am	3:45 pm	X	X	X	X	X			X		X	X			❑	❑	❑	❑
																		❑	❑	❑	❑
																		❑	❑	❑	❑

OPTIONAL: Please check the ethnicity and race of the child(ren) you are enrolling.

Ethnicity (select one or more): ❑ Hispanic or Latino ☒ Not Hispanic or Latino

Race (select one or more): ❑ American Indian or Alaskan Native ❑ Asian ☒ Black or African American
❑ Native Hawaiian or other Pacific Islander ❑ White or Caucasian

Part 2. Household Receiving Benefits: Supplemental Nutrition Assistance Program (**SNAP**), Temporary Assistance for Needy Families (**TANF**), or Food Distribution Program on Indian Reservations (**FDPIR**): **Complete Parts 1, 2 and 4.**

Check Applicable Program & Provide Case Number(s): ❑ **SNAP Case #:**_____ ❑ **TANF Case #:**_____ ❑ **FDPIR Case #:** _____

Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES: Complete Parts 1, 3A and 4.

If your family income exceeds the income guidelines (listed on attached letter), check this box ❑

Part 3B. ALL OTHER HOUSEHOLDS – If you do not have a SNAP, TANF or FDPIR *MASTERCASE* **number**: Complete Parts 1, 3B and 4.

List the Names of All Household Members not listed in Part 1 and Foster Children	GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly								
	Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		Check If ZERO Income
	How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?	
1 Middleton, Sarah	$35,432								❑
2 Thayer, Simon	$1,750								❑
3									❑
4									❑

Social Security Number of Household Member who signs form:

Last four digits of Social Security Number: XXX- XX -_____ If you do not have a Social Security Number, check this box ❑

Part 4. SIGNATURE AND CONTACT INFORMATION:

I certify (promise) that all information on this form is true and that all income is reported. I understand that the facility will receive Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose their meal benefits, and I may be prosecuted.

Sarah Middleton 8/19/2026

Signature of Parent/Guardian Date

Print Name

Address

City State Zip Code

E-Mail Address/Telephone

FOR CENTER USE ONLY

_____ SNAP/TANF/FDPIR HOUSEHOLD

_____ ANNUAL INCOME: _____ HOUSEHOLD SIZE: _____

Center Official Signature Date of Signature

Effective Date Expiration Date

HOUSEHOLD CATEGORY: ❑ Free ❑ Reduced ❑ Paid ❑ Incomplete

Foster Child – Free Category
List name of foster child(ren)

INCOME ELIGIBILITY DETERMINATION EXAMPLE

INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS
JULY 1, 2026 THROUGH JUNE 30, 2027

Part 1. CHILD ENROLLMENT: Complete the information below for all children in care. If the child is an infant, foster child (legal responsibility of a foster care agency or the court), Head Start eligible or a school-age child, please check the box.

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)		Usual Days of Care							Meals Served During Care						Infant	School Age	Head Start	Foster Child
			Arrival Time	Leave Time	M	T	W	T	F	S	S	B	A M	L	P M	D	E V				
Dawes, James	1.5.24	5.7.25	7:00 am	5:45 pm	X	X	X	X	X			X		X	X			❑	❑	❑	❑
Dawes, Cyndi	4.9.21	8.18.22	7:00 am	5:45 pm	X	X	X	X	X			X		X	X			❑	❑	❑	❑
																		❑	❑	❑	❑

OPTIONAL: Please check the ethnicity and race of the child(ren) you are enrolling.

Ethnicity (select one or more): ❑ Hispanic or Latino ☒ Not Hispanic or Latino

Race (select one or more): ❑ American Indian or Alaskan Native ❑ Asian ☒ Black or African American ❑ Native Hawaiian or other Pacific Islander ❑ White or Caucasian

Part 2. Household Receiving Benefits: Supplemental Nutrition Assistance Program (**SNAP**), Temporary Assistance for Needy Families (**TANF**), or Food Distribution Program on Indian Reservations (**FDPIR**): **Complete Parts 1, 2 and 4.**

Check Applicable Program & Provide Case Number(s): ❑ **SNAP Case #:**_____ ❑ **TANF Case #:**_____ ❑ **FDPIR Case #:** _____

Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES: Complete Parts 1, 3A and 4.

If your family income exceeds the income guidelines (listed on attached letter), check this box ❑

Part 3B. ALL OTHER HOUSEHOLDS – If you **do not** have a SNAP, TANF or FDPIR ***MASTERCASE* number**: Complete Parts 1, 3B and 4.

List the Names of All Household Members not listed in Part 1 and Foster Children	GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly								Check If ZERO Income
	Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		
	How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?	
1 Dawes, Peter	$1,250	M							❑
2 Dawes, Gloria	$ 550	W							❑
3									❑
4									❑

Social Security Number of Household Member who signs form:

Last four digits of Social Security Number: XXX- XX - 6540__ If you do not have a Social Security Number, check this box ❑

Part 4. SIGNATURE AND CONTACT INFORMATION:

I certify (promise) that all information on this form is true and that all income is reported. I understand that the facility will receive Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose their meal benefits, and I may be prosecuted.

Gloria Dawes *8/19/2026*
Signature of Parent/Guardian Date

Gloria & Peter Dawes
Print Name
16546 Happy Street
Address
Huskerville NE 68000
City State Zip Code

E-Mail Address/Telephone

FOR CENTER USE ONLY

_____ SNAP/TANF/FDPIR HOUSEHOLD

_____ ANNUAL INCOME: _____ HOUSEHOLD SIZE: _____

_____
Center Official Signature Date of Signature

_____
Effective Date Expiration Date

HOUSEHOLD CATEGORY: ❑ Free ❑ Reduced ❑ Paid ❑ Incomplete

Foster Child – Free Category
List name of foster child(ren)

INCOME ELIGIBILITY DETERMINATION EXAMPLE

INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS
JULY 1, 2026 THROUGH JUNE 30, 2027

Part 1. CHILD ENROLLMENT: Complete the information below for all children in care. If the child is an infant, foster child (legal responsibility of a foster care agency or the court), Head Start eligible or a school-age child, please check the box.

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)		Usual Days of Care							Meals Served During Care						Infant	School Age	Head Start	Foster Child
			Arrival Time	Leave Time	M	T	W	T	F	S	S	B	A M	L	P M	D	E V				
James, William	5.5.23	9.7.24	9:00 am	5:45 pm	X	X	X	X	X					X	X	X		❑	❑	❑	❑
																		❑	❑	❑	❑
																		❑	❑	❑	❑

OPTIONAL: Please check the ethnicity and race of the child(ren) you are enrolling.

Ethnicity (select one or more): ❑ Hispanic or Latino ☒ Not Hispanic or Latino

Race (select one or more): ❑ American Indian or Alaskan Native ❑ Asian ☒ Black or African American
❑ Native Hawaiian or other Pacific Islander ❑ White or Caucasian

Part 2. Household Receiving Benefits: Supplemental Nutrition Assistance Program (**SNAP**), Temporary Assistance for Needy Families (**TANF**), or Food Distribution Program on Indian Reservations (**FDPIR**): **Complete Parts 1, 2 and 4.**

Check Applicable Program & Provide Case Number(s): ❑ **SNAP Case #:**_____ ❑ **TANF Case #:**_____ ❑ **FDPIR Case #:** _____

Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES: Complete Parts 1, 3A and 4.

If your family income exceeds the income guidelines (listed on attached letter), check this box ❑

Part 3B. ALL OTHER HOUSEHOLDS – If you **do not** have a SNAP, TANF or FDPIR ***MASTERCASE* number**: Complete Parts 1, 3B and 4.

List the Names of All Household Members not listed in Part 1 and Foster Children		GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly								
		Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		Check If ZERO Income
		How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?	
1	Silverton, Gordon	$2,250	M							❑
2	Silverton, Tracy	$ 950	M	$ 378	M					❑
3	Silverton, Nicholas									❑
4	James, William									❑

Social Security Number of Household Member who signs form:

Last four digits of Social Security Number: XXX- XX -__5554__ If you do not have a Social Security Number, check this box ❑

Part 4. SIGNATURE AND CONTACT INFORMATION:

I certify (promise) that all information on this form is true and that all income is reported. I understand that the facility will receive Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose their meal benefits, and I may be prosecuted.

Tracy Silverton *8/19/2026*
Signature of Parent/Guardian Date

Gordon & Tracy Silverton
Print Name
16111 Husker Lane
Address
Huskerville NE 68000
City State Zip Code

E-Mail Address/Telephone

FOR CENTER USE ONLY

_____ SNAP/TANF/FDPIR HOUSEHOLD

_____ ANNUAL INCOME: _____ HOUSEHOLD SIZE: _____

Center Official Signature Date of Signature

Effective Date Expiration Date

HOUSEHOLD CATEGORY: ❑ Free ❑ Reduced ❑ Paid ❑ Incomplete

Foster Child – Free Category
List name of foster child(ren)

INCOME ELIGIBILITY DETERMINATION EXAMPLE

INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS
JULY 1, 2026 THROUGH JUNE 30, 2027

Part 1. CHILD ENROLLMENT: Complete the information below for all children in care. If the child is an infant, foster child (legal responsibility of a foster care agency or the court), Head Start eligible or a school-age child, please check the box.

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)		Usual Days of Care							Meals Served During Care						Infant	School Age	Head Start	Foster Child
			Arrival Time	Leave Time	M	T	W	T	F	S	S	B	AM	L	PM	D	EV				
Landon, Daniel	9/3/24	9/7/25	6:00 am	2:45 pm	X	X	X	X	X			X		X				❑	❑	❑	❑
Garber, Silas "Punky"	1/2/24	9/7/25	6:00 am	2:45 pm	X	X	X	X	X			X		X				❑	❑	❑	X
																		❑	❑	❑	❑

OPTIONAL: Please check the ethnicity and race of the child(ren) you are enrolling.

Ethnicity (select one or more): ❑ Hispanic or Latino ☒ Not Hispanic or Latino

Race (select one or more): ❑ American Indian or Alaskan Native ❑ Asian ☒ Black or African American
❑ Native Hawaiian or other Pacific Islander ❑ White or Caucasian

Part 2. Household Receiving Benefits: Supplemental Nutrition Assistance Program (**SNAP**), Temporary Assistance for Needy Families (**TANF**), or Food Distribution Program on Indian Reservations (**FDPIR**): **Complete Parts 1, 2 and 4.**

Check Applicable Program & Provide Case Number(s): ❑ **SNAP Case #:**_____ ❑ **TANF Case #:**_____ ❑ **FDPIR Case #:** _____

Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES: Complete Parts 1, 3A and 4.

If your family income exceeds the income guidelines (listed on attached letter), check this box ❑

Part 3B. ALL OTHER HOUSEHOLDS – If you do not have a SNAP, TANF or FDPIR ***MASTERCASE*** **number**: Complete Parts 1, 3B and 4.

	List the Names of All Household Members not listed in Part 1 and Foster Children	GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly								
		Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		Check if ZERO Income
		How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?	
1	Landon, Emily	$32,250	Y							❑
2	Landon, Bob	$17,500	Y							❑
3	Garber, Silas "Punky"									X
4										❑

Social Security Number of Household Member who signs form:

Last four digits of Social Security Number: XXX- XX -__5554_____ If you do not have a Social Security Number, check this box ❑

Part 4. SIGNATURE AND CONTACT INFORMATION:

I certify (promise) that all information on this form is true and that all income is reported. I understand that the facility will receive Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose their meal benefits, and I may be prosecuted.

Emily Landon *August, 15, 2026*
Signature of Parent/Guardian Date

Emily & Bob Landon
Print Name
981 Husker Lane
Address
Huskerville NE 68000
City State Zip Code

E-Mail Address/Telephone

FOR CENTER USE ONLY

_____ SNAP/TANF/FDPIR HOUSEHOLD

_____ ANNUAL INCOME: _____ HOUSEHOLD SIZE: _____

Center Official Signature Date of Signature

Effective Date Expiration Date

HOUSEHOLD CATEGORY: ❑ Free ❑ Reduced ❑ Paid ❑ Incomplete

Foster Child – Free Category
List name of foster child(ren)

INCOME ELIGIBILITY DETERMINATION EXAMPLE

INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS
JULY 1, 2026 THROUGH JUNE 30, 2027

Part 1. CHILD ENROLLMENT: Complete the information below for all children in care. If the child is an infant, foster child (legal responsibility of a foster care agency or the court), Head Start eligible or a school-age child, please check the box.

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)		Usual Days of Care							Meals Served During Care						Infant	School Age	Head Start	Foster Child
			Arrival Time	Leave Time	M	T	W	T	F	S	S	B	AM	L	PM	D	EV				
Boyd, James	4/3/25	9/7/25	6:50 am	5:45 pm	X	X	X	X	X			X		X	X			❑	❑	❑	❑
																		❑	❑	❑	❑
																		❑	❑	❑	❑

OPTIONAL: Please check the ethnicity and race of the child(ren) you are enrolling.

Ethnicity (select one or more): ❑ Hispanic or Latino ☒ Not Hispanic or Latino

Race (select one or more): ❑ American Indian or Alaskan Native ❑ Asian ☒ Black or African American
❑ Native Hawaiian or other Pacific Islander ❑ White or Caucasian

Part 2. Household Receiving Benefits: Supplemental Nutrition Assistance Program (**SNAP**), Temporary Assistance for Needy Families (**TANF**), or Food Distribution Program on Indian Reservations (**FDPIR**): **Complete Parts 1, 2 and 4.**

Check Applicable Program & Provide Case Number(s): **X SNAP Case #:**_____ ❑ **TANF Case #:**_____ ❑ **FDPIR Case #:** _____

Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES: Complete Parts 1, 3A and 4.

If your family income exceeds the income guidelines (listed on attached letter), check this box ❑

Part 3B. ALL OTHER HOUSEHOLDS – If you do not have a SNAP, TANF or FDPIR *MASTERCASE* **number**: Complete Parts 1, 3B and 4.

List the Names of All Household Members not listed in Part 1 and Foster Children	GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly								Check If ZERO Income
	Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		
	How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?	
1 Boyd, Natalie									❑
2									❑
3									❑
4									❑

Social Security Number of Household Member who signs form:

Last four digits of Social Security Number: XXX- XX -_____ If you do not have a Social Security Number, check this box ❑

Part 4. SIGNATURE AND CONTACT INFORMATION:

I certify (promise) that all information on this form is true and that all income is reported. I understand that the facility will receive Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose their meal benefits, and I may be prosecuted.

Natalie Boyd July 13, 2026
Signature of Parent/Guardian Date

Natalie & Jim Boyd
Print Name
415325 Husker Lane
Address
Huskerville NE 68000
City State Zip Code

E-Mail Address/Telephone

FOR CENTER USE ONLY

_____ SNAP/TANF/FDPIR HOUSEHOLD

_____ ANNUAL INCOME: _____ HOUSEHOLD SIZE: _____

Center Official Signature Date of Signature

Effective Date Expiration Date

HOUSEHOLD CATEGORY: ❑ Free ❑ Reduced ❑ Paid ❑ Incomplete

Foster Child – Free Category
List name of foster child(ren)

INCOME ELIGIBILITY & ENROLLMENT FORM

Determination based on Household Benefit (Part 2)

[redacted] **FOR CENTER USE ONLY** [redacted]

x SNAP/TANF/FDPIR HOUSEHOLD

_____ ANNUAL INCOME: _____ HOUSEHOLD SIZE: _____

Diane Bird — 8/22/2026

Center Official Signature — Date of Signature

8/1/2026 — 8/31/2027

Effective Date — Expiration Date

HOUSEHOLD CATEGORY:
- x Free
- ❒ Reduced
- ❒ Paid
- ❒ Incomplete

Foster Child – Free Category
List name of foster child(ren)

[redacted]

Determination based on Household Size and Income (Part 3b)

[redacted] **FOR CENTER USE ONLY** [redacted]

_____ SNAP/TANF/FDPIR HOUSEHOLD

X ANNUAL INCOME: 44,134 HOUSEHOLD SIZE: 3

Diane Bird — 8/22/2026

Center Official Signature — Date of Signature

8/1/2026 — 8/31/2027

Effective Date — Expiration Date

HOUSEHOLD CATEGORY:
- x Free
- ❒ Reduced
- ❒ Paid
- ❒ Incomplete

Foster Child – Free Category
List name of foster child(ren)

[redacted]

Determination based on Incomplete IEF Application (e.g., no income information, no case number)

[redacted] **FOR CENTER USE ONLY** [redacted]

_____ SNAP/TANF/FDPIR HOUSEHOLD

_____ ANNUAL INCOME: _____ HOUSEHOLD SIZE: _____

Diane Bird — 8/22/2026

Center Official Signature — Date of Signature

8/1/2026 — 8/31/2027

Effective Date — Expiration Date

HOUSEHOLD CATEGORY:
- ❒ Free
- ❒ Reduced
- x Paid
- x Incomplete

Foster Child – Free Category
List name of foster child(ren)

[redacted]

Determination based on Foster Child Eligibility

[redacted] **FOR CENTER USE ONLY** [redacted]

_____ SNAP/TANF/FDPIR HOUSEHOLD

_____ ANNUAL INCOME: _____ HOUSEHOLD SIZE: _____

Diane Bird — 8/22/2026

Center Official Signature — Date of Signature

8/1/2026 — 8/31/2027

Effective Date — Expiration Date

HOUSEHOLD CATEGORY:
- x Free
- ❒ Reduced
- ❒ Paid
- ❒ Incomplete

Foster Child – Free Category
List name of foster child(ren)
Silas "Punky" Garber

[redacted]

INCOME ELIGIBILITY & ENROLLMENT FORM

What makes the IEF section complete?

Make sure that the IEF is complete. If something is missing, contact the household to clarify the information. It is okay to get more information over the telephone to complete the IEF. Write a note on the IEF of the information, who you talked with, the date and your initials.

Categorical Eligibility (based on information in Part 2)

A complete application for households WITH MASTER CASE NUMBERS must include:

- Child's name, Date of Birth, Enrollment Date
- Master case number for SNAP, FDPIR or TANF
- Signature of adult household member

Household Income Eligibility (based on information in Part 3b)

- Child's name
- Names of all household members
- Current income of each household member by source
- Signature of adult household member
- Last four digits of Social Security number of signer or "none"

Foster Child (based on information in Part 1 and 3b and not included as a household member)

- Child's name
- Child's personal use income
- Signature of adult household member

RECAP:

- A center official must review, determine, and sign each IEF if meals for the household are claimed for reimbursement in free/reduced categories.
- Effective date is to be the first of the month in which an IEF is determined. For Example – An IEF is determined on September 19; the effective date of the IEF is September 1.
- IEF's are good for one year. Example - Effective date is September 1, 2026, expiration date will be September 30, 2027.
- Do NOT pre-print any information in the "for center use only" section, such as signatures, determination dates, or effective dates on the IEFs before you have them photocopied! Every IEF must be determined individually.
- Do NOT complete the forms for your participants.

INCOME ELIGIBILITY & ENROLLMENT FORM

Top Ten List

1. Make sure that all children from the household who are enrolled at your center are listed in Part 1. Foster children must be listed in Part 3b.

2. The center official must indicate if the Income Eligibility Forms (IEF) determination is Free, Reduced or Paid.

3. Information on IEFs is valid for one year. Centers are encouraged to solicit new IEFs each year during June and July since the new Income Eligibility Guidelines go into effect on July 1 of each year. Centers should begin using the new IEF forms during June and July, once received from the Department of Education.

4. Mistakes on IEFs will result in an over claim - you will have to pay money back to the State of Nebraska.

5. IEFs may be effective no earlier than the first day of the month in which they are determined.

6. The determination of Free, Reduced or Paid should be made as soon as the IEF is received.

7. For an IEF to be effective, it must be signed and dated by the determining official, with an effective date indicated.

8. IEFs are the ONLY documents that allow you to claim meals in the Free and Reduced categories.

9. IEFs may remain in effect for a maximum of one year. A new IEF is required to be obtained every year.

10. "Current income" means income received by the household during the month prior to the submission of the IEF. If this income is higher or lower than usual and does not fairly or accurately represent the household's actual circumstances, the household may project its annual rate of income. If monthly income fluctuates, then households may project their annual rate of income and report this amount as current income.

RECORDS OF MEALS AND SUPPLEMENTS – MEAL COUNT RECORDS

These are step-by-step instructions for filling out the weekly Record of Meals and Supplements Served worksheet provided by the Nebraska Department of Education. This is the oversize 11" x 17" worksheet which must be completed at the point of meal service. These have come to be known as "the blue and white sheets." Your center may be using a computer software package or alternate record keeping system that has been approved by the Nebraska Department of Education. The same record keeping standards apply to all point of service forms being used.

Step One. Across the top of the page, write in the appropriate DATE to correspond with each day of the week.

Step Two. Under the column heading LAST NAME, FIRST NAME, list the name of each enrolled participant who will be served a reimbursable meal. ***Do not use nicknames or initials.***

Step Three. The column heading CODE refers to the **meal benefit category** you have determined for each participant based on the Income Eligibility Form. For the purpose of protecting the anonymity of participants meeting the guidelines for free and reduced-price meals, the Department of Education has established the following coding system. This system must be used (do NOT use any other coding system).

A = Free
B = Reduced
C = Paid

PLEASE PRINT LEGIBLY	CODE	MONDAY DATE: July 27, YEAR					
		BR			AM SN		
NAME		A	B	C	A	B	C
Butler, Jimmy	A						
James, William	A						
Garber, Silas "Punky"	A						
Nelson, Benji	A						
Dawes, James	B						
Thayer, John	C						

Step Four. Meals are identified on the worksheet as follows:

BR	Breakfast
AM SN	Morning Snack
LU	Lunch
PM SN	Afternoon Snack
SU	Supper
EV SN	Evening Snack

Step Five. For each meal that is served to an eligible participant, place an X in the appropriate column (A, B or C) according to the code determined for each participant.

RECORDS OF MEALS AND SUPPLEMENTS – MEAL COUNT RECORDS

Step Six. Daily totals are calculated by counting the number of X's in each column. Place the column total in the appropriate TOTAL box at the bottom of the worksheet. The VERIFIED row may also be used by Department of Education staff or auditors when reviewing your records or you may use this to have another staff member double check your counts.

Step Seven. A maximum of THREE meals may be claimed per participant per day. These three meals may consist of 1) two meals and one snack or 2) one meal and two snacks.

NOTE! ➡ **Attendance records may not be used to determined the number of meals served but must support the actual meal counts reported.**

USDA'S Monitoring Handbook for State Agencies for CACFP (December 2013), Page 26.

Do:

- DO use pencil in case of mistakes.
- DO use participant's FULL names, not initials or nicknames. For example, you may know that "Rocky" Johnson and William Johnson are the same person, but an auditor will not.
- DO print participant's names legibly.
- DO fill out these worksheets **AT THE POINT OF MEAL SERVICE.** This means while the participants are eating each meal. Do NOT fill them out at the beginning or ending of the day for the entire day.
- DO get in the habit of adding the X's in each column every day. Your totals at the bottom of the page can then be easily transferred to the monthly Claim for Reimbursement Worksheet.

Don't:

- DO NOT use marks other than X to indicate meals being claimed. Make sure your symbols do not extend into other boxes. This will make it much easier for you in counting the X's in each column.
- DO NOT draw unnecessary lines through entire rows or columns. For example, DO NOT draw lines through the days when the center is closed for a holiday.
- DO NOT draw lines through those meal services you are not claiming. DO NOT make any indication for absentees. This worksheet is only for marking meals to be claimed.
- DO NOT use one meal sheet that includes two different months. For example, Tuesday, May 31 is on one sheet. Begin Wednesday, June 1 on a new meal count sheet.

INFANTS – CACFP CLAIMING REQUIREMENTS

- The CACFP defines infants as birth through 11 months.
- All centers who intend to claim infant meals are required to attend NDE's Infant Meal Pattern and Infant Production Record Training.
- Infants enrolled for care at a participating CACFP center must be offered at least one infant formula and meals that comply with CACFP infant meal pattern requirement, including centers who do not claim infant meals for reimbursement {7 CFR 226.20(b)}
- Centers are required to obtain an Infant Formula Selection form informing parents of the infant formula they offer and if the parents/guardians accept or decline their formula.

Infant Formula Selection & Solid Foods
Nebraska Child and Adult Care Food Program

Infant Name: Date of Birth:

A. **Infant Formula Selection:** This center provides *Center Formula* (brand) iron fortified infant formula to all infants under one year of age. I **ACCEPT** or **DECLINE** (Please circle one) the center's formula. If declined, please identify what will be provided **BREASTMILK** (circle) or **FORMULA** (list brand) _____.

Approximate Feeding Times: _____ _____ _____ _____ **Approximate Quantity (Ounces):** _____

Parent Signature: _____ *Date:* _____

- Infant Meal Pattern is required to be met for the meal to be eligible for reimbursement.
- Individual infant production records are required to be recorded for each meal claimed.

Infant Production Record

Breakfast - July 31, YEAR			
Name	**Formula**	**Cereal**	**Fruit/Vegetable**
William Poynter, 11 mos.	*Formula 8 oz*	*Infant cereal - rice 1 ½ oz*	*Pears 1 T*

- Infants' meal count records are to be maintained in the infant classroom, separate from other classrooms.

Infant Meal Count Record

PLEASE PRINT LEGIBLY	CODE	FRIDAY DATE: July 31, YEAR					
		BR			**AM - SN**		
NAME		A	B	C	A	B	C
Poynter, William	A	X					

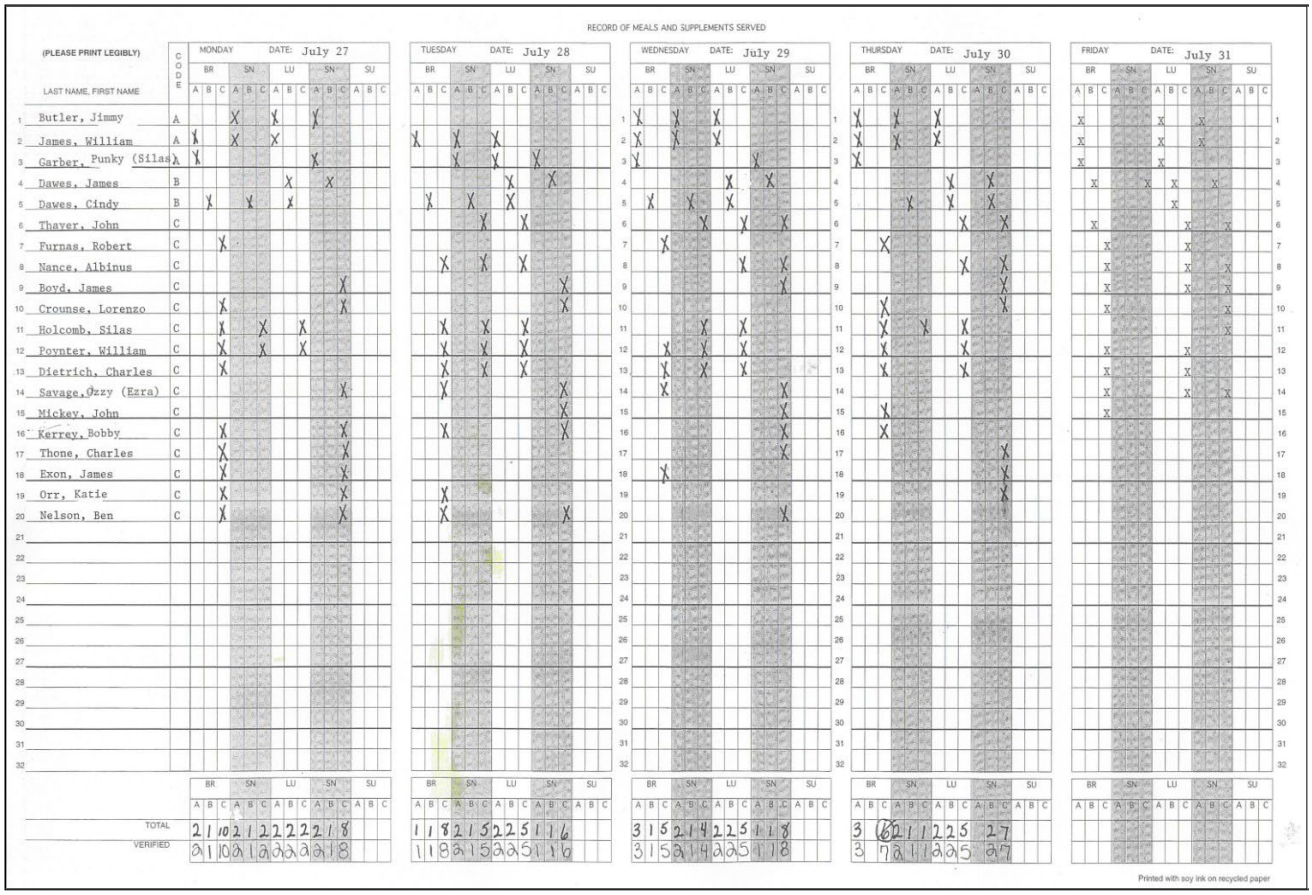
- Assign someone to compare the infant production records and meal count sheets to ensure they are complete prior to submitting your claim for reimbursement.

RECORDS OF MEALS AND SUPPLEMENTS – MEAL COUNT RECORDS
EXERCISE - ADDING DAILY MEAL COUNTS

1. Use the 11” x 17” “blue and white” Record of Meals and Supplements Served for this exercise.

2. On your own, count the daily totals for July 31 on the sample meal count sheet and write in your totals in the TOTAL row.

3. Exchange papers with the person next to you and have them verify your count.



RECORDS OF MEALS AND SUPPLEMENTS – POINT OF SERVICE MEAL COUNT RECORDS

Make sure that meals are recorded in the correct eligibility category.

In this exercise, John Thayer is classified in the Paid (C) category, but his breakfast was incorrectly marked in the Reduced (B) category.

PLEASE PRINT LEGIBLY	CODE	FRIDAY DATE: *July 31, YEAR*					
		BR			AM SN		
Butler, Jimmy	A	X					
James, William	A	X					
Garber, Silas "Punky"	A	X					
Nelson, Benji	A						
Dawes, James	B		X				
Thayer, John	C		X				

When you find an error, make sure that meals are claimed in the correct category. Below, we are moving John Thayer's incorrectly marked Breakfast from the Reduced (B) category to the Paid (C) category.

PLEASE PRINT LEGIBLY	CODE	FRIDAY DATE: July 31, YEAR					
		BR			AM SN		
Butler, Jimmy	A	X					
James, William	A	X					
Garber, Silas "Punky"	A	X					
Nelson, Benji	A						
Dawes, James	B		X				
Thayer, John	C		X →	X			

In the example below, we found two errors. James Dawes was correctly classified in the Reduced (B) category, but his Snack was marked in the Paid (C) category. Four meals were marked for James, so we are eliminating the morning snack since a maximum of three meals per participant per day may be claimed.

PLEASE PRINT LEGIBLY	CODE	FRIDAY DATE: July 31, YEAR					
		BR			AM SN		
Butler, Jimmy	A	X					
James, William	A	X					
Garber, Silas "Punky"	A	X					
Nelson, Benji	A						
Dawes, James	B		X				X
Thayer, John	C			X			

Here are the correct totals for July 31.

	BR			AM - SN			LU			PM - SN		
	A	B	C	A	B	C	A	B	C	A	B	C
VERIFIED	3	1	9	0	0	0	3	2	7	2	1	6

TRANSFERRING DAILY TOTALS TO MONTHLY CLAIM WORKSHEET

EXERCISE

1. Transfer the correct verified totals for July 31st from the Record of Meals and Supplements Served to the Claim for Reimbursement worksheet below. The totals for the rest of the week have been entered.
2. Add the totals of each column.

Claim for Reimbursement Worksheet
NS-401-G
Revised April 2009

Center:	Agreement Number:	Month, Year:

	NUMBER OF MEALS																		ATTENDANCE*
	Breakfast			AM Snack			Lunch			PM Snack			Supper			EV Snack			How many
Date	F	R	P	F	R	P	F	R	P	F	R	P	F	R	P	F	R	P	
1																			
2																			
3																			
4																			
S																			
6																			
7																			
8																			
9																			
10																			
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22																			
23																			
24																			
25																			
26																			
27	3	1	9	2	1	2	2	2	2	3	1	7							17
28	2	1	7	2	1	5	2	2	5	2	1	5							16
29	3	1	5	2	1	4	2	2	5	2	1	7							18
30	3	0	7	2	1	1	2	2	5	0	2	7							
31																			
TOTAL																			
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S

1. Transfer July 31 totals from meal count sheet to this row.

2. Add up the Daily Attendance for July 30-31

3. Total the Daily Attendance (Columns) to get the Total Monthly Attendance.

4. Take the total Monthly Attendance (Col. S) and divide by the number of days served. Round UP to the next whole number.

***Daily Attendance** is the total number of different participants who were served at least one meal during the day. Column S is the number of participants present during the day, not a total of the number of meals served.

Calculating Average Daily Attendance (ADA)

_____ _____ = _____
Total in column S + **Days served** = ADA

Round ADA up to the next highest number

Before submitting your claim, review these Edit Checks

1. Is the center approved to claim the meals noted above?
2. The total meal count for any meal may not exceed the total attendance for the month.
3. The same number of meals claimed for one or more meal types is not identical for 15 consecutive days in the month; this is block claiming. If the number of meals claimed for one or more meal types is identical for 15 consecutive days, follow-up by the center sponsor is required. Follow-up must be documented for each center.

TRANSFERRING DAILY TOTALS TO MONTHLY CLAIM WORKSHEET

All of the daily totals have been transferred to the worksheet.

At the end of each month, add each column to determine the total number of meals claimed.

	Breakfast			AM Snack			Lunch			PM Snack		
Date	F	R	P	F	R	P	F	R	P	F	R	P
27	3	1	9	2	1	2	2	2	2	3	1	7
28	2	1	7	2	1	5	2	2	5	2	1	5
29	3	1	5	2	1	4	2	2	5	2	1	7
30	3	0	7	2	1	1	2	2	5	0	2	7
31	3	1	9	0	0	0	3	2	7	2	1	6
Total	14	4	37	8	4	12	11	10	24	9	6	32



These are the numbers that are entered on the Claim for Reimbursement.

RECAP

- Every site should have their own claim worksheet.
- Claims are submitted by site, not as an organization.
- Infant Rooms should have their meal count records maintained in their classroom; separate from all other age groups.

CALCULATING AVERAGE DAILY ATTENDANCE - EXAMPLE

Date	Attendance. How many participants were served at least one meal or snack?
1	15
2	18
3	19
4	
5	22
6	
7	
8	22
9	21
10	17
11	16
12	18
13	
14	
15	26
16	22
17	23
18	19
19	18
20	
21	
22	18
23	18
24	17
25	19
26	20
27	17
28	16
29	18
30	18
31	18
TOTAL	452

24 Days Served

Total Monthly Attendance

Column S

Average Daily Attendance

Definition of Attendance: Any eligible enrolled participant for whom at least one meal was claimed during the claim month.

How to Calculate Average Daily Attendance

From each day's meal count sheets, add up the total number of participants who were served any meal during the day. Write that total in Column S on the Monthly Claim Worksheet.

At the end of the claim month, add the daily attendance totals. This figure is your total monthly attendance.

Calculate the Average Daily Attendance (ADA) by dividing the total Monthly Attendance by the number of days that meals were served.

Always round fractions UP to the next highest whole number.

452 ÷ 24 = 18.8 = 19 ADA

Important to Remember!
Average Daily Attendance is based on participants; it is NOT based on totaling and averaging the number of meals claimed.

CLAIM FOR REIMBURSEMENT – SUBMITTING THE CLAIM

Claims for reimbursement are due the **10th day of the month** following the reporting month. For example, July claims are due August 10. Claims and claim revisions may be submitted up to 60 days following the end of the reporting month. Revisions that would reduce the amount of the claim may be submitted at any time. Sponsors of more than one site must submit one claim per site. Claims may be submitted by mail, FAX or via the online system. If submitting by FAX, include your originating FAX number.
The first time you submit a claim for a claim month, check Original. All other claims for the same month are "Revised."

Sponsor Information
Sponsor Name - Name of your center or organization

Sponsor Number - The six-digit sponsor number assigned to you by the Department of Education

Site Name – the name of the site for which the claim is being filed. An approved site application must be on file in order to claim meals.

Month/Year claimed - Example: October 2026

The first time you submit a claim for a claim month, check Original. All other claims for the same month are "Revised."

Attendance Reporting
Number of Days Meals were Provided - List the number of days meals were served during the claim month.

Average Daily Attendance - Report the average daily attendance (ADA) for the site. Average Daily Attendance is based on the total number of children for whom a meal was claimed. This figure is determined on a daily basis. The daily numbers are tabulated at the end of the month and divided by the number of days served. This results in the number reported as ADA on the monthly claim for reimbursement.

License Capacity – List the capacity for this site. If submitting the claim online, this number will be filled in automatically.

Child Care Subsidy – For profit centers only - List the number of Child Care Subsidized (Title XX) children for whom care was billed to DHHS for the claim month

Eligibility - List the number of children eligible for Free meals, Reduced price meals and Paid meals. Total Eligible is the sum of Free Children + Reduced Children + Paid Children for whom at least one meal was claimed during the month.

Meals Served - List the total number of meals served to participants by meal type (breakfast, lunch, supper, and snack) and by eligibility category (free, reduced, paid). Total the sum of each meal type (Free + Reduced + Paid).

CLAIM FOR REIMBURSEMENT – SUBMITTING THE CLAIM

At Risk Meals

At Risk Average Daily Attendance (ADA) – Enter the average daily attendance for the At-Risk snack only. This ADA is based solely on attendance of school age children in this snack program. This is calculated separately from the Average Daily Attendance indicated for other meal services.

At Risk Meals - List the total number of At Risk meals and snacks served. This applies only to sites that are approved to operate as At-Risk sites. All other centers and sponsors should leave this blank.

Signature

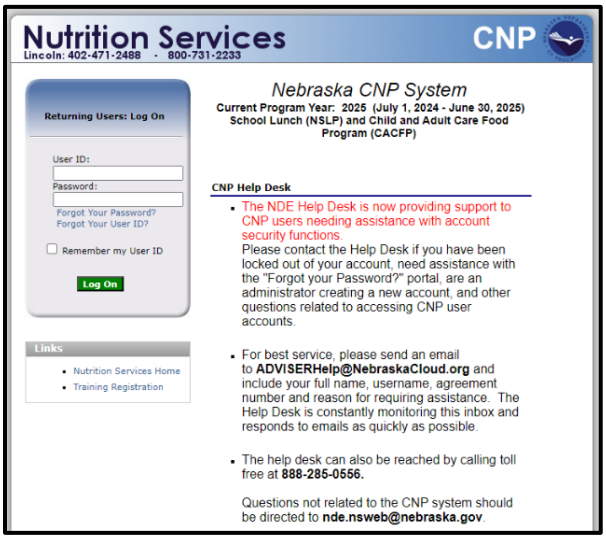
Claims must be submitted by the responsible individual or principal whose signature is on file with the Department of Education. Claims filed by any other persons will not be paid. Indicate the date the claim was signed. You may not continue to use the User ID and password of an individual if that person is no longer employed at the center.

25% Requirement

The computer will calculate if each for-profit site is eligible to participate for the claim month.
Once new centers have demonstrated compliance with CACFP record keeping, they will be eligible to submit their claims on-line. When you make any changes to your on-line application you will need to contact NDE to re-approve the application.

Instruction manuals and webinar training for the online claims and application are available on the CNP web site:
The web site address for the online claim and application system is:

https://nutrition.education.ne.gov



Nutrition Services Computer Access Application and Agreement is included in your Resource Materials packet.



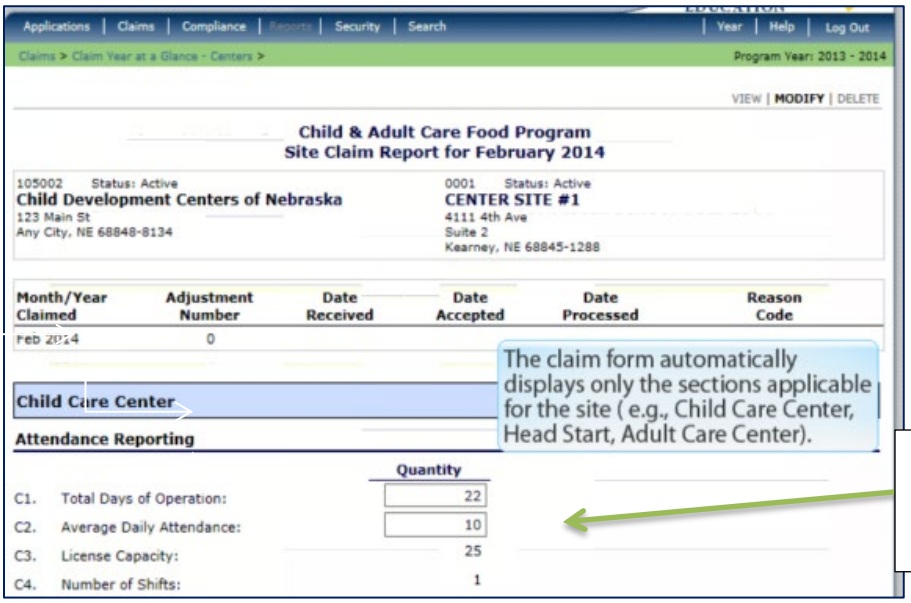
CLAIM FOR REIMBURSEMENT – SUBMITTING THE CLAIM



Step 1. Press "Add Original Claim."

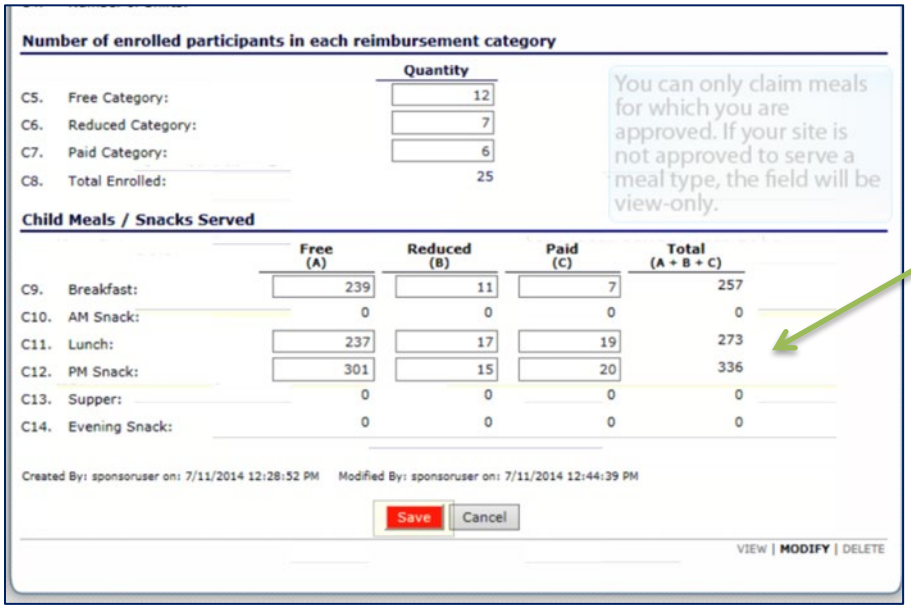
Step 2. Press "Add" on the line of site you are entering the claim for.





Step 3. Enter the information collected on the Claim Reimbursement Worksheet

CLAIM FOR REIMBURSEMENT – SUBMITTING THE CLAIM



Number of enrolled participants in each reimbursement category

		Quantity
C5.	Free Category:	12
C6.	Reduced Category:	7
C7.	Paid Category:	6
C8.	Total Enrolled:	25

You can only claim meals for which you are approved. If your site is not approved to serve a meal type, the field will be view-only.

Child Meals / Snacks Served

		Free (A)	Reduced (B)	Paid (C)	Total (A + B + C)
C9.	Breakfast:	239	11	7	257
C10.	AM Snack:	0	0	0	0
C11.	Lunch:	237	17	19	273
C12.	PM Snack:	301	15	20	336
C13.	Supper:	0	0	0	0
C14.	Evening Snack:	0	0	0	0

Created By: sponsoruser on: 7/11/2014 12:28:52 PM Modified By: sponsoruser on: 7/11/2014 12:44:39 PM

Save Cancel

VIEW | MODIFY | DELETE

Continue with Step 3. Add information from Claim Reimbursement Worksheet

Step 4. Input CACFP expenses for claiming month.

	SALARIES AND BENEFITS	$ 1,425.00
1.	Salaries, Benefits & Taxes (Total from Staff Profile)	$ 0
	FOOD SERVICE	$ 0
2.	Other (Specify)	$ 3,545.00
3.	Food Purchases	$ 0
4.	Food Contracts (vendor, school)	$ 0
5.	Nonfood Supplies (napkins, soap, disposable plates, gloves, etc.)	$ 943.00
6.	Equipment (freezer, stove, refrigerator, etc.)	$ 0
	Total Operating Costs	$ 0
		$5,913.00

→ Press Save

→ Press Continue

→ Check the Certification Box

→ Submit for Payment

Claim status should state "ACCEPTED"
A confirmation e-mail will be issued to your organization.

EDIT CHECKS ON CLAIMS

There are many different "edit checks" that your claim must pass in order to be processed. These edit checks are mathematical formulas written into our computer system that ensure that the information reported on your claim is consistent with your approved application and you are not able to claim more meals than you are entitled to claim.

The following are some examples of edit checks which your claim must pass before it can be paid:

- The number of meals per category cannot exceed the number of eligible participants multiplied by the number of days served.
- Average Daily Attendance cannot exceed enrollment.
- The number of major meals (breakfast, lunch, supper) claimed cannot exceed two major meals per participant per day.
- The number of meals claimed cannot exceed three meals per day per participant.
- You have 60 days (exactly) to file or revise a claim

ELECTRONIC FUNDS TRANSFER (EFT) – DIRECT DEPOSIT

The Nebraska Department of Education Financial Services office has announced the dates for Electronic Funds Transfers (EFT) for the current fiscal year. For those entities receiving payments via EFT, an email notification will be sent two days prior to the date the funds are transferred. Those organizations not on EFT can expect to receive their checks two or more days after the transfer date.

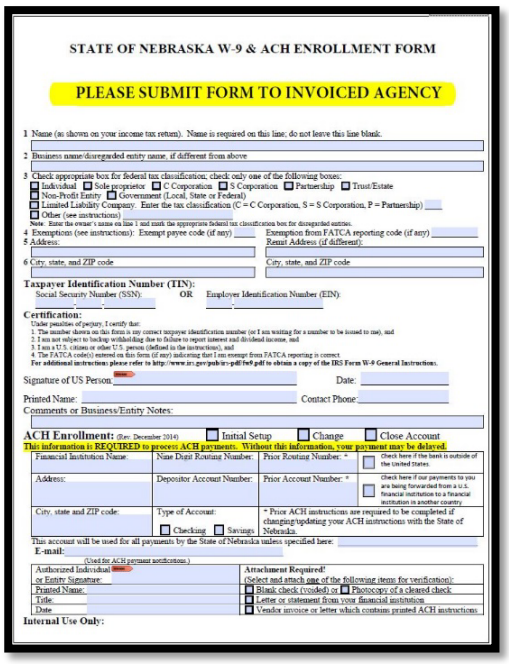
If you decide to make a change in the bank or account number or want to sign up for EFT at any time during the year, you must complete a new Direct Deposit Agreement form indicating the changes and the effective date and provide a copy of a voided check.

Because of the number of transfers made during the month, you should submit the Direct Deposit Agreement form 30 days before the effective date of the change in bank or account numbers. We also recommend that you keep your old account open for at least 30 days. That should allow adequate time to transfer your information to your new account and not disrupt any of your reimbursement.

If you have any questions regarding the Electronic Funds Transfer contact our office at (402) 471-2967.

Electronic Fund Transfer Settlement Dates for Fiscal Year 2027
Child and Adult Care Centers

Claim Payment or Electronic Fund Transfer Date	
Claim submitted by noon on:	**Payment Date**
10th	**+ 3-5 days**
20th	**+ 3-5 days**
Note that the date of deposit shifts to the following business day when the payment date lands on a weekend or a holiday.	



STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM

PLEASE SUBMIT FORM TO INVOICED AGENCY

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following boxes:
Individual | Sole proprietor | C Corporation | S Corporation | Partnership | Trust/Estate
Non-Profit Entity | Government (Local, State or Federal)
Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership)
Other (see instructions)
Note: Enter the owner's name on line 1 and mark the appropriate federal tax classification box for disregarded entities.

4 Exemptions (see instructions): Exempt payee code (if any) | Exemption from FATCA reporting code (if any)

5 Address: | Remit Address (if different):

6 City, state, and ZIP code | City, state, and ZIP code

Taxpayer Identification Number (TIN):
Social Security Number (SSN): OR Employer Identification Number (EIN):

Certification:
Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding due to failure to report interest and dividend income, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
For additional instruction: please refer to http://www.irs.gov/pub/irs-pdf/fw9.pdf to obtain a copy of the IRS Form W-9 General Instructions.

Signature of US Person: Date:

Printed Name: Contact Phone:

Comments or Business/Entity Notes:

ACH Enrollment: (Rev. December 2014) Initial Setup Change Close Account
This information is REQUIRED to process ACH payments. Without this information, your payment may be delayed.

Financial Institution Name:	Nine Digit Routing Number:	Prior Routing Number: *	Check here if the bank is outside of the United States.
Address:	Depositor Account Number:	Prior Account Number: *	Check here if our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country.
City, state and ZIP code:	Type of Account: Checking Savings	* Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska.	

This account will be used for all payments by the State of Nebraska unless specified here:
E-mail:
(Used for ACH payment notifications.)

Authorized Individual or Entity Signature:	Attachment Required! (Select and attach one of the following items for verification):
Printed Name:	Blank check (voided) or Photocopy of a cleared check
Title:	Letter or statement from your financial institution
Date:	Vendor invoice or letter which contains printed ACH instructions

Internal Use Only:

The "State Treasurer ACH Enrollment Form" to sign up for Direct Deposit is in the Resource Materials packet.

Connecting the Dots!

Claim

Submit by the 10th of Month.

Claim Reimbursement Worksheet

Transfer the totals for each meal.

Calculate the Average Daily Attendance (ADA).

Utilize to submit your claim for reimbursement.

Meal Count Forms

List each participant by **full name** and reimbursement codes.

Completed at the **Point-of-Service**.

Add the number of meals served to participants in each reimbursement category.

Income Eligibility Section

Required for all participants claimed in the **Free or Reduced** reimbursement categories.

Enrollment Section

Required for all participants (Children or Adults who are being claimed for meals.)

ORGANIZING YOUR CACFP RECORDS

There is no one way to organize your CACFP records, but over the years, we have found that a few simple steps will make your record keeping easier for you, for Nutrition Services and for auditors.

Income Eligibility and Enrollment Forms

- Keep the Enrollment & Income Eligibility Forms separate from the participant's individual file. IEFs may be filed in file folders or a three-ring binder. These may be organized either
  1) Alphabetically **or**
  2) Alphabetically within eligibility category (free, reduced, paid). You may also have a separate folder for participants who are no longer enrolled at the center.
- If a household completes more than one Enrollment and IEF during the year (for example, if the household size or income changes), staple the most current Enrollment and IEF to the top of the Enrollment and IEF that was completed previously. Keep all Enrollment and IEFs for the same household together.
- In situations where parents and children have different last names, you may want to cross reference the Enrollment and IEFs under all names used by the household.
- Make sure that Enrollment and IEFs are current and correctly determined for all participants whose meals are claimed in the Free and Reduced categories.

Record of Meals and Supplements Served

- Make sure that the Record of Meals and Supplements Served are filled out at the point of meal service.
- Add the totals of the Record of Meals and Supplements Served at least weekly.
- Transfer the totals from the Record of Meals and Supplements Served to the Claim for
- Reimbursement Worksheet at least weekly.
- Keep each month separate. In other words, when a new month begins in the middle of the week, start on a new set of Record of Meals and Supplements Served.

Claim Worksheet & Claim

- File your Claim for Reimbursement Worksheet and your copy of the Claim for Reimbursement with your monthly Record of Meals and Supplements Served.
- If receiving a state warrant for your reimbursement, staple the check stub to your copy of the claim.
- Keep all of the records for one month filed together.

Invoices and Receipts

- For most centers, it is acceptable to file all receipts for one month in an envelope and mark the month and year on the outside of the envelope. File this with your records for that month.
- For larger centers or sponsors of multiple centers that may be purchasing from several food vendors, you may choose to file your invoices in chronological order, by vendor.
- Either way is acceptable. Just make sure that you keep all of your receipts and invoices!

RECORD RETENTION REQUIREMENTS

All records pertaining to the CACFP must be retained for the current fiscal year, plus the three previous years. If you cease participation in the CACFP, you must retain these records for auditing purposes.

Records for the most recent 12 months must be available for inspection any time during normal business hours.

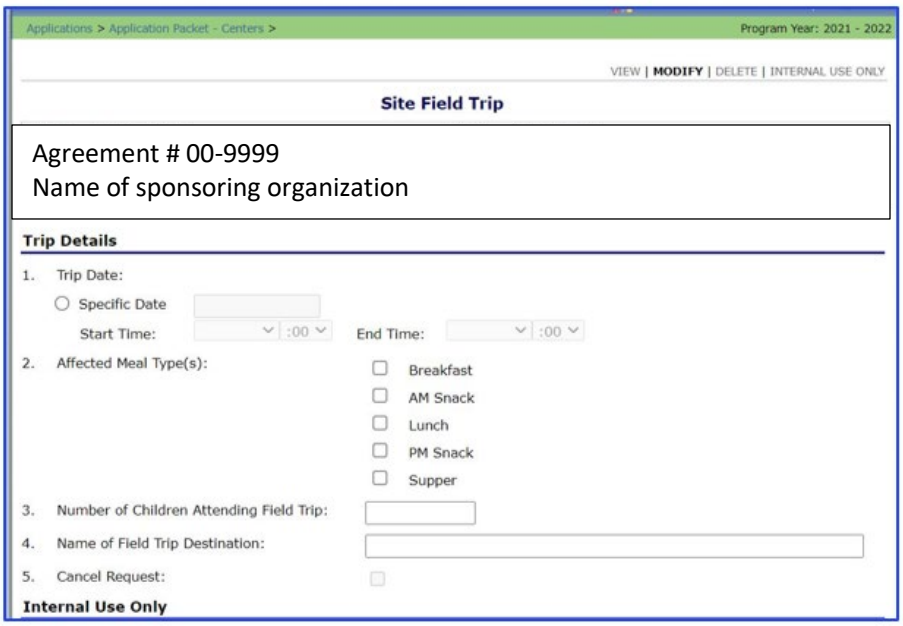
Records older than the most recent 12 months may be stored off site. However, the sponsor/center must have indicated the location of the records in the CACFP program application and agreement.

What records should you keep? Child enrollment forms, Income Eligibility Forms, meal count sheets, claim worksheets, claims, approved program application and agreement, food service contracts and delivery slips, meal production records, infant meal production records, receipts for CACFP payments, receipts for groceries and nonfood supplies; time certification worksheets (if necessary to document a nonprofit food service operation), audits, compliance reviews. In other words, keep everything relating to CACFP for four years.

FIELD TRIPS

Prior to taking children/participants on a field trip, where a meal will be served and claimed for reimbursement, the sponsoring organization must notify NDE in advance for approval. The sponsoring organization is required to submit this information on the CNP system under the 'field trip section" or submit an e-mail to a CACFP team member. The information from the sponsoring organization needs to include the date, specific meal or snack and age group who will be participating on the field trip. All required food components for the meal or snack are required to be served for the meal to be eligible for reimbursement. Point of service meal counts are required to be completed while on the field trip.

CNP System – Field Trip



POLICY ON LOSS OF RECORDS DUE TO NATURAL DISASTER

Federal regulations governing the Child and Adult Care Food Program require that records to support the claim shall be retained for a period of three years after the date of submission of the final claim for the fiscal year to which they pertain, except that if audit findings have not been resolved, the records shall be retained beyond the end of the three-year period as long as may be required for the resolution of the issues raised by the audit. All accounts and records pertaining to the Program shall be made available, upon request, to representatives of the State agency, of the Department, and of the U.S. General Accounting Office for audit or review, at a reasonable time and place.

Section II.A. of the Child and Adult Care Food Program Application and Agreement Part II specifies which records are to be maintained.

Failure to retain records will result in assessment of an over claim for all reimbursement not supported by records.

If a natural disaster causes the loss, destruction or damage of the center's required records, this policy outlines the procedures that a center must follow to request an exception from the record retention requirement and avoid a related over claim due to a failure to retain records.

Natural Disaster Defined

For purposes of this policy, the term "natural disaster" shall include any destructive, involuntary, physical event such as flood, tornado, or fire.

Procedural Requirements

In the case of a natural disaster, personnel from the center must notify Nutrition Services at the Nebraska Department of Education within thirty (30) calendar days of the event. This notice must be in writing and include the following:

- An itemized list of the destroyed or damaged records, including the month(s), year(s) and type(s) of record (income eligibility forms, meal counts, meal production records, receipts and invoices, time in/out attendance records, etc.).
- A copy of the insurance claim (if any) made for the CACFP records

Granting Exception Request

The Nebraska Department of Education (NDE) Nutrition Services office reserves the right to review each request on a case-by-case basis. Under no circumstances will a center be granted an exception to the record retention requirement as part of an attempt to avoid compliance with Federal regulations and its agreement with NDE. Should NDE's review of a situation indicate the center is using this process to commit fraud or avoid maintaining required records, the usual procedures for identifying serious deficiencies shall be used.

After receiving the center's request and the required documentation specified above, Nutrition Services will notify the center if their request is approved or, in the alternative, if an over claim will be accessed for failure to maintain records.

Insurance Claims

If the center receives an insurance payment as a result for a claim relating to the CACFP records, the amount of the insurance proceeds will be assessed as an over claim and returned to USDA.

CACFP NONPROFIT FOOD SERVICE OPERATION

What is Nonprofit Food Service?

> *"Nonprofit food service means all food service operations conducted by the institution principally for the benefit of enrolled participants from which all the Program (CACFP) reimbursement funds are used solely for the operations or improvement of such food service." 7 CFR 226.2*

Every institution that participates in the CACFP must demonstrate a nonprofit food service operation. This means that ALL of the money you receive in CACFP reimbursement MUST be used ONLY in the food service operation.

Nonprofit status can be determined by:

- Identifying all CACFP reimbursements, program income and other funds used or restricted for use in the nonprofit food service program, Head Start and Title XX funds, and non- discretionary funds of the institution that must be committed to the nonprofit food service program.
- NDE recommends a minimum of 50% of the claim reimbursement be spent on food purchases.
- Include only expenses incurred in the operation or improvement of the nonprofit food service program when determining food service costs.

The determination of nonprofit status does not mean the institution operates its nonprofit food service program at a loss or break-even (i.e., costs equal revenue) condition. It does require that any excess of revenues over expenses is retained and used only in the nonprofit food service program.

Important Reminders

ALL funds that your center receives in reimbursement from the Child and Adult Care Food Program must be used solely for the benefit of the food service operation in your center. You may not use CACFP funds for any other expenses.

You must be able to prove how all of the CACFP funds were used with receipts, invoices, and time certification worksheets.

RECAP

Sponsors are responsible to maintain all CACFP Financial Records including:

- Itemized and dated receipts and invoices
- Signed Staff Time-Certification worksheets
- Vendor Contracts with proof of payment
- Bank Statements documenting receipt of CACFP funds and disbursement of allowable CACFP expenses

See the next page for examples of how CACFP funds may be used.

CACFP NONPROFIT FOOD SERVICE OPERATION

Some examples of what your CACFP money may be used for:

- Food that is served to the participants and staff performing labor necessary to the food service operation
- Dishes, cups, glasses, utensils
- Disposable plates and utensils, paper napkins, paper towels
- Spices and flavorings used in food preparation
- Dish washing and hand soap used in the food service area
- Stove, refrigerator, dishwasher, freezer
- Cook's salary
- Salaries of other staff performing CACFP duties (if less than full-time, time certification documentation is required. Examples: staff who help serve food and supervise the meal service, staff who complete IEFs or tabulate Record of Meals and Supplements Served; staff who plan menus or buy groceries)
- Contracting with a food service management company or vendor for meals
- Mileage to and from the grocery store
- Cost of storage and shipping for commodity foods
- Cost of foods purchased from a Food Bank

Some examples of what your CACFP money may NOT be used for:

- Personal groceries or items such as cigarettes, soda pop, dog food, etc.
- General day care supplies and arts/crafts projects
- Toys, games, videos
- Gas or mileage for general transportation
- Laundry and general cleaning supplies not used in the food service area
- Salaries of staff who do not perform CACFP duties
- Profit for the business, its owners, or directors

A maximum of 15% of CACFP funds may be used for administrative costs (costs involved in record keeping, claims preparation, photocopies of Income Eligibility Forms).

TIME-CERTIFICATION DOCUMENTATION

NS-405-G CACFP Time Certification Documentation Worksheet
A blank copy of this worksheet is in the Resource Materials and Master Forms packet.

CACFP Time Certification Documentation Worksheet
NS-405-G

Revised: June 2018

CACFP Time Certification Documentation Worksheet

INSTRUCTIONS: This worksheet must be completed for staff performing Child and Adult Care Food Program duties if any CACFP funds are used for salaries. Indicate the total number of hours per day spent on activities related to the CACFP. *Staff must be listed in the staff profile on the CNP online system.*

Examples of CACFP Food Service activities: menu planning, menu production records, grocery shopping, cooking and serving meals, clean-up after meals, point of service meal counts, attending in-services related to nutrition and food safety, maintaining commodity inventory, etc.

Examples of CACFP Administrative activities: application process, claims, IEF/enrollment forms, attendance records, printing, copying, data processing, etc.

This entire form must be completed if you are using time certification to document a nonprofit food service operation.

Employee Name (please print legibly) _____ Month/Year:_____

Date	Hours Worked on CACFP		Total Day Care Hours Worked	Date	Hours Worked on CACFP		Total Day Care Hours Worked
	Food Service	CACFP Administrative			Food Service	CACFP Administrative	
1				17			
2				18			
3				19			
4				20			
5				21			
6				22			
7				23			
8				24			
9				25			
10				26			
11				27			
12				28			
13				29			
14				30			
15				31			
16				**TOTAL**			

I certify that this is an accurate record of the number of hours worked on the Child and Adult Care Food Program.

_____

Employee Name (please print legibly) Employee's Signature Date

MUST BE COMPLETED BY CENTER DIRECTOR/CACFP AUTHORIZED REPRESENTATIVE

A. (HOURLY PAID STAFF)

Total hours worked on **FOOD SERVICE** _____ x $_____ (hourly wage) = $_____ (Total CACFP salary)

Total hours worked on **CACFP ADMINISTRATION** _____ x $_____ (hourly wage) = $_____ (Total CACFP salary)

B. (SALARIED STAFF)

Total hours worked on **FOOD SERVICE** _____ ÷ Total hours worked _____ = _____%

↕

Total Salary for month $_____ x _____% = $_____(Total CACFP salary)

Total hours worked on **CACFP ADMINISTRATION** _____ ÷ Total hours worked _____ = _____%

↕

Total Salary for month $_____ x _____% = $_____(Total CACFP salary)

I certify that payroll records are on file that verify the total wages as listed above.

Signature of Center Director/Authorized Representative_____ Date _____

Nebraska Department of Education Nutrition Services

REMINDER: A maximum of 15% of CACFP reimbursement may be used for administration. That includes time spent on determination and review of income eligibility and enrollment forms, claims processing, conducting site reviews, as well as printing and data processing.

REPORTING MONTHLY EXPENSES

All sponsors are required to enter their CACFP expenses when submitting claims for reimbursement each month. The monthly CACFP expenses are to be supported by documentation including receipts, invoices, time-certification reports and pay stubs (foodservice personal only) which are maintained by the sponsoring organization/site. Any center which does not demonstrate non-profit food operations over the course of a fiscal year is subject to corrective action by NDE, which may include the sponsoring organization being determined seriously deficient in their operations on the CACFP, including termination.

An example of a form where you can track CACFP expenses is provided in your resource packet. Here is a copy of what that form looks like:

CACFP MONTHLY EXPENSES

MONTH/YEAR_____ Page ___ of ____

Check No.	Date	Name of Payee/Vendor	Food	Non food Supplies	Unallowable Costs	Food Service Labor	Admin Labor	Admin Costs	Food Service Equipment	Other		Grand Total
										Description	Amount	
TOTAL												
										Less Unallowable Costs		
										Total CACFP		

CACFP reimbursement $ _____ Nonprofit food service? YES NO

Percentage of CACFP reimbursement used for food/nonfood supplies $_____

REMINDERS - CACFP Reported Cost

- All sponsors are required to report **actual** CACFP expenses (cost) with each claim submitted for reimbursement based on itemized and dated receipts, invoices, and staff time-certification worksheets.
- The staff profile and budget on your CACFP application must identify all labor costs reported. Costs submitted for staff members not identified in CNP would not be allowable.
- An over claim may be assessed if your CACFP reimbursement exceeds your documented expenses.
- Failure to demonstrate a nonprofit CACFP operation may result in an organization being declared Seriously Deficient.

PROCUREMENT AND FOOD SERVICE CONTRACTS

Procurement Definitions:

- A vendor/supplier provides specific food or nonfood product.
- A food service management company prepares complete meals, with or without milk, offsite and delivers those meals to the feeding site. A management company may prepare and serve complete meals on site at the feeding locations.

As with all other federal funds, the primary objective of these procedures is to ensure maximum open and free competition. With the exception of management company (as defined above) contracts, it should be noted that all procurement contracts awarded under the CACFP may not exceed a term of one year and may not be renewed noncompetitively. Management company contracts also may not exceed a term of one year but may be renewed noncompetitively for up to four years. Competition is mandated so that Program goods, equipment and services will be obtained at the lowest possible cost.

Informal Procurement Method

Written or verbal requests for price quotations are required for all informal small purchases on goods, equipment, and services, greater than $15,000 per transaction. These price quotations must be maintained by the institution. An informal procurement log must be on file. An adequate number, a minimum of three (3) qualified sources must be contacted to provide such quotes.

Here is an example of an informal price comparison log.

INFORMAL PROCUREMENT LOG Institution Name:_____

Items typically Purchased	Quantity Expected to Buy	Vendor:		Vendor:		Vendor:	
		Unit Price	Extended Price (Quantity x Unit Price)	Unit Price	Extended Price (Quantity x Unit Price)	Unit Price	Extended Price (Quantity x Unit Price)
TOTAL			$		$		$
✓ Vendor Selected			☐		☐		☐
Date and Method of Contact							
Additional Notes:							
✓ Purchasing Plan (Frequency):	☐ Bi-Weekly	☐ Weekly	☐ Bi-Monthly	☐ Monthly			
Signature of person completing this form:						Date:	

If you plan to contract with a vendor, caterer, or school to provide your meals, contact the Department of Education for more instructions regarding procurement procedures.

PROCUREMENT AND FOOD SERVICE CONTRACTS

(Revised Page August 2026)

Formal Procurement Method

A Formal Procurement method must be used (competitive seal bid or invitation for bid) if a contract exceeds $350,000. If using the Formal Procurement Process, a minimum of fourteen (14) calendar days must be allowed from the date of advertisement before bid opening to ensure all responsible suppliers can respond.

Contracting with a School

These instructions address procurement related to food service management company (FSMC) contracts, purchases of food supplies and other services or equipment directly related to the CACFP in which federal funds are utilized. Institutions that contract for meals from a school food authority (SFA) are exempt from these procedures to the extent that contracts with SFAs may be procured noncompetitively. This means you may contract with a school without soliciting or advertising for bids.

Food Service Contracts

The Nebraska Department of Education Nutrition Services (NDE) office must receive a copy of the contract between the institution and a food service management company prior to the beginning of the program operations under the subject contract. Meals may not be claimed for reimbursement if the food service contract has not been approved by the NDE. Contracts exceeding an annual cost of $50,000 must be reviewed and approved by the NDE before a center's representative may sign it. If a center changes from a food service contract to self-prep, the center must contact NDE prior to claiming meals. Meals that are claimed inappropriately (not in accordance with the management plan as identified on the approved on-line application), will be disallowed.

If a food–service contract changes in value with additional goods and exceeds by 10% or more of the original contract, a separate procurement procedure for those goods must be conducted or these purchases will be considered an unallowable cost. For current food service contracts and resources, visit the Nutrition Services web site: http://www.education.ne.gov/NS/forms/cacfpforms/FoodContracts/index.html

GUIDELINES FOR DONATED FOODS

Some centers are lucky enough to have people who are willing to donate a variety of foods for their use. We especially find this is true at this time of year when summer and fall gardens leave many people with more fresh home-grown produce than they can handle on their own.

From time to time, centers ask our staff about the allow ability of “donated” foods for use in a CACFP reimbursable meal. Among the situations we’ve encountered include a grocery store that donates all of its day-old bread products to a center sponsored by a church; parents who want to bring "birthday treats" for snack; and parents or employees who bring in the excess from their abundant gardens. Some centers even have their own gardens that are cared for by the children.

Nutrition Services has developed some guidance for using such foods that fits within the program regulations and that also has some flexibility in the real world.

Our guidance is that a maximum of one component per meal or snack service may be provided by anyone other than the center. This will allow centers to benefit from the generosity of others and still meet CACFP requirements. Remember, you also have the option of serving the “donated” foods as an extra to the meal or snack already planned.

This should NOT be interpreted as free reign to solicit donations, nor as permission to ask parents to provide snacks or portions of meals. That is not our intent by offering some recommendations. This is for those times when people might approach the center and say something like, “I have got more tomatoes and cucumbers than I can use. May I bring them in for the kids?”

Before accepting any foods from external sources, safety and sanitation must be of utmost concern. If in doubt, check with your local health department.

For safety reasons, home-canned or home-frozen foods may not be used. Game is not creditable in the CACFP unless it is processed at a state inspected processing facility (locker plant). Refer to the booklet, *Crediting Foods in the Child and Adult Care Food Program,* for additional information. This publication is available from our office or our web site.

The next step is in properly documenting donated foods. First of all, it is assumed that the food is a creditable component for the CACFP meal pattern. Centers are already required to document a nonprofit food service operation and keep receipts for food expenditures. During our reviews, one of the things we examine is if there is a correlation between the foods recorded on menu production records and itemized grocery receipts. In the example of the center that receives all of its bread items from a generous grocery store - we would question why the center is not spending any funds on bread items. Therefore, when serving a creditable good that was donated, the production record should indicate that the item was donated.

MINI-REVIEW

1.	It's okay to throw out all receipts and invoices.	**True**	**False**
2.	Receipts and invoices should be filed either by month or by vendor.	**True**	**False**
3.	Time certification worksheets must be completed and signed if using CACFP funds for salaries.	**True**	**False**
4.	It's a good idea to keep personal expenses separated from day care expenses on your grocery receipts.	**True**	**False**
5.	There should be a correlation between the foods shown on itemized grocery receipts and menu production records.	**True**	**False**
6.	Staff members who complete time-certification worksheets must be listed in the staff profile section on your on-line application.	**True**	**False**
7.	It is okay to purchase all CACFP food items from one retailer without comparing prices.	**True**	**False**
8.	Estimated CACFP costs are allowed to be reported with the claim for reimbursement.	**True**	**False**

CACFP PERFORMANCE STANDARDS: V.C.A.

7 CFR 226.6(b)(2)(vii) USDA Regulations requires sponsoring organizations to comply with the performance standards. Each new and renewing sponsoring organization must submit sufficient evidence to demonstrate:

- Financial Viability & Financial Management
- Administrative Capability
- Program Accountability

Financial Viability & Financial Management

- Adequate financial resources to operate the CACFP on daily basis
- Resources to pay employees and suppliers during temporary interruptions
- Funds to pay debts when fiscal claims have been assessed
- Ability to document financial viability
    - Provide sufficient evidence the organization has adequate financial resources to operate
    - Submission of official records which are accurate, dependable, and true records

Administrative Capability

- Ability to understand and comply with the CACFP Rules & Regulations
- Adequate and qualified staff to perform the CACFP essential tasks and duties
- Ability to perform the core functions of the business

Program Accountability

- Sponsors have established internal controls which provides a system of checks and balances which provides assurance the policies and procedures work as designed and ensures:
    - Compliance with the CACFP Rules and Regulations to ensure the program is utilized for its' intended purpose
    - CACFP resources are used in a manner that protects against fraud, abuse and mismanagement
    - Timely and reliable CACFP information is obtained, maintained, reported and used for decision-making
- Internal Written Policies, Procedures & Verification
    - **Policies (What)**- What is your intended result; rule or objective you are trying to achieve
    - **Procedures (How)** - How - Step-by-step tasks created to ensure compliance
    - **Verification (Check)** - Activities performed to verify that the established procedures have been followed

Written Procedures Should Be ...

- Specific
- Measurable
- Attainable
- Task(s) which prevent errors and fiscal over claims

Task(s) identify...

- Who will be responsible for each task including the job title (not individual names)
- Timelines when task(s) are to be completed
- Where CACFP records are maintained during each step of your procedure

CIVIL RIGHTS

Every CACFP site must undergo a "pre-award compliance review" to determine civil rights compliance. Each center provides this information each year on its application to participate in the Child and Adult Care Food Program.

It is the responsibility of each institution to collect this information at least once every year. Information may be obtained from IEFs or other sources. The five racial/ethnic categories are the only ones currently permitted by the federal government. Households may choose to indicate a bi-racial or other race/ethnic identity on the IEF or chose not to answer that question on the IEF at all. Even so, institutions are still required to make their best effort in identifying their enrollment.

Every center participating in the CACFP must display in a prominent place the civil rights poster issued by the U. S. Department of Agriculture. An appropriate place to display this would be on your bulletin board, near the sign-in or reception area at your center. Some centers also display the poster in the food service area. It must be in a location where it can be observed by the parents of the children, or in the case of adult centers, where the adult participants may see it. All sponsors are required to train staff on civil rights. A civil rights training created by NDE is available at: https://www.education.ne.gov/ns/training/cacfp-training/



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

This institution is an equal opportunity provider.

As stated above, all protected bases do not apply to all programs, "the first six protected bases of race, color, national origin, sex (including gender identity and sexual orientation), disability, and age are the six protected bases for applicants and recipients of the Child Nutrition Programs".

THE RESPONSIBLE PRINCIPAL/INDIVIDUAL AND PROGRAM LIABILITY

When your institution participates in the Child and Adult Care Food Program, there is fiscal accountability and liability that go along with receiving the monthly reimbursement. Remember, the funds that your center receives come from taxpayer dollars and you must be accountable for how those funds are used.

By signing the application and agreement to participate in the CACFP, you are accepting administrative and financial responsibility for all funds received from the Nebraska Department of Education for the operation of the CACFP in your institution.

The following information is from Part II of your agreement (NS-407-G).

Duties and Responsibilities of the Responsible Principal/Individual (RP/I)
Authority is given under the terms of this agreement to the designated responsible principal/individual to enter into written agreements on behalf of the owner or sponsoring organization with NDE for the operation of the CACFP in the institution or sponsoring organization named in Part I and to present claims for reimbursement and sign for the owner or sponsoring organization on any other documents or reports relating thereto.

The responsible principal/ individual is responsible for the accuracy of claims for reimbursement submitted by the institution or sponsoring organization. Failure to submit accurate claims may result in over claims being assessed, and/or suspension, termination or legal action being taken against the center, owner (individual, corporate or otherwise), sponsoring organization, and/or responsible principal/individual. Reimbursement shall only be claimed for meals served to eligible enrolled participants. NDE or USDA officials have the right to verify information and shall have access, during the institution's normal business hours, to applicable records by having records made available for onsite review, to have records copied on the premises or removing records from the premises to make copies or for further review in the NDE offices.

Duties and Responsibilities of the Sponsoring Organization or Owner
The owner (individual, corporate, or otherwise), sponsoring organization or officials of the sponsoring organization understand and agree that they are legally and financially responsible for all actions taken pursuant to this agreement, including actions taken by the responsible individual or principal.

The owner (individual, corporate, or otherwise), sponsoring organization, or officials of the sponsoring organization are responsible for the accuracy of claims for reimbursement submitted by this institution or sponsoring organization. Reimbursement shall only be claimed for meals served to eligible enrolled participants. Failure to submit accurate claims may result in over claims being assessed, and/or suspension, termination, or legal action being taken against the owner (individual, corporate or otherwise), sponsoring organization, sponsoring organization official and/or responsible principal/individual, NDE or USDA officials have the right to verify information and shall have access to applicable records, during the institution's normal business hours, by having records made available for onsite review, to have records copied on the premises or removing records from the premises to make copies or for further review in the NDE offices.

The owner (individual, corporate or otherwise), sponsoring organization, or officials of the sponsoring organization assume full administrative and financial responsibility for all CACFP operations of the institution or sponsoring organization.

TRAINING

CACFP regulations require that all institutions participating in the program are trained annually. Training needs to be documented by certificates of attendance or by keeping a master training log which shows the date and topic of training, the location, the presenter, and the number of hours of training awarded. A sample training log is in the resource packet.

There are additional requirements for training required by the Nebraska Department of Education. These requirements are specified in Part II of each institution's agreement with Nutrition Services (NS-407-G).

New Institutions (New Agreement Numbers)
Institutions that are new to the CACFP must complete NDE training on the CACFP prior to the approval of the institution's application. This training must have occurred within the previous 6 calendar months prior to the submission of the application to NDE. This training shall consist of training on CACFP record keeping and on meal requirements and production records. Centers that provide care to infants must also complete a short session on infant meal requirements. At a minimum, the institution's CACFP responsible principal/individual and/or CACFP contact person and the person(s) responsible for the food service operation are to complete this training prior to CACFP approval.

New Responsible Principal / Individual or Contact Persons
When an institution has a change in the responsible principal/individual, this person must complete the full day of formal NDE training on the CACFP within four months of becoming responsible principal/individual. This training shall consist of training on CACFP record keeping and on meal requirements and production records.

Currently Participating Institutions - Annual Training
Institutions must receive ongoing training in CACFP requirements as changes occur in State and Federal policies, rules, and regulations. Annual updates are scheduled each spring in April and May. Watch your mail and our web site for dates and locations.

Sponsor Training for Your Staff
Each CACFP sponsor is required to train their staff on CACFP requirements every year. The minimum training content must include: CACFP meal pattern, reimbursement process, accurate meal counts, claims submission, and record keeping. Training should be appropriate to the level of staff experience and duties. Attending training provided by the Department of Education does not meet this requirement.

MULTIPLE SITES

If your organization sponsors more than one site, there are additional administrative responsibilities for the sponsoring organization.

A sponsoring organization must submit, as part of its CACFP application and agreement, a description of its management plan and administrative procedures. In this plan, the sponsoring organization must indicate its schedule for training the staff at is centers in CACFP requirements. Sponsoring organizations also are required to submit a budget and staffing pattern as part of the CACFP application.

The sponsoring organization is also required to review EVERY site under its administration that participates in the CACFP operations. Reviews cannot be more than six months apart.

Site Reviews
Sponsored centers (more than one site under a sponsoring organization) must be reviewed at least three (3) times annually. Two of the three visits must be unannounced, one of the unannounced visits must include the observation of a meal service. Reviews must be conducted during normal business hours and reviewers from the sponsoring organization must present photo identification when conducting visits. Timing of unannounced reviews and the type of meal service observed should be unpredictable. At least one site review must include a meal observation. All site visits should include a review of IEFs, a check of meal count sheets, safety, and sanitation, display of the civil rights poster, as well as other areas deemed necessary by the sponsoring organization. These site reviews may be documented as a narrative report or a checklist. These reviews must also include a 5-day reconciliation of meals claimed. A copy of the Nutrition Services Site Review checklist is available on our website and in your resource packet. The checklist may be adapted to meet your needs.

Site reviews are conducted to ensure each site(s) is in compliance with the CACFP Rules and Regulations and to minimize errors which could lead to potential fiscal over claims. Errors that are observed by the sponsoring agency need to be corrected and the sponsors must identify how they were resolved. Individuals responsible for conducting the site reviews should ensure:

- Meals are creditable
- Meal Counts are being recorded at the point-of-service
- Production Records are complete & current
- IEF's and Enrollment Records are complete, current and on file

Meal Claim Edit Checks for sponsored centers
Sponsors of more than one site must review each site's claim for the following:

1. The center must be approved to claim the meals that are being claimed on the worksheet.
2. The total meal count for any meal cannot exceed total enrollment for the month.

Note to Multisite Sponsors

- The sponsoring organization must document reviews for every site under its administration that participates in the CACFP. This includes any "main sites" where the administrative staff regularly works.
- Two of the three required site reviews must be unannounced. Timing of unannounced reviews and the type of meal service observed should be unpredictable.
- The sponsor must submit and receive approval for any NEW sites before meals may be claimed at those sites.
- New sites must be reviewed within the first four weeks of CACFP operations.

COMPLIANCE REVIEWS

In Nebraska, CACFP institutions are reviewed on a three-year cycle by a member of the Nutrition Services staff. Institutions receiving larger sums of money, have 15 or more sites, operate in multiple states, or have had serious management problems will be reviewed more frequently. These compliance reviews are scheduled in advance. For profit centers receiving $35,000 or more per year in CACFP funds are audited annually.

What records do you need to keep? What will the Department of Education or an auditor need to look at when reviewing your records? The following checklist summarizes the types of records which must be available when your center is scheduled for a compliance review or audit.

- ✓ Income Eligibility Forms (IEFs) for the current fiscal year (or prior fiscal year, in the case of an audit).
- ✓ Enrollment forms for all eligible participants. These must have all required elements and be in effect for the time period being reviewed.
- ✓ Record of Meals and Supplements Served for the test month. If you are using a computer software program, have available the worksheets or attendance records that are used to do the point-of-service (NDE prior approval is required.) Additional months may be requested.
- ✓ Daily Menu and Production Records for all meals claimed for test month. Additional months may be requested.
- ✓ Copy of your currently approved CACFP application and supporting documents that have been approved by the Nebraska Department of Education.
- ✓ Invoices, grocery receipts and records that document administrative costs and income to your program for the test month. Payroll records for food service staff; payroll records and time certification documentation for CACFP administrative and clerical staff. Institutions must document how all CACFP funds were used.
- ✓ Copies of claims submitted to the Nebraska Department of Education.
- ✓ Copies of worksheets to support claims.
- ✓ Bank statements for the test month including the deposit for the CACFP test month reimbursement, beginning and ending balances and payment to vendors. Check stubs for CACFP payments that are not deposited directly.
- ✓ Audit reports for organization receiving in excess of $1,000,000 federal funds.
- ✓ Agreed Upon Procedure Review conducted on For-profit organization receiving in excess of $35,000 in CACFP reimbursement.
- ✓ A training log or certificates that document training provided to your staff on the Child and Adult Care Food Program. This log must show training provided to staff in addition to attendance to training provided by the Nebraska Department of Education. This training should correspond with the training plan submitted as part of your CACFP application and agreement.
- ✓ A copy of your current license issued by the Nebraska Department of Health and Human Services system or other licensing agency.

COMPLIANCE REVIEWS

- ✓ The "And Justice for All" poster must be displayed in a prominent location.
- ✓ Time-in/time-out sheets for the test month.
- ✓ Procurement file for all CACFP purchases. Centers with food service contracts must have documentation of bids received copies (or originals) of all food service contracts and supporting documents.
- ✓ Current WIC Information and proof of distribution to families.

For Profit Centers only:

- ✓ Title XIX/XX billing documents and receipts for payment for the test month OR documentation of eligibility of 25% Free/Reduced.

Sponsors of multiple sites only:

- ✓ Copies of the sponsor's monitoring reviews and training schedules of each site.
- ✓ Review of the sponsor's edit checks on site claims and five-day reconciliation of meals claims.

COMPLIANCE REVIEW OUTCOMES

Observations

Minor errors identified during the course of review, audit or other means may require correction are considered "observations". These errors may result in follow-up actions including a review of revised written procedures or records submission.

Findings

Findings are based upon an error rate of 10% or greater for missing or incomplete records identified during the course of a review, audit, or other means. Findings may also be determined in other areas of an institution's operation on the CACFP such as failing to maintain a non-profit food service operation or ensuring they are financially viable. Findings may occur in one or more areas of their operation of the CACFP and may require a corrective action by the institution.

Fiscal Action (Deductions)

Deductions may result during the course of a review, audit, or other means where NDE identifies the institution did not have current and/or complete CACFP records in the following areas:

- Enrollment /IEF's
- Income Eligibility Determination/Code Errors
- Meal Production Records/Vendor Tickets
- Infant Production Records
- Point-of-Service Meal Counts
- Attendance Records (Time-in & Time Out)
- Expired/Lapse license
- Meals claimed outside approved application mealtimes
- Adding errors (meal counts/meal claims etc.)
- For Profit Center not meeting 25% free/reduced required
- Failing to report change in meal service (Self-prep to Vendor or vice-versa.)
- Medical Statements not on file for meals that do not meet meal pattern
- Records not available during regular business hours
- Any other non-compliance issues

Over claims greater than $200.00 will be collected or deducted from the sponsor/institution's next claim. Interest will be assessed for any funds not recovered with the initial payment or deduction from claim.

CACFP CORRECTIVE ACTION

NDE staff may require an institution to complete the following to remedy the errors and findings identified:

- Complete CACFP formal training
- Submit additional CACFP records
- Submit a Corrective Action Plan

Corrective Action Plan

A Corrective Action Plan is a written plan outlining your organization's policy and procedures to fully and permanently correct the findings identified. The corrective action plan shall include the following details:

> Policy/What: What is the regulation/rule in error; your organization's intended result; or what your organization is trying to accomplish.
>
> How/Procedures: Step-by-step tasks to correct the deficiencies and errors that have been identified. Including who will be responsible for each task (job title). Create a system of checks-and-balances to ensure records are accurate and the plan is operating as designed. Provide examples of checklists, forms and/or handbooks incorporated with the procedures.
>
> When: A timeline when each task is to be completed (i.e., Each Friday, Mid-Morning; daily, weekly, monthly).
>
> Training: Identify when staff will be trained on the new policies/procedures to address corrections.
>
> Where: Identify where the records are maintained for each task outlined in the procedures and stored.

NDE is responsible for reviewing and approving the plans for completeness and procedures that fully and permanently correct the errors. Failure to comply with corrective action could result in the sponsor being declared seriously deficient with proposed termination.

Serious Deficiencies and the National Disqualified List

Institutions which have been found by NDE to have frequent, systemic, or severe errors in their operation of the CACFP, either through reviews, audits, or other means, may be declared Serious Deficient in their CACFP operations.

When NDE determines that an institution is seriously deficient, it will notify the responsible individuals and principals in writing. This written notification will include a list of the serious deficiencies, corrective action and deadline dates for the completion of corrective action. This notification will be considered to be delivered five days after it was sent by NDE. The determination of a serious deficiency may not be appealed.

Upon receipt of the notice from NDE, the center must initiate its plan for corrective action. Depending upon the type of serious deficiency, this plan may include documentation of various records required for program operations, attendance at training, submission of records to the state agency, unannounced visits by the state agency or other appropriate actions determined by NDE. Institutions are required to fully and permanently correct all deficiencies identified in the notice.

Failure to comply with the corrective action plan shall result in the institution being proposed for termination from the program. Institutions will be given the opportunity to appeal termination. This must be done in accordance with NDE's Administrative Review Procedures. Copies of these procedures are included with each center's CACFP notebook and are available on the Nutrition Services web site and by request.

CACFP ANNUAL CALENDAR AND DUE DATES

As a center participating in the Child and Adult Care Food Program, you need to be aware of when you need to take action on various aspects of the program. It is your responsibility to make sure you meet all deadlines, reporting requirements and annual training.

April

Centers that contract with a vendor, caterer or school should begin soliciting bids for food service. Contracts are available on our web site or by calling (800) 731-2233. Centers need to allow adequate time to solicit or formally advertise for bids for vendors to provide meals.

April - May

Annual training for participating centers is held in several locations around the state – usually in the following locations: Grand Island, Kearney, Lincoln, Omaha, Norfolk, North Platte, and Scottsbluff. Other locations may be added as needed. Annual update training sessions are offered each year. Check our web site and watch for a brochure in the mail each April.

May

The "May Packet" of Income Eligibility Forms and other resource materials is mailed to child and adult care centers, sponsors of centers and sponsors of family day care homes. The forms you will need for the upcoming fiscal year are included in this packet.

June

- Online renewal application and all supporting documents due (Mid-June)
- Food service contracts with vendors due with renewal applications
- Renewal applications effective (July 1 - June 30)
- New Income Eligibility Guidelines effective July 1 - June 30
- New Income Eligibility Forms effective July 1- June 30
- Reimbursement rates issued; effective July 1 - June 30

August

Updated WIC flyer released by DHHS, to be distributed to all families.

November

Commodity declaration request is distributed online to centers. If you are changing from cash-in-lieu to commodities or vice versa, you must respond to the survey.

December

Commodity declaration response is due back to Nutrition Services.

Training - Monthly except May and July

Record keeping training for new centers, directors, responsible individuals or principals and food service personnel is provided monthly, except May and July, alternating between Lincoln and Omaha. Training is provided at other locations as needed. Call Nutrition Services at (800) 731-2233 or (402) 471-2488 for dates and registration information or visit the Nutrition Services web site:
http://www.education.ne.gov/NS/training/CACFP_Training/cacfptrain.html

SUMMARY

At this point you should be able to answer the following questions!

1. An _____ _____ must be on file for every child for whom meals are claimed.
2. When are original claims due if they are paid on time? _____
3. What required records are compared to meal count records? _____ _____
4. How long do you have to submit a revised claim for additional reimbursement? _____
5. What is the maximum number of meals/snacks that may be claimed per participant per day?

   _____
6. Meal count must be made at the _____ of _____.
7. How far back may an Income Eligibility Form be made effective? _____
8. IEF's are good for _____ _____.
9. Every CACFP organization must demonstrate a _____ - _____ food service operation.
10. How long must you maintain CACFP records? _____
11. What percentage of food reimbursement is recommended to be spent on food purchases? _____ %
12. Childcare centers are required to offer and provide an iron-fortified infant formula? **True OR False**
13. What do you do if you have questions about the CACFP? _____

Thank you for attending this workshop!

We wish you success with your administration of the CACFP.

Pick up your certificate before leaving.

Participants attending by zoom will receive their training certificates by e-mail.