
Nutrition Services

Introduction to the Child and Adult Care Food Program

Manual for Child Care Centers
Fiscal Year 2015
July 1, 2014 - June 30, 2015



Nutrition Services
Nebraska Department of Education
301 Centennial Mall South
P. O. Box 94987
Lincoln, Nebraska 68509
Toll Free: 800-731-2233
In Lincoln: 402-471-2488

*Nutrition Services provides leadership that
inspires service of nutritious meals to children,
students and adults.*

Nebraska Department of Education
Nutrition Services
301 Centennial Mall South
P. O. Box 94987
Lincoln, NE 68509-4987
(800) 731-2233 (Nebraska only)
(402) 471-2488

On the web:

<http://www.education.ne.gov/NS>

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Welcome to CACFP Training!

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

Purpose

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

Today, you'll learn:

- The step-by-step process in doing the daily, weekly and monthly record keeping for the CACFP.
- How to determine eligibility of participants based on household income.
- 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!

Have Fun!

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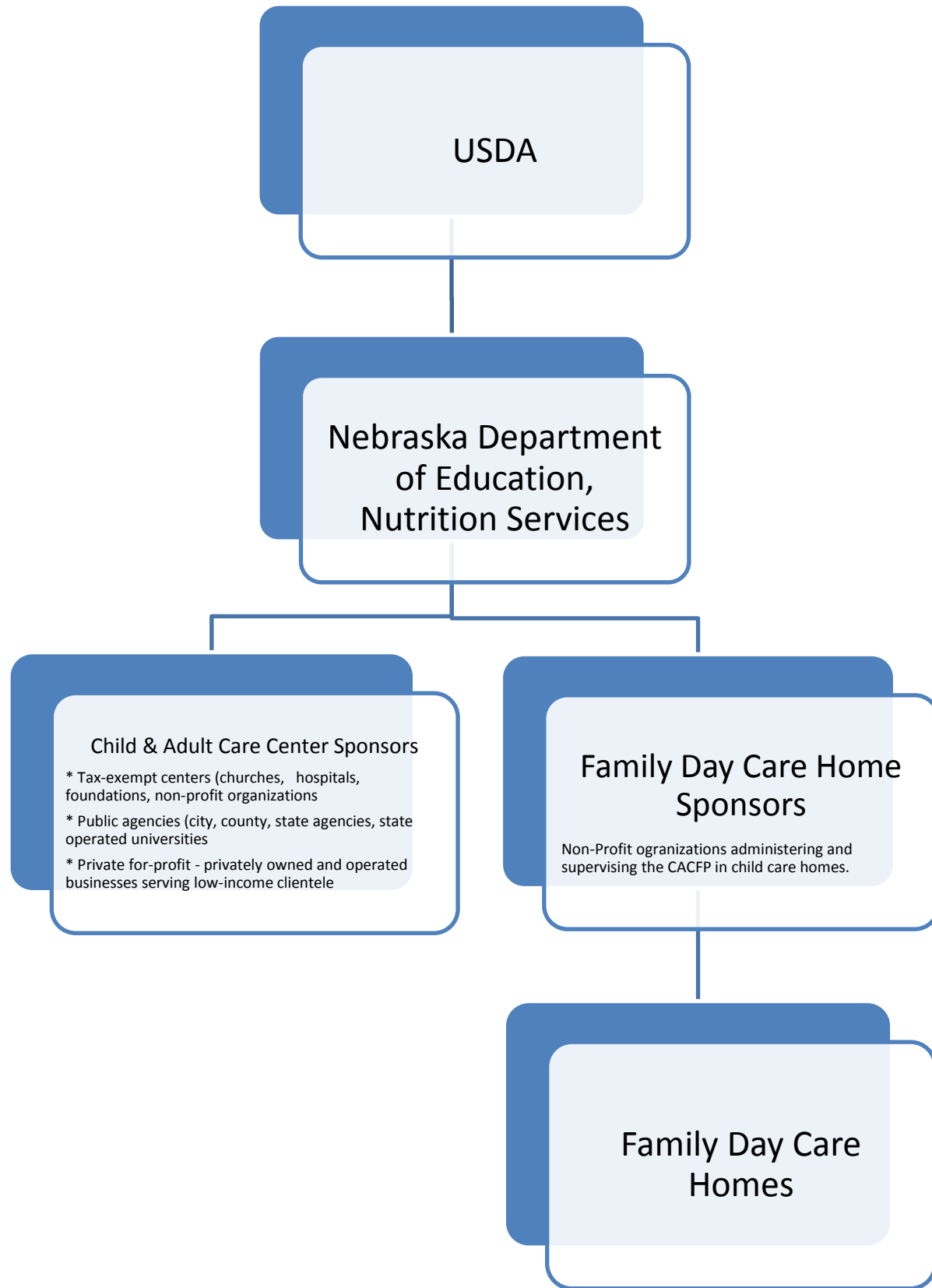
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Organizational structure of the CACFP



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 child care settings. The CACFP provides nutritious meals and snacks served to eligible children in child care 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 age 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
 - receive Title XX benefits from the Department of Health and Human Services (HHS) for at least 25% of the eligible enrolled participants or 25% of licensed capacity, whichever is less, **OR**
25% of the eligible enrolled participants qualify for Free or Reduced price meals (*NOTE: The 25% Free/Reduced provision does not apply to adult care centers*).
- Child care 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.
- On line 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.

- **Time In/Out Attendance Records:** 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 name, 2) time in, 3) time out, 4) date.

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. Enrollment forms MUST be updated annually.

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

At-risk after-school meals and snacks

The hours after school are a critical time when children and youth are most at-risk of engaging in delinquent behavior. An after school 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 after school care programs that are safe, fun and filled with learning opportunities. After school 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.

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.

Program Requirements: To be eligible to participate, your after school 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 after school snacks/meals program; however, after school 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 after school snacks/meals at the free rate.

Reimbursable Snacks/Meals: After school 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 must be served minimum or larger portions specified for children 6 through 12.

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 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 program is not available during the summer break from school.

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

For more information about the At-Risk Afterschool Meals, Revised July 2014;
http://www.education.ne.gov/NS/forms/cacfpforms/At-Risk_Afterschool_Handbook.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.

Make sure that you have responded to all items on the application. Applications cannot be approved until they are complete and all supporting documentation is submitted. Please do not submit your application and supporting documents piecemeal. Wait until you are able to submit a fully completed application and all supporting documents at one time. Why? Applications that are incomplete 60 days after the original submission date must be denied and you will have to reapply. It is the responsibility of the applicant institution to assure that all required documents are submitted in a timely manner.

All new applicants must complete and submit the following:

Step ①

- ☐ **NDE 01-032** – Pre-award Compliance and DUNS/Sam.gov registration
- ☐ **NDE 01-033** – Computer Access Application and Agreement

Step ②

- ☐ **NDE 01-017** - Certificate of Authority - Must be submitted with original signatures.
- ☐ **NDE 01-017** - Organization Authorized Representatives - Must be submitted with original signatures.

Step ③

- ☐ Enter *On-line* Sponsor and Site Applications
<https://nutrition.education.ne.gov>
- ☐ **DHHS License** for each site, unless exempt from licensing (Head Start and centers that are sponsored by public schools are exempt from licensing)
- ☐ Copies of alternate record keeping forms if you are not using those developed by Nutrition Services, including forms created by commercial software packages. Alternate record keeping forms will be reviewed by the Nutrition Services staff to assure that they will meet federal reporting requirements.
- ☐ **W-9/ACH form** – Request for Taxpayer Identification Number and Certification and Enrollment for direct deposit for monthly reimbursements.
- ☐ **Financial Viability Documentation** - One of the following to demonstrate financial viability: profit and loss statement (most recent two months), statement of income and expenses (most recent two months), organization wide audit (most recent), or company's business plan.

TIP!

The on-line application will not allow you to submit for approval until all of the questions are completed, including the site application and the supporting documentation have been submitted.

Keep copies of all documents submitted.

Getting started on the CACFP

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.

Privately Owned

- ☐ **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.

Additional documents, depending upon your situation

- ☐ **Food Service 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 will exceed \$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:

<http://www.education.ne.gov/NS/CACFP/contractors.html>

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, child care 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.

Getting started on the CACFP

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 Forms for children whose meals are claimed in the free and reduced categories, menu production records, meal count sheets (record of meals and supplements served), 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.

FYI

Institutions have three months to demonstrate compliance and ability to administer the CACFP.

Institutions that do not demonstrate they are capable of administering the CACFP may be declared seriously deficient and be subject to termination from the program.

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.

Getting started on the CACFP

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 child care centers are held monthly, with the exception of 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 make arrangements 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 persons who have completed training. However, if more than six 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 me? Can NDE staff make changes to my online application?

A: No. NDE staff is 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 _____ - _____ 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.

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. 25% of the lesser of the child care center's enrollment OR 25% of its licensed capacity must receive Title XX benefits for care from the Nebraska Department of Health and Human Services (DHHS) in order to receive CACFP reimbursement for that month AND your current Service Provider Agreement from HHS is on file with Nutrition Services.

OR

2. At least 25% of the children 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 child care centers only.)*

AND

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

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.



DO 36 EIN 12-34567890

NOV 13 2001

Department of the Treasury

Internal Revenue Service
Washington, DC 20224

Date:

OCT 16 1974

In reply refer to:

T:MS:EO:R:1-2

Greater Nebraska Food Program
45678 Archway Road
Simpлетown, NE 69999

ATTN: Peter Pepperoni

Dear Applicant:

This refers to the information submitted for use in determining your status and the status of your affiliated religious organizations, on the list you submitted, as being exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

For the purposes of this group ruling, your affiliated religious organizations include The General Conference, Judicial Council; General Agencies, Commissions, Committees, their divisions and departments thereof, and, other related organizations; Jurisdictional Conferences and Affiliated Agencies, Commissions, and other organizations; Annual Conferences and divisions and departments thereof; Annual Conference Agencies, Commissions, Committees, and affiliated organization; Local Churches and Local Church Agencies, Commissions, Committees, and other affiliated organizations.

Based on the information supplied, we rule that you and your affiliated religious organizations, on the list you submitted, are exempt from Federal income tax under section 501(c)(3) of the Code.

We have further determined that you and the affiliated religious organizations you operate, supervise, or control, and which are covered by your notification to us, are not private foundations within the meaning of section 509(a) of the Code, because you and your affiliated religious organizations are organizations described in sections 170(b)(1)(A)(i) and 509(a)(1) of the Code.

For Profit centers only - Title XX child care provider agreement

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% Title XX requirement. If the child care 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 06-01-2006 to 05-31-2007 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 OMAHA 68131
(Street) (City) (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.

Title XX/Child Care Subsidy payment document

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 Title XX documentation, the 25% is based on the lesser of 1) enrollment or 2) licensed capacity. If using Free/Reduced documentation, at least 25% of the children served are eligible for Free/Reduced price meals. Child care centers may use either method, but may not use both methods during the same month.

NEBRASKA HEALTH & HUMAN SERVICES SYSTEM
FINANCE & SUPPORT 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 #555566677 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
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
Total Chrg	3530.00	Reduced Amt	0.00	Cust Oblig	0.00	FICA	0.00	Prev Pd Amt	0.00
Line Approved Amt	3530.00								

Line 10	Vr 1	Customer Name	KERREY, BOB	Dates of Service	03-01-2002/03-31-2002				
Srv Auth	44444444	Srv Cd	6679	Service	TODDLER CARE	Freq	DY Units	20.00	Rate
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	55555555	Srv Cd	6679	Service	TODDLER CARE	Freq	DY Units	21.00	Rate
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

Calculating the 25% Requirement

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

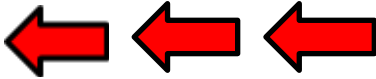
In addition to "meals times rate," centers have the option of receiving government commodity foods OR an additional amount of money for every lunch and supper that is claimed. Every institution may decide whether to receive commodities or the cash-in-lieu of commodities. You have the option to change 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, 2014 - June 30, 2015

Meal Type	Reimbursement Category	Rate
Breakfast	Free	\$1.62
	Reduced	\$1.32
	Paid	\$0.28
Lunch/Supper	Free	\$2.98
	Reduced	\$2.58
	Paid	\$0.28
Snacks	Free	\$0.82
	Reduced	\$0.41
	Paid	\$0.07
Cash-in-lieu of commodities This amount is added to every lunch and supper claimed.		\$0.2475

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



Centers may choose USDA Foods **or** cash-in-lieu.

USDA Foods (Commodities)

The number of lunches and suppers served to participants determines the quantity of USDA Foods you may receive. USDA Foods are delivered in August through June. You order your USDA Foods one month before the scheduled delivery date. June delivery is available for year around programs when food is available and DHHS has entitlement dollars left.

Child and adult care centers are eligible to receive bonus "free" USDA Foods which do not count against their entitlement. Order only those USDA Foods that you can use. If you choose not to order certain items, they will continue to be offered to you, if available.

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. Inventory records must be kept by unit for all USDA Foods. There is a cost associated with ordering processed foods. These charges will be listed on the offering sheet. It is your choice if you want to order the processed foods or not.

Also available are processed foods. For example, chicken is made into items such as nuggets. If you choose to order the processed foods, you will be charged a processing fee in cash plus the warehouse/transportation charge.

USDA Foods Available

The following are **examples** of the foods that are available during Fiscal Year 2015.

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

For more information about the USDA Foods Distribution Program, contact:

Nebraska Department of Health and Human Services
(402) 471-9351

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

Procurement and food service contracts

The primary purpose of Federal procurement regulations is to assure that open and free competition exists to the maximum extent possible when utilizing Federal funds in the CACFP. Competition is mandated so that Program goods, equipment and services will be obtained at the lowest possible cost.

Written or verbal requests for price quotations are required for all small purchases on goods, equipment and services. These price quotations must be maintained by the institution. An adequate number of qualified sources must be contacted to provide such quotes. In some rural areas, there may be only one vendor willing to provide goods or services to a center. However, in metropolitan areas, it may be necessary to limit the number of vendors to three.

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. If the total annual cost of your food service contract exceeds \$50,000, the Department of Education must review the contract before it is signed by the center's representative.

Section 226.2 of the Child and Adult Care Food Program (CACFP) regulations defines a Food Service Management Company (FSMC) as "an organization other than a public or private nonprofit school, with which an institution may contract for preparing and, unless otherwise provided for, delivering meals, with or without milk for use in the Program."

CACFP procurement involves three distinct types of situations:

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

A supplier is not included in the definition of FSMC but is subject to CACFP procurement provisions. Both a vendor and a management company are included in the definition of FSMC and are subject to CACFP FSMC and procurement provisions.

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.

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 available online

For current food service contracts and resources, visit the Nutrition Services web site:

<http://www.education.ne.gov/NS/forms/cacfpforms/FoodContracts/index.html>

Enrollment for care - required for all children - must be updated annually

Enrollment documentation must be on file for every participant for whom a meal is claimed. This may be on a form, enrollment sheet, index card or other method, as long as the required items are included. The following is a sample enrollment form for child care centers. Child enrollment forms must be completed or updated every year.

EXAMPLE OF AN ENROLLMENT FORM (an original of this form is in the Resource Materials packet)

Child and Adult Care Food Program Annual Child Enrollment Form
Ns-103-C
Revised: April 2009

CACFP Annual Child Enrollment Form
Annual enrollment in the Child and Adult Care Food Program is required by federal regulation for all children who receive program meals. Complete the following information for each child enrolled at the center. Provide your signature and contact information at the bottom of this form. The U.S. Department of Agriculture (USDA) prohibits discrimination in its programs and activities on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-5272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

INFANT FORMULA SELECTION: Complete this section if any child listed is an infant under one year of age.
This center provides _____ (brand) iron fortified infant formula to all infants under one year of age.
☐ I Accept the formula. If declined formula, check one:
☐ I Decline the formula. ☐ Parent will provide breast milk.
☐ I Accept the CACFP meal pattern (4-11 months). ☐ Parent will provide formula (list brand): _____

Complete a separate section for each child in the household. Attach additional pages if necessary.

Last Name	First Name	Date of Birth	Date Enrolled
Usual Days in Care		Usual Hours in Care	Usual Meals Received While in Care
<input type="checkbox"/> Monday			<input type="checkbox"/> Breakfast
<input type="checkbox"/> Tuesday			<input type="checkbox"/> AM Snack
<input type="checkbox"/> Wednesday			<input type="checkbox"/> Lunch
<input type="checkbox"/> Thursday			<input type="checkbox"/> PM Snack
<input type="checkbox"/> Friday			<input type="checkbox"/> Dinner
<input type="checkbox"/> Saturday			<input type="checkbox"/> Evening Snack
<input type="checkbox"/> Sunday			
<input type="checkbox"/> Non-school days/holidays			
<input type="checkbox"/> Check if Head Start eligible	<input type="checkbox"/> Check if infant under one year of age		

Optional:
Ethnic Identity
☐ Hispanic or Latino
☐ Not Hispanic or Latino
Racial Identity
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

Annual Update
 Signature of Parent or Legal Guardian: _____
 Printed Name: _____
 Street Address: _____
 City, State, Zip: _____
 Telephone (include area code): _____
 Date signed: ____/____/____
 Month Day Year

Nebraska Department of Education Nutrition Services

ALL children **MUST be enrolled for care.**

Child care enrollments **MUST be updated annually.**

Remember!

The following information **MUST** be included on an enrollment form.

- 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

Must be updated annually!

Enrollment for care - required for all children - must be updated annually

Exception to 5 and 6 of Enrollment Requirements (see previous page)

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 sample child enrollment form provided by the Nebraska Department of Education Nutrition Services (NS-105-C). **Recommended**
- You may use your current enrollment form and add the required items to it.
- Income Eligibility Forms (IEF) (NS-100-C) may be used to meet items 1 through 4 if all information is reported on the IEF and the exception to 5 and 6 is met through a time in/time out system as described above. The IEF would have to be on file and completed for all enrolled children, regardless of income eligibility category.

Annual Update to Enrollment Forms

You may have parents “sign off” on enrollment form information if there have been no changes since the last enrollment. Refer to the sample “Annual Update” section of the sample child enrollment form provided by NDE Nutrition Services (NS-105-C). If the enrollment information has changed, have the parent complete a new child enrollment form. We advise against sending original documents home with children or parents, but it will be acceptable to have them “sign off” on a photocopied annual update.

Annual Enrollment in CACFP is Required

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 2014 is valid through April 30, 2015. 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.

Remember: The Enrollment Form is not the same as the Income Eligibility Form

A **new** Income Eligibility Forms (IEFs) must be completed and obtained **each** year from all households whom you are claiming as free and/or reduced. **IEFs may NOT be updated annually.**

Enrollment for care - required for all children - must be updated annually

Comparing the Child Enrollment Forms and Income Eligibility Forms:

Child Enrollment Forms	Income Eligibility Forms
<p>Required Information for CACFP:</p> <ol style="list-style-type: none"> 1. Child's Name 2. Child's Date of Birth 3. Date Enrolled/Date Care Began 4. Signature of Parent or Guardian 5. Days & Times in Care 6. Usual Meals Served in Care <p>Exceptions to 5 & 6: 5 & 6 are not required on the enrollment if the center has a time in/time out system in which the parent signs the child in/out daily; or if the center has an automated time in/out system such as a time clock or a computer clock in/out system that is used by the parent. <i>Note: Time in/time out records are always required for all children for whom meals are claimed.</i></p>	<p>Required Information - Completed by Household:</p> <ol style="list-style-type: none"> 1. Child's Name 2. Signature of Parent or Guardian 3. One of the following: <ol style="list-style-type: none"> a. Master Case Number b. Household Size and Income c. Foster Child Personal Use Income 4. Last four digits of the Social Security Number of the adult household member completing the application if providing household size and income. Exceptions: <ol style="list-style-type: none"> a. If a case number & benefit type were listed b. If the application is for a foster child c. If the adult household member marks the box "I do not have a Social Security Number"
<p>Valid Time Frame: Enrollment Forms and Income Eligibility Forms are valid for one year. Example: If the form was completed on April 15, it is valid through April 30 of the following year. The same time frame applies to both forms. Meals claimed outside of the valid time frame will be deducted.</p>	
<p>Updating: Centers <i>may</i> have parents sign off on the information on an annual basis without filling out a new form. They must sign/initial and date the information on an annual basis. This must be done within the same month as the original CACFP enrollment. <i>Example: If the family enrolled the child on April 2, 2014, they may update/sign off on the enrollment any time during April 2015.</i></p>	<p>Updating: Updating of Income Eligibility Forms is not permitted. Changes must be made on a new Income Eligibility Form. A new IEF must be obtained every 12 months.</p>
<p>Form to be used: Any form may be used as long as the required pieces of information are gathered.</p>	<p>Form to be used: NS-100-C - The center must use the Income Eligibility Form provided by the Nebraska Department of Education Nutrition Services for the current fiscal year (July 1 - June 30).</p>
<p>Enrollment documentation <u>must be on file</u> for <u>all children</u> for whom meals are claimed for reimbursement from the CACFP.</p>	<p>Center determination: Each center must make a determination on every Income Eligibility Form if it is to be classified Free or Reduced. It must be signed by the center official, dated by the center official and show an effective date that is no earlier than the first of month when the determination is made by the center official.</p> <p>IEFs <u>must be on file</u> for all children whose meals are claimed in the Free or Reduced categories from the CACFP.</p>

Income Eligibility Forms - Center Instructions

Among the most common problems found at centers during monitoring reviews and audits are incomplete or incorrectly classified Income Eligibility Forms (IEFs). By following these instructions, centers can avoid costly errors which could result in paying money back to the Department of Education.

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

1. **Cover Letter to Households (see sample on Page 32)**

NS-102-C - Cover Letter to Households - Non-pricing - Child Care Centers (most centers are non-pricing) OR

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

2. **NS-104-C - Instructions to Households (see sample on page 33)**

3. **NS-100-C Income Eligibility Form** - Application for Free and Reduced Price Meals in the Child and Adult Care Food Program **(see sample on Pages 34 and 35)**

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 36)**

A set of masters 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. You should fill in the center name and contact information before photocopying them. 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>

NS-104-C - Instructions to Households - Child Care Centers (see example on Page 33)

Before printing the instructions to households, include the name and telephone number of a person at your center so people who are filling out the form may call you if they have questions. There is a space for this information near the top of the page.

IEFs 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 as long as a current child enrollment form is on file. There is no penalty if IEFs are not on file for children in the paid category. Meals may be claimed in the paid category if IEFs are not returned to the center, if enrollment forms for these children are on file. Remember - current and complete enrollment forms must be on file for all children for whom meals are claimed.

Part 1 - Enrolled Children's Information

The last name, first name and date of birth of each child in the household enrolled at the center are listed in Part 1. Nicknames, abbreviations, initials, etc. are not acceptable. Although you know the children at your center, an auditor will not know that "J.C. Jones" is the same person as "James Jones." It is acceptable

Income Eligibility Forms - Center Instructions

for you to print the names of the enrolled children on each household's form before you distribute the forms to households. Also list the date the child was enrolled at the center.

Part 2 - Master Case Number Information

If the household receives benefits from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR), the master case number must be listed. These are the only three programs that qualify for automatic eligibility in the Free category in child care centers. If the household indicates a different type of benefit, such as Medicaid or Title XX, the IEF may not be based on Case Number eligibility. Follow up with the family to determine if they receive one of the three types of benefits listed or have them complete Part 4 of the IEF.

Part 3 - Foster Children

Foster children may be included on the same IEF as other children in the household who are enrolled at the day care. Include the foster child's personal use income, if any, and how often it is received. NOTE: This is NOT the amount of money the household receives to care for the foster child.

If the IEF is only for a foster child/children, Part 4 does not have to be completed and the last four digits of the social security number of the foster parent does not have to be listed in Part 5.

Part 4 - Total Household Income From Last Month

This part is to be completed by all households who do not receive benefits from SNAP, TANF or FDPIR, but whose income is below the income guidelines shown in the cover letter (NS-102-C).

Part 5 - Signature and Last Four Digits of Social Security Number

Part 5 must be signed by an adult household member. Part 5 must include the last four digits of the social security number of the person signing the IEF, if the IEF is based on Part 4.

The last four digits of the Social Security number are not required if the IEF is based on a Master Case Number or if the IEF is for foster children only.

Part 6 - Racial and Ethnic Identify (Optional for Households)

Households are asked to check the racial and ethnic identity of the child(ren) listed in Part 1 and Part 3. If the household chooses not to complete this section, the center may indicate the child's/children's race and ethnic identity. The center staff who marks this needs to initial this in the margin so it is clear that the center made the identification rather than the household.

Income Eligibility Forms - Center Instructions

For Center Use Only - Instructions

The eligibility status of every application that is returned to the care center must be determined by center personnel **with-in 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 4. 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 4.

When determining eligibility based on household income, indicate the total number of household members listed on the application and the total monthly household income from Part 4. 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.

Conversion to Monthly Income

The IEF requests that last month's income be reported. Income calculations are made based on the following formulas:

- Monthly income is calculated by dividing the annual income by 12.
- Twice monthly income is computed by dividing annual income by 24.
- Income received every two weeks is calculated by dividing annual income by 26.
- Weekly income is computed by dividing annual income by 52.
- All numbers are rounded upward to the next whole dollar.

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

IEFs 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.

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

Income Eligibility Forms - Center Instructions

the beginning of the month in which the application was determined to be free or reduced price, if the center has enrollment documentation to show the participant was enrolled at the center on that date and was served a creditable meal. Meals may not be claimed in the free or reduced price categories before the effective date of the application.

Each spring NDE issues 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.

All IEFs are valid for one year. Example: An IEF with an April 10 effective 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.**

Important Reminder: Service Provider Agreements (Title XX or other payment authorizations) do not qualify participants for free or reduced price meal rates. The only document which may be used for determining eligibility is the Income Eligibility Form. Also remember that Title XX eligibility is NOT one of the programs that allows household IEFs to be determined in the Free category.

Income Eligibility Forms - Center Instructions

REMINDERS

- Make determinations on IEF's within 10 days of receipt.
- Current and correctly determined IEFs must be on file for all children 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.
- Make sure that the master case number is listed for households qualifying under "Part 2" – categorical eligibility.
- IEFs are valid for one year. *Example: IEFs that are effective July 15, 2014 are valid through July 31, 2015.*

Income Eligibility Forms - Center Instructions

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.

Income Eligibility Forms - Letter & Instructions to Households

FOR EXAMPLE ONLY- Use the master in the Resource Materials packet to make your copies.

Cover letter to households - Nonpricing - child care centers
NS-102-C
Revised April 2014

Dear Parent or Guardian:

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

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

INCOME ELIGIBILITY GUIDELINES
July 1, 2014 – June 30, 2015

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

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

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

Thank you for your cooperation.

Sincerely, _____ (Center Director)

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Income Eligibility Forms - Letter & Instructions to Households

NS – 100-C Income Eligibility Forms

Fiscal Year 2015 Income Eligibility Form – Page 1 of 2
Child Care Centers – NS-100-C

Revised 4/2014

Application for Free and Reduced Price Meals in the Child and Adult Care Food Program

Part 1. Enrolled children's information. Attach NS-100-C.a. to list more children.			Part 2. Enter Master Case Number if household qualifies for SNAP, TANF or FDPIR <i>Note: Social Security numbers, Medicaid numbers and EBT numbers are not accepted.</i>		
Child's Last Name, First Name	Date of Birth M/D/Y	Date Enrolled M/D/Y	Master Case Number:		
Part 3. Foster Children			Foster child's personal use income		
			\$		
			\$		
Part 4. Total Household Income from Last Month – Complete Part 4 if you did not complete Part 2.					
Names of all household members not listed above unless they have income		LAST MONTH'S HOUSEHOLD INCOME Do not list hourly wage.			
Last Name, First Name	Gross Income (before taxes)	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	Check if NO income
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
Part 5. Signature - The adult household member who fills out the application must sign below.					
If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page). If you have given a case number in Part 2 or if this application is for a foster child, a social security number is not needed. <i>I certify that all information on this application is true and that all income is reported. I understand that the center will get Federal funds based on the information I give. I understand that state officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.</i>					
Sign here: _____ Social Security Number (Last 4 digits): _____ <input type="checkbox"/> I do not have a Social Security Number Date Signed _____			Print Name _____ Street Address _____ City/State/Zip _____ Telephone _____		
Part 6: (Optional) Racial/Ethnic Identity of children listed above					
Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Mark one or more racial identities: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			

FOR CENTER USE ONLY

Totals from Part 4, if applicable:
Total Household Size _____
Total Monthly Income \$ _____

☐ Free ☐ Foster
☐ Reduced
☐ Paid
☐ Incomplete

Signature of Center Official _____

Today's Date _____

Effective Date (no earlier than first of current month; expires in 1 year) _____

Introduction to the CACFP: Child Care Centers
Nebraska Department of Education Nutrition Services
Rev July 2014

NS – 100-C Income Eligibility Forms

Fiscal Year 2015 Income Eligibility Form - Page 2 of 2

Child Care Centers NS-100-C

Revised 4/2014

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, we cannot approve the participant for free or reduced price meals. 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: This explains what to do if you believe you have been treated unfairly. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

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

F

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: 402-471-2488

Web site: <http://www.education.ne.gov/NS>

REMINDER:

**Enter your program's information
prior to making copies and
distributing to households.**

Parts 1 and 2 - Child's Name and Master Case Number, if applicable

Make sure that all of the children in the household who are enrolled at the center are listed in PART 1. This must include their LAST name and FIRST name. Cross-reference any alternate names or nicknames the child may be known by. The Date of Birth and Date Enrolled may be completed if you want to use the Income Eligibility Form as a child enrollment form.

Part 1. Enrolled children's information. Attach NS-100-C.a. to list more children.			Part 2. Enter Master Case Number if household qualifies for SNAP, TANF or FDPIR. <i>Note: Social Security numbers, Medicaid numbers and EBT numbers are not accepted.</i>
Child's Last Name, First Name	Date of Birth M/D/Y	Date Enrolled M/D/Y	
			Master Case Number:



OPTIONAL if this information is recorded on the enrollment form.

PART 2 is to be completed by households who receive one of the types of assistance listed below. 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)

Mini Review

- | | | |
|---------------------------------------------------------------------------------------------------------|------|-------|
| 1. Title XX families 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. An IEF must be correctly determined to claim meals in the Free and Reduced categories. | True | False |
| 4. Medicaid, WIC and SSI are eligible programs for benefits in the Free category in child care centers. | True | False |

Income Eligibility Forms- Determination based on case number

Application for Free and Reduced Price Meals in the Child and Adult Care Food Program

Part 1. Enrolled children's information. Attach NS-100-C.a. to list more children.			Part 2. Enter Master Case Number if household qualifies for TANF or FDIPIR <i>Note: Social Security numbers, Medicaid numbers and EBT numbers are not accepted.</i>		
Child's Last Name, First Name	Date of Birth M/D/Y	Date Enrolled M/D/Y	Master Case Number:		
Butler, James "Jimmy"	6/18/12	5/1/2013	00112233		
Part 3. Foster Children			Foster child's personal use income		
			\$		
			\$		
Part 4. Total Household Income from Last Month – Complete Part 4 if you did not complete Part 2.					
Names of all household members not listed above unless they have income		LAST MONTH'S HOUSEHOLD INCOME Do not list hourly wage.			Check if NO income
Last Name, First Name	Gross Income (before taxes)	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
Butler, Paul	\$	\$	\$	\$	<input type="checkbox"/>
Butler, Linda	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
Part 5. Signature - The adult household member who fills out the application must sign below.					
If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page). If you have given a case number in Part 2 or if this application is for a foster child, a social security number is not needed.					
<i>I certify that all information on this application is true and that all income is reported. I understand that the center will get Federal funds based on the information I give. I understand that state officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.</i>					
Sign here: <u>Linda L. Butler</u> Social Security Number (Last 4 digits): _____ <input type="checkbox"/> I do not have a Social Security Number Date Signed <u>7/7/2014</u>			Print Name <u>Linda Butler</u> Street Address <u>111 Sumner Street</u> City/State/Zip <u>Anywhere, NE 69999</u> Telephone _____		
Part 6: (Optional) Racial/Ethnic Identity of children listed above					
Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			Mark one or more racial identities: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		

FOR CENTER USE ONLY

Totals from Part 4, if applicable:
Total Household Size _____
Total Monthly Income \$ _____

☐ Free ☐ Foster
☐ Reduced
☐ Paid ☐ Incomplete

Signature of Center Official

Today's Date

Effective Date (no earlier than first of current month; expires in 1 year)

Income Eligibility Forms - Determination based on foster child eligibility

Part 3 - Foster children

Part 1. Enrolled children's information. Attach NS-100-C.a. to list more children.			Part 2 Enter Master Case Number if household qualifies for SNAP, TANF or FDPIR <i>Note: Social Security numbers, Medicaid numbers and EBT numbers are not accepted.</i> Master Case Number:
Child's Last Name, First Name	Date of Birth M/D/Y	Date Enrolled M/D/Y	
Part 3. Foster Children			Foster child's personal use income
			\$
			\$

Foster children automatically qualify in the Free category.

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.

Determination of Foster Children (part 3)

If the IEF is for a foster child/children only:

1. The foster child's personal use income or "0" must be listed.
2. The foster parent does not have to give the last four digits of the social security number.

Determination of Household Children with Foster Children

If the IEF includes a foster child/children AND household child/children:

1. A foster child may be included as part of the household.
2. The foster parent must complete Part 4 - Total Household Income from Last Month, if the household did not list a master case number in Part 2.
3. The total household income of the foster family, including the foster child's personal use income, is used to determine eligibility for the children in Part 1.
4. The foster parent must list the last four digits of their Social Security Number in Part 5 - Signature.

Income Eligibility Forms –Determination based on foster child eligibility

Fiscal Year 2015 Income Eligibility Form - Page 1 of 2 Child Care Centers
NS-100-C

Revised 4/2014

Application for Free and Reduced Price Meals in the Child and Adult Care Food Program

Part 1. Enrolled children's information. Attach NS-100-C.a. to list more children.			Part 2. Enter Master Case Number if household qualifies for SNAP, TANF or FDIPIR	
Child's Last Name, First Name	Date of Birth M/D/Y	Date Enrolled M/D/Y	Note: Social Security numbers, Medicaid numbers and EBT numbers are not accepted.	
			Master Case Number:	
Part 3. Foster Children			Foster child's personal use income	
Garber, Silas "Punky"	2/9/13	5/15/14	\$ - 0 -	
			\$	

Part 4. Total Household Income from Last Month – Complete Part 4 if you did not complete Part 2.					
Names of all household members not listed above unless they have income		LAST MONTH'S HOUSEHOLD INCOME Do not list hourly wage.			
Last Name, First Name	Gross Income (before taxes)	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	Check if NO income
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>

Part 5. Signature - The adult household member who fills out the application must sign below.

If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page). If you have given a case number in Part 2 or if this application is for a foster child, a social security number is not needed.

I certify that all information on this application is true and that all income is reported. I understand that the center will get Federal funds based on the information I give. I understand that state officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: <u>Emily Landon</u> Social Security Number (Last 4 digits): _____ <input type="checkbox"/> I do not have a Social Security Number Date Signed <u>7/18/2014</u>	Print Name <u>Emily Landon</u> Street Address <u>1234 Apple Lane</u> City/State/Zip <u>Anywhere, NE 61111</u> Telephone _____
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------

Part 6: (Optional) Racial/Ethnic Identity of children listed above

Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark one or more racial identities: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
-----------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------

FOR CENTER USE ONLY

Totals from Part 4, if applicable:
Total Household Size _____
Total Monthly Income \$ _____

☐ Free ☐ Foster
☐ Reduced
☐ Paid ☐ Incomplete

Signature of Center Official _____

Today's Date _____

Effective Date (no earlier than first of current month; expires in 1 year) _____

Income Eligibility Forms –Determination based on foster child and household child

Fiscal Year 2015 Income Eligibility Form - Page 1 of 2 Child Care Centers

Revised 4/2014

NS-100-C

Application for Free and Reduced Price Meals in the Child and Adult Care Food Program

Part 1. Enrolled children's information. Attach NS-100-C.a. to list more children.			Part 2. Enter Master Case Number if household qualifies for SNAP, TANF or FDIPIR <i>Note: Social Security numbers, Medicaid numbers and EBT numbers are not accepted.</i>		
Child's Last Name, First Name	Date of Birth M/D/Y	Date Enrolled M/D/Y			
Landon, Daniel	8/13/13	10/31/13			
			Master Case Number:		
Part 3. Foster Children			Foster child's personal use income		
Garber, Silas "Punky"	2/9/13	5/15/14	\$ 50		
			\$		
Part 4. Total Household Income from Last Month – Complete Part 4 if you did not complete Part 2.					
Names of all household members not listed above unless they have income	LAST MONTH'S HOUSEHOLD INCOME Do not list hourly wage.				Check if NO income
Last Name, First Name	Gross Income (before taxes)	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
Landon, Emily	\$ 2,500	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
Part 5. Signature - The adult household member who fills out the application must sign below.					
If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page). If you have given a case number in Part 2 or if this application is for a foster child, a social security number is not needed.					
<i>I certify that all information on this application is true and that all income is reported. I understand that the center will get Federal funds based on the information I give. I understand that state officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.</i>					
Sign here: <u>Emily Landon</u>			Print Name <u>Emily Landon</u>		
Social Security Number (Last 4 digits): <u>9487</u>			Street Address <u>1234 Apple Lane</u>		
<input type="checkbox"/> I do not have a Social Security Number			City/State/Zip <u>Anywhere, NE 61111</u>		
Date Signed <u>7/18/2014</u>			Telephone _____		
Part 6: (Optional) Racial/Ethnic Identity of children listed above					
Mark one ethnic identity:		Mark one or more racial identities:			
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> American Indian or Alaska Native			
<input checked="" type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Asian			
		<input type="checkbox"/> Black or African American			
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
		<input checked="" type="checkbox"/> White			

FOR CENTER USE ONLY

Totals from Part 4, if applicable:
Total Household Size _____
Total Monthly Income \$ _____

☐ Free ☐ Foster
☐ Reduced
☐ Paid ☐ Incomplete

Signature of Center Official _____

Today's Date _____

Effective Date (no earlier than first of current month; expires in 1 year) _____

Income Eligibility Forms – Determination based on household size and income

Part 4 - Total Household Income from Last Month

Names of all household members not listed above unless they have income	LAST MONTH'S HOUSEHOLD INCOME Do not list hourly wage.				Check if NO income
	Gross Income (before taxes)	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
Charles, Joe	\$ 2,345	\$	\$	\$	<input type="checkbox"/>
Charles, Nancy	\$	\$ 125	\$	\$	<input type="checkbox"/>
Charles, Missy	\$	\$	\$	\$	<input checked="" type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>

Mini Review

1. All household members, except the children listed in Part 1, must be listed in Part 4, even if they have no income. True False
2. It's okay for someone to list their hourly wage because everyone works 40 hours a week. True False
3. Unborn children should be listed in Part 4. True False
4. If the household listed an eligible benefit and case number in Part 2, you can ignore Part 4. True False
5. It's okay for families to write "N.A." or "over guidelines" or "we don't qualify" in Part 4. True False
6. Income Eligibility Forms are confidential and must be kept in a secure location. True False
7. A father pays child support therefore it can this be deducted from the household income. True False

Income Eligibility Forms - Signature and Social Security Number (last 4 digits)

Part 5 - Signature

Part 5. Signature - The adult household member who fills out the application must sign below.	
If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page). If you have given a case number in Part 2 or if this application is for a foster child, a social security number is not needed.	
<i>I certify that all information on this application is true and that all income is reported. I understand that the center will get Federal funds based on the information I give. I understand that state officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.</i>	
Sign here: <u>Nancy Charles</u>	Print Name <u>Nancy</u>
Social Security Number (Last 4 digits): <u>6712</u>	<u>Charles</u>
<input type="checkbox"/> I do not have a Social Security Number	Street Address <u>617 Locust</u>
Date Signed <u>8/14/2014</u>	<u>1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.</u>

↑ REQUIRED

- Exceptions to listing last four digits of Social Security Number:
- if a case number is listed in Part 2
 - if IEF is for a foster child only
 - if adult household member does not have a social security number, he or she must check the box next to "I do not have a Social Security Number"

↑ 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.

Mini Review

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|------|-------|
| 1. Every IEF must be signed by an adult household member if it is to be determined in the Free or Reduced category. | True | False |
| 2. Foster parents don't have to list the last four digits of their social security number. | True | False |
| 3. If there is a case number listed in Part 2, the last four digits of the social security number does not have to be listed in Part 5. | True | False |
| 4. You have to have an IEF on file to claim meals in the Paid category. | True | False |

Income Eligibility Forms - Income Eligibility Guidelines for FY 2015

Income Eligibility Guidelines - FY 2015 NS-402-G
April 2014

NUTRITION SERVICES INCOME ELIGIBILITY GUIDELINES JULY 1, 2014 - JUNE 30, 2015

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	15,171	1,265	633	584	292	21,590	1,800	900	831	416
2	20,449	1,705	853	787	394	29,101	2,426	1,213	1,120	560
3	25,727	2,144	1,072	990	495	36,612	3,051	1,526	1,409	705
4	31,005	2,584	1,292	1,193	597	44,123	3,677	1,839	1,698	849
5	36,283	3,024	1,512	1,396	698	51,634	4,303	2,152	1,986	993
6	41,561	3,464	1,732	1,599	800	59,145	4,929	2,465	2,275	1,138
7	46,839	3,904	1,952	1,802	901	66,656	5,555	2,778	2,564	1,282
8	52,117	4,344	2,172	2,005	1,003	74,167	6,181	3,091	2,853	1,427
For each additional family member add:	5,278	440	220	203	102	7,511	626	313	289	145

Income conversion calculations are made based on the following formulas:

- Monthly income is calculated by dividing the annual income by 12.
- Twice monthly income is computed by dividing annual income by 24.
- Income received every two weeks is calculated by dividing annual income by 26.
- Weekly income is computed by dividing annual income by 52.
- All numbers are rounded upward to the next whole dollar.

Let's Do Some Examples:

1. Household size is 4; Income is \$2,100/month.

Free Reduced Paid

2. Household size is 2; Income is \$2,426/month.

Free Reduced Paid

3. Household size is 3; Income is \$3,980/month

Free Reduced Paid

Income Eligibility Forms – Determination based upon household size and income

Revised 4/2014

Fiscal Year 2015 Income Eligibility Form - Page 1 of 2 Child Care
Centers NS-100-C

Application for Free and Reduced Price Meals in the Child and Adult Care Food Program

Part 1. Enrolled children's information. Attach NS-100-C.a. to list more children.			Part 2. Enter Master Case Number if household qualifies for SNAP, TANF or FDIPIR <i>Note: Social Security numbers, Medicaid numbers and EBT numbers are not accepted.</i>		
Child's Last Name, First Name	Date of Birth M/D/Y	Date Enrolled M/D/Y			
Thayer, John	10/9/12	1/2/2014			
			Master Case Number:		
Part 3. Foster Children			Foster child's personal use income		
			\$		
			\$		
Part 4. Total Household Income from Last Month – Complete Part 4 if you did not complete Part 2.					
Names of all household members not listed above unless they have income	LAST MONTH'S HOUSEHOLD INCOME Do not list hourly wage.				Check if NO income
Last Name, First Name	Gross Income (before taxes)	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
Middleton, Sarah	\$ 4,100	\$	\$	\$	<input type="checkbox"/>
Thayer, Simon	\$ 7,800	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
Part 5. Signature - The adult household member who fills out the application must sign below.					
If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page). If you have given a case number in Part 2 or if this application is for a foster child, a social security number is not needed.					
<i>I certify that all information on this application is true and that all income is reported. I understand that the center will get Federal funds based on the information I give. I understand that state officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.</i>					
Sign here: <u>Sarah L. Middleton</u>			Print Name <u>Sarah L. Middleton</u>		
Social Security Number (Last 4 digits): <u>4040</u>			Street Address <u>14015 Bellwood Drive</u>		
<input type="checkbox"/> I do not have a Social Security Number			City/State/Zip <u>Somewhere, NE 61999</u>		
Date Signed <u>8/14/2014</u>			Telephone _____		
Part 6: (Optional) Racial/Ethnic Identity of children listed above					
Mark one ethnic identity:		Mark one or more racial identities:			
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> American Indian or Alaska Native			
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Asian			
		<input type="checkbox"/> Black or African American			
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
		<input type="checkbox"/> White			

FOR CENTER USE ONLY

Totals from Part 4, if applicable:
Total Household Size _____
Total Monthly Income \$ _____

☐ Free ☐ Foster
☐ Reduced
☐ Paid ☐ Incomplete

Signature of Center Official _____

Today's Date _____

Effective Date (no earlier than first of current month; expires in 1 year) _____

Income Eligibility Forms – Determination based upon household size and income

Fiscal Year 2015 Income Eligibility Form - Page 1 of 2 Child Care
Centers NS-100-C

Revised 4/2014

Application for Free and Reduced Price Meals in the Child and Adult Care Food Program

Part 1. Enrolled children's information. Attach NS-100-C.a. to list more children.			Part 2. Enter Master Case Number if household qualifies for SNAP, TANF or FDIPIR <i>Note: Social Security numbers, Medicaid numbers and EBT numbers are not accepted.</i>		
Child's Last Name, First Name	Date of Birth M/D/Y	Date Enrolled M/D/Y	Master Case Number:		
Dawes, James	10/23/12	12/1/13			
Dawes, Cyndi	7/19/13	12/15/13			
Part 3. Foster Children			Foster child's personal use income		
			\$		
			\$		
Part 4. Total Household Income from Last Month – Complete Part 4 if you did not complete Part 2.					
Names of all household members not listed above unless they have income		LAST MONTH'S HOUSEHOLD INCOME Do not list hourly wage.			
Last Name, First Name		Gross Income (before taxes)	Welfare, child support, alimony	Pensions, retirement, Social Security	Other
Dawes, Peter		\$ 950	\$	\$	\$
Dawes, Clare		\$ 450/week	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Part 5. Signature - The adult household member who fills out the application must sign below.					
If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page). If you have given a case number in Part 2 or if this application is for a foster child, a social security number is not needed.					
<i>I certify that all information on this application is true and that all income is reported. I understand that the center will get Federal funds based on the information I give. I understand that state officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.</i>					
Sign here: <u>Clare A. Dawes</u>			Print Name <u>Clare A. Dawes</u>		
Social Security Number (Last 4 digits): <u>9578</u>			Street Address <u>1613 E Street</u>		
<input type="checkbox"/> I do not have a Social Security Number			City/State/Zip <u>Forever, NE 61999</u>		
Date Signed <u>8/14/2014</u>			Telephone _____		
Part 6: (Optional) Racial/Ethnic Identity of children listed above					
Mark one ethnic identity:		Mark one or more racial identities:			
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> American Indian or Alaska Native			
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Asian			
		<input type="checkbox"/> Black or African American			
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
		<input type="checkbox"/> White			

FOR CENTER USE ONLY

Totals from Part 4, if applicable:
Total Household Size _____
Total Monthly Income \$ _____

☐ Free ☐ Foster
☐ Reduced
☐ Paid ☐ Incomplete

Signature of Center Official _____

Today's Date _____

Effective Date (no earlier than first of current month; expires in 1 year) _____

Income Eligibility Forms- Determination based on household size and income

Fiscal Year 2015 Income Eligibility Form - Page 1 of 2 Child Care
Centers NS-100-C

Revised 4/2014

Application for Free and Reduced Price Meals in the Child and Adult Care Food Program

Part 1. Enrolled children's information. Attach NS-100-C.a. to list more children.			Part 2. Enter Master Case Number if household qualifies for SNAP, TANF or FDPIR <i>Note: Social Security numbers, Medicaid numbers and EBT numbers are not accepted.</i>		
Child's Last Name, First Name	Date of Birth M/D/Y	Date Enrolled M/D/Y			
<u>James, William</u>	<u>11/11/12</u>	<u>11/11/13</u>			
			Master Case Number:		
Part 3. Foster Children			Foster child's personal use income		
			\$		
			\$		
Part 4. Total Household Income from Last Month – Complete Part 4 if you did not complete Part 2.					
Names of all household members not listed above unless they have income	LAST MONTH'S HOUSEHOLD INCOME Do not list hourly wage.				Check if NO income
Last Name, First Name	Gross Income (before taxes)	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
<u>Silverton, Gordon</u>	<u>\$ 1,100</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<input type="checkbox"/>
<u>Silverton, Tracy</u>	<u>\$ 675</u>	<u>\$ 225</u>	<u>\$</u>	<u>\$</u>	<input type="checkbox"/>
<u>Silverton, Nicholas</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<input checked="" type="checkbox"/>
<u>James, William</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<input checked="" type="checkbox"/>
Part 5. Signature - The adult household member who fills out the application must sign below.					
If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page). If you have given a case number in Part 2 or if this application is for a foster child, a social security number is not needed.					
<i>I certify that all information on this application is true and that all income is reported. I understand that the center will get Federal funds based on the information I give. I understand that state officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.</i>					
Sign here: <u>Gordon Silverton</u>			Print Name <u>Gordon Silverton</u>		
Social Security Number (Last 4 digits): <u>8768</u>			Street Address <u>868 Elm Street</u>		
<input type="checkbox"/> I do not have a Social Security Number			City/State/Zip <u>Dreamville, NE 61999</u>		
Date Signed <u>8/14/2014</u>			Telephone _____		
Part 6: (Optional) Racial/Ethnic Identity of children listed above					
Mark one ethnic identity:		Mark one or more racial identities:			
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> American Indian or Alaska Native			
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Asian			
		<input type="checkbox"/> Black or African American			
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
		<input type="checkbox"/> White			

FOR CENTER USE ONLY

Totals from Part 4, if applicable:
Total Household Size _____
Total Monthly Income \$ _____

☐ Free ☐ Foster
☐ Reduced
☐ Paid ☐ Incomplete

Signature of Center Official _____

Today's Date _____

Effective Date (no earlier than first of current month; expires in 1 year) _____

Income Eligibility Forms- Determination based on household size and income

Fiscal Year 2015 Income Eligibility Form - Page 1 of 2 Child Care Centers
NS-100-C

Revised 4/2014

Application for Free and Reduced Price Meals in the Child and Adult Care Food Program

Part 1. Enrolled children's information. Attach NS-100-C.a. to list more children.			Part 2. Enter Master Case Number if household qualifies for or FDIPIR <i>Note: Social Security numbers, Medicaid numbers and EBT numbers are not accepted.</i>		
Child's Last Name, First Name	Date of Birth M/D/Y	Date Enrolled M/D/Y	Master Case Number:		
Boyd, James	5/14/11	8/1/13			
Part 3. Foster Children			Foster child's personal use income		
			\$		
			\$		
Part 4. Total Household Income from Last Month – Complete Part 4 if you did not complete Part 2.					
Names of all household members not listed above unless they have income		LAST MONTH'S HOUSEHOLD INCOME Do not list hourly wage.			
Last Name, First Name	Gross Income (before taxes)	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	Check if NO income
Stinson, Natalie	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
Part 5. Signature - The adult household member who fills out the application must sign below.					
If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page). If you have given a case number in Part 2 or if this application is for a foster child, a social security number is not needed.					
<i>I certify that all information on this application is true and that all income is reported. I understand that the center will get Federal funds based on the information I give. I understand that state officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.</i>					
Sign here: <u>Natalie R. Simpson</u>		Print Name <u>Natalie Simpson</u>			
Social Security Number (Last 4 digits): _____		Street Address <u>9875 Sunset Blvd</u>			
<input type="checkbox"/> I do not have a Social Security Number		City/State/Zip <u>Somewhere, NE 61111</u>			
Date Signed <u>8/7/14</u>		Telephone _____			
Part 6: (Optional) Racial/Ethnic Identity of children listed above					
Mark one ethnic identity:		Mark one or more racial identities:			
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> American Indian or Alaska Native			
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Asian			
		<input type="checkbox"/> Black or African American			
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
		<input type="checkbox"/> White			

FOR CENTER USE ONLY

Totals from Part 4, if applicable:
Total Household Size _____
Total Monthly Income \$ _____

☐ Free ☐ Foster
☐ Reduced
☐ Paid ☐ Incomplete

Signature of Center Official _____

Today's Date _____

Effective Date (no earlier than first of current month; expires in 1 year) _____

Income Eligibility Forms - Racial/ethnic identity of children

Part 6 - Racial/Ethnic identity of children

Households are asked to report the ethnicity and race of the children enrolled for care. This is optional for households, however, centers are required to gather and report this information each year. If the household did not mark this section, the center may fill this section out to the best of their ability and initial this section in the margin of the IEF to show that it was marked by the center rather than by the household.

Part 6: (Optional) Racial/Ethnic Identity of children listed above		
Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> White
	<input type="checkbox"/> Black or African American	

Definitions

Ethnicity:

1. Hispanic or Latino. A person 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.

Race:

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

Mini Review

- | | | |
|--------------------------------------------------------------------------------------------------------|------|-------|
| 1. Households must state the race or ethnic identity of their children on the IEF. | True | False |
| 2. Centers must compile information about the race and ethnic identity of their enrolled participants. | True | False |

Income Eligibility Forms - For Center Use Only

FOR CENTER USE ONLY		
Totals from Part 4, if applicable: Total Household Size _____ Total Monthly Income \$ _____	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid </div> <div> <input type="checkbox"/> Foster <input type="checkbox"/> Incomplete </div> </div>	
_____ Signature of Center Official	_____ Today's Date	_____ Effective Date (<i>no earlier than first of Current month; expires in 1 year</i>)



Make sure a center official signs every IEF.



Make sure this is dated on the same date or after the date signed by the adult household member.

IEFs must be determined in a timely manner.

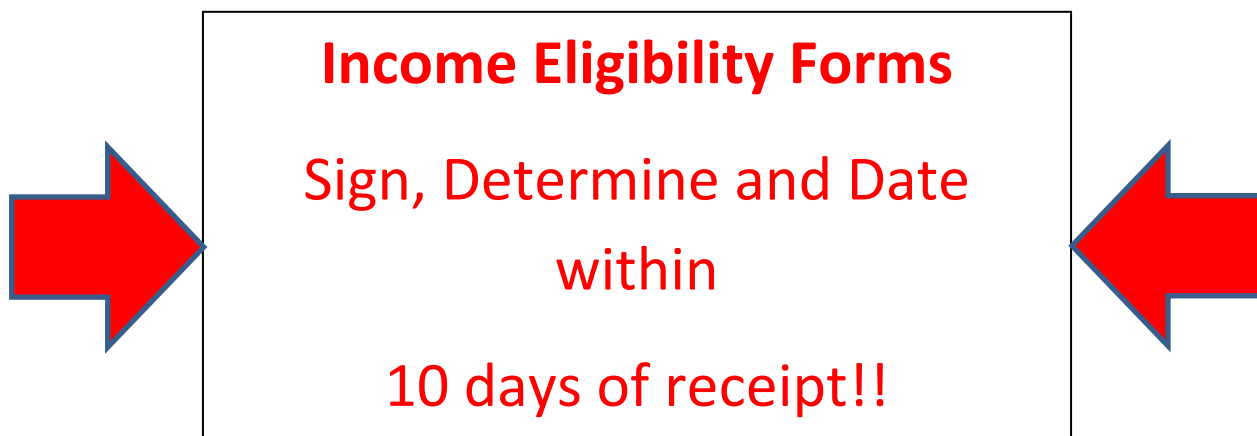


Make sure the effective date is no earlier than the first of the month in which the determination was made. Example: determination was made September 19; September 1 is the earliest effective date.

IMPORTANT!

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 any of the “For Center Use Only” section until the IEF has been completed by an adult household member.



Income Eligibility Forms - For Center Use Only

Determination based on Part 2 - Case Number Eligibility

FOR CENTER USE ONLY		
Totals from Part 4, if applicable:	<input checked="" type="checkbox"/> Free	<input type="checkbox"/> Foster
Total Household Size _____	<input type="checkbox"/> Reduced	
Total Monthly Income \$ _____	<input type="checkbox"/> Paid	<input type="checkbox"/> Incomplete
<u>Danica Furr</u>	<u>8/31/2014</u>	<u>8/1/2014</u>
Signature of Center Official	Today's Date	Effective Date (no earlier than first of Current month; expires in 1 year)

Determination based on Part 3 - Foster Child Eligibility

FOR CENTER USE ONLY		
Totals from Part 4, if applicable:	<input checked="" type="checkbox"/> Free	<input checked="" type="checkbox"/> Foster
Total Household Size _____	<input type="checkbox"/> Reduced	
Total Monthly Income \$ _____	<input type="checkbox"/> Paid	<input type="checkbox"/> Incomplete
<u>Danica Furr</u>	<u>9/30/2014</u>	<u>9/1/2014</u>
Signature of Center Official	Today's Date	Effective Date (no earlier than first of Current month; expires in 1 year)

Determination based on Part 4 - Household Size and Income

FOR CENTER USE ONLY		
Totals from Part 4, if applicable:	<input type="checkbox"/> Free	<input type="checkbox"/> Foster
Total Household Size <u>3</u>	<input checked="" type="checkbox"/> Reduced	
Total Monthly Income \$ <u>2789</u>	<input type="checkbox"/> Paid	<input type="checkbox"/> Incomplete
<u>Danica Furr</u>	<u>10/23/2014</u>	<u>10/1/2014</u>
Signature of Center Official	Today's Date	Effective Date (no earlier than first of Current month; expires in 1 year)

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

FOR CENTER USE ONLY		
Totals from Part 4, if applicable:	<input type="checkbox"/> Free	<input type="checkbox"/> Foster
Total Household Size _____	<input type="checkbox"/> Reduced	
Total Monthly Income \$ _____	<input checked="" type="checkbox"/> Paid	<input checked="" type="checkbox"/> Incomplete
<u>Danica Furr</u>	<u>1/9/2014</u>	<u>1/1/2014</u>
Signature of Center Official	Today's Date	Effective Date (no earlier than first of Current month; expires in 1 year)

Income Eligibility Forms - Summary

The IEF 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 3.
2. The center official must indicate if the 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 overclaim - you will have to pay money back to the State of Nebraska.
5. Income Eligibility Forms 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 ever 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.

Example of effective period of IEFs

This Income Eligibility Form was made effective 7/1/2014. It is valid through 7/31/2015.

FOR CENTER USE ONLY		
Totals from Part 4, if applicable:	<input checked="" type="checkbox"/> Free	Foster
Total Household Size _____	Reduced	
Total Monthly Income \$ _____	Paid	Incomplete
<u>Danica Furr</u>	<u>7/31/2014</u>	<u>7/1/2014</u>
Signature of Center Official	Today's Date	Effective Date (no earlier than first of Current month; expires in 1 year)

Income Eligibility Forms - Summary

What makes up a complete application?

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
- Master case number for SNAP, FDPIR or TANF
- Signature of adult household member

Household Income Eligibility (based on information in Part 4)

- 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 3 and not included as a household member)

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

Record of Meals and Supplements Served

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 eligibility 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	C O D E	MONDAY DATE: <i>July 27, YEAR</i>					
		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.

Record of Meals and Supplements Served

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.

IMPORTANT TIP ➡ Compare your meal count sheets with attendance records as a double check for accuracy.

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 won't.
- 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.

Record of Meals and Supplements Served

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.

(PLEASE PRINT LEGIBLY)		MONDAY DATE: July 27						TUESDAY DATE: July 28						WEDNESDAY DATE: July 29						THURSDAY DATE: July 30						FRIDAY DATE: July 31					
		BR	SN	LU	SN	SU		BR	SN	LU	SN	SU		BR	SN	LU	SN	SU		BR	SN	LU	SN	SU		BR	SN	LU	SN	SU	
1	Butler, Jimmy	A		X	X	X																									
2	James, William	A	X	X	X			X	X	X				X	X	X				X	X	X				X	X	X			
3	Garber, Punky (Silas)	A	X																												
4	Daves, James	B				X	X			X	X					X	X					X	X					X	X		
5	Daves, Cindy	B	X	X	X			X	X	X				X	X	X						X	X					X	X		
6	Thayer, John	C								X	X					X	X					X	X					X	X		
7	Furnas, Robert	C	X												X						X						X				
8	Nance, Albinus	C						X	X	X						X	X					X	X					X	X		
9	Bord, James	C				X					X						X						X						X		
10	Crounse, Lorenzo	C	X				X				X						X						X						X		
11	Holcomb, Silas	C	X	X	X			X	X	X				X	X	X				X	X	X				X	X	X			
12	Poynter, William	C	X	X	X			X	X	X				X	X	X				X	X	X				X	X	X			
13	Dietrich, Charles	C	X					X	X	X				X	X	X				X	X	X				X	X	X			
14	Savage, Oazy (Ezra)	C				X		X			X			X			X			X			X			X			X		
15	Mickey, John	C								X	X					X	X					X	X					X	X		
16	Kerrey, Bobby	C	X			X		X			X					X	X			X			X					X	X		
17	Thone, Charles	C	X			X										X	X						X						X		
18	Exon, James	C	X			X								X									X						X		
19	Orr, Katie	C	X			X		X															X						X		
20	Nelson, Ben	C	X			X		X			X					X															
21																															
22																															
23																															
24																															
25																															
26																															
27																															
28																															
29																															
30																															
31																															
32																															
TOTAL		BR	SN	LU	SN	SU		BR	SN	LU	SN	SU		BR	SN	LU	SN	SU		BR	SN	LU	SN	SU		BR	SN	LU	SN	SU	
VERIFIED		2	1	0	2	1	2	1	1	8	2	1	5	3	1	5	2	1	4	3	1	5	2	1	4	3	1	5	2	1	4

Record of Meals and Supplements Served

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	C O D E	FRIDAY DATE: July 31, YEAR					
		BR					
		A	B	C			
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	C O D E	FRIDAY DATE: July 31, YEAR					
		BR					
		A	B	C			
Butler, Jimmy	A	X					
James, William	A	X					
Garber, Silas "Punky"	A	X					
Nelson, Benji	A						
Dawes, James	B		X				
Thayer, John	C		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	C O D E	FRIDAY DATE: July 31, YEAR					
		BR			AM - SN		
		A	B	C	A	B	C
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

Record of Meals and Supplements Served

Infant Meal Counts must match Infant Production Records

Example A: The infant meal shown below may be claimed.

Breakfast - July 31			
Name	Formula	Cereal	Fruit/Vegetable
William Poynter, 11 mos.	Formula 8 oz	Infant cereal - rice 3 T	Pears 1 T

All required components for the infant's age group must be served and documented as shown above before the meal may be claimed on the meal count sheet, below.

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

Example: The infant meal shown below may NOT be claimed.

Breakfast - July 31			
Name	Formula	Cereal	Fruit/Vegetable
William Poynter, 11 mos.	Formula 8 oz	Infant cereal - rice 3 T	

The fruit/vegetable was not documented in the production record above, so it may NOT be claimed on the meal count sheet as shown below.

PLEASE PRINT LEGIBLY	C O D E	FRIDAY DATE: July 31, YEAR					
		BR			AM - SN		
NAME		A	B	C	A	B	C
Poynter, William	A						

Tips

- Infant production records must be complete if the meal is to be claimed.
- Do not claim infant meals if the meal pattern is not documented.
- Assign someone to compare infant production records and meal count sheets.

Transferring Daily Totals to Monthly Claim Worksheet

Exercise

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

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

Center:	Agreement Number:	Month, Year:
---------	-------------------	--------------

Date	NUMBER OF MEALS SERVED																		ATTENDANCE*	
	Breakfast			AM Snack			Lunch			PM Snack			Supper			EV Snack				
	F	R	P	F	R	P	F	R	P	F	R	P	F	R	P	F	R	P		
1																				
2																				
3																				
4																				
5																				
6																				
7																				
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20																				
21																				
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	

***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)

$$\frac{\text{Total in column S}}{\text{Days served}} = \text{ADA}$$

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.

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

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

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

3. Total the Daily Attendance (Column S) to get the Total Monthly Attendance.

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.

TIPS

- Every site has its own worksheet.
- Claims are submitted by site, not as a composite.

Calculating Average Daily Attendance - Example

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

24 Days Served

Total Monthly Attendance

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.

$$452 \div 24 = 18.8 = 19 \text{ ADA}$$

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 2014

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.

Title XX participants – For profit centers only - List the number of Title XX children for whom care was billed to HHSS 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.

Child and Adult Care Food Program

Applications | Claims | Compliance | Reports | Security | Search | Year | Help | Log Out

Claims > Claim Year at a Glance - Centers > Program Year: 2013 - 2014

Child & Adult Care Food Program
Claim Month Details for February 2014

105002 Status: Active
Child Development Centers of Nebraska
123 Main St
Any City, NE 68848-8134

Claim Month: February 2014

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
There are no claims for this month.						
Total Earned					\$0.00	

< Back Add Original Claim

Step 1. Press “Add Original Claim.”

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

Child and Adult Care Food Program

Applications | Claims | Compliance | Reports | Security | Search | Year | Help | Log Out

Claims > Claim Year at a Glance - Centers > Program Year: 2013 - 2014

Child & Adult Care Food Program
Claim Site List for February 2014

105002 Status: Active
Child Development Centers of Nebraska
123 Main St
Any City, NE 68848-8134

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Feb 2014	0				

Actions	Site #	Site Name	Type	Errors	Status
Add	0001	Center Site #1	CC		
	0002	Center Site #2	AC		Not Eligible

< Back Continue

Claim for Reimbursement - submitting the claim

Applications | Claims | Compliance | Reports | Security | Search | Year | Help | Log Out

Claims > Claim Year at a Glance - Centers > Program Year: 2013 - 2014

VIEW | MODIFY | DELETE

Child & Adult Care Food Program Site Claim Report for February 2014

105002 Status: Active Child Development Centers of Nebraska 123 Main St Any City, NE 68848-8134	0001 Status: Active CENTER SITE #1 4111 4th Ave Suite 2 Kearney, NE 68845-1288
-----------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Feb 2014	0				

Child Care Center

Attendance Reporting

	Quantity
C1. Total Days of Operation:	22
C2. Average Daily Attendance:	10
C3. License Capacity:	25
C4. Number of Shifts:	1

The claim form automatically displays only the sections applicable for the site (e.g., Child Care Center, Head Start, Adult Care Center).

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.

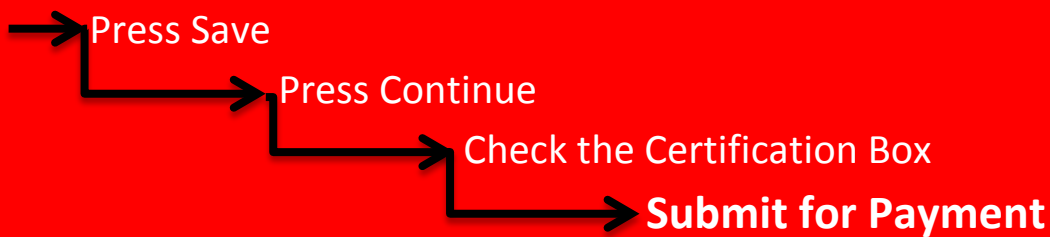
Child Meals / Snacks Served

	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



****Claim status should indicate "Accepted" & a confirmation e-mail will be sent ****

Claim for Reimbursement - Online Claim System

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
Lincoln: 402-471-2488 - 800-731-2233

CNP NEBRASKA
DEPARTMENT OF
EDUCATION

Returning Users: Log On

User ID:
Password:
[Forgot Your Password?](#)
☐ Remember my User ID
Log On

Links

*Welcome to the
Nebraska's New CNP System!*

The Current Program Year is 2015
(July 1, 2014 - June 30, 2015)

ATTENTION NON PUBLIC SCHOOL

- Enter your Annual Financial Report for the 2013-2014 School Year in the "old" CNP System. [Please click here.](#)

Submitting 2013-14 Claims

- Claims for the 2013-14 School Year are submitted on the old CNP system: <https://cnp.education.ne.gov/>

Nebraska Department of Education
Nutrition Services
201 Centennial Mall South
P.O. Box 94087
Lincoln, NE 68509-4087

NDE 01-033
Revised March 2010
Page 2 of 2

Authorized Representative/Responsible Individual Must Match the Online Program Application
(Signatures must be kept current)

1. Print Name of Authorized Representative/Responsible Individual	2. Signature of Authorized Representative/Responsible Individual
3. Title of Authorized Representative/Responsible Individual	4. Date of Birth of Authorized Representative/Responsible Individual
5. Sponsor/System Name	6. Agreement Number
7. Email address	8. Telephone Number ()

Sponsor/System Approval

9. Printed Name of Board President/Owner/CEO	10. Signature of Board President/Owner/CEO
11. Title of Board President/Owner/CEO	12. Date of Birth of Board President/Owner/CEO
13. Telephone Number ()	14. Date Signed

15. Check all Program agreements that apply:
☐ National School Lunch Program, School Breakfast Program and Special Milk Program
☐ Child and Adult Care Food Program (Check One)
☐ Child Care Center ☐ Adult Care Center ☐ Family Day Care Home Sponsor
☐ Summer Food Service Program

NDE USE ONLY

☐ Request Granted ☐ Request Denied

Effective Date _____ Director, Nutrition Services _____

URL: <http://cnp.education.ne.gov>

User ID _____

Password _____ Revocation Date _____

NDE 01-033

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

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 assure 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.

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. 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 prenote your new account and not disrupt any of your reimbursement.

If you have any question regarding the Electronic Funds Transfer contact Paul Haas at (402) 471-3563.

Electronic Fund Transfer Settlement Dates for Fiscal Year 2015 Child and Adult Care Centers

Claim Month	Payment Date (claims submitted by noon on the 10th)
July 2014	August 14, 2014
August 2014	September 15, 2014
September 2014	October 16, 2014
October 2014	November 14, 2014
November 2014	December 15, 2014
December 2014	January 14, 2015
January 2015	February 13, 2015
February 2015	March 13, 2015
March 2015	April 15, 2015
April 2015	May 14, 2015
May 2015	June 15, 2015
June 2015	To be announced

Payments are also processed on the 15th and 20th of each month.

STATE OF NEBRASKA SUBSTITUTE FORM W-9 &
ACH ENROLLMENT FORM

Return Form to the
Requester
(Rev. October 2013)

Requester Information:
Agency: _____ Phone: _____
Address: _____ Fax: _____
E-mail: _____

Substitute Form W-9: (2013 Rev. August 2013)
Name (as shown on your income tax return): _____
Business name (disregard entity name, if different from above): _____

Check appropriate box for federal tax classification:
☐ Individual ☐ Sole proprietor ☐ C 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): _____

Exemptions (see instructions): Exempt payee code (if any): _____ Exemption from FATCA reporting code (if any): _____
Reason (if different): _____

Address: _____
City, state, and ZIP code: _____

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

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 correct and dividend income, and
3. I am not 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) indicate that I am exempt from FATCA reporting (if correct).
For additional instructions please refer to <http://www.irs.gov/efile> and go to page 10 of the 2013 Form W-9 General Instructions.

Signature of US Person: _____ Date: _____
Printed Name: _____ Contact Phone: _____
Comments or Business/Entity Notes: _____

ACH Enrollment: (see October 2013) ☐ Initial Setup ☐ Change
The information is REQUIRED to process payments. Without this information, your payment may be delayed.

Financial Institution Name: _____ New Direct Routing Number: _____
Address: _____ Depository Account Number: _____
City, state and ZIP code: _____ Type of Account: _____
☐ Checking ☐ Savings

Has account will be used for all payments by the State of Nebraska unless specified below:
E-mail: _____ (not for ACH payment notifications)

Vendor Signature: _____ Date: _____
Printed Name: _____
Title: _____

Attachment Required:
(Select and attach one of the following items for verification):
☐ Bank check (voided) or ☐ Photocopy of a check
☐ Letter on statement from your financial institution
☐ Vendor Invoice or ☐ Vendor Letter with ACH instructions

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

Maintaining and documenting a 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.
- A minimum of 50% of the claim reimbursement must 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 Reminder

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 and time certification worksheets.

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

Maintaining and documenting a 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 or 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).

You cannot make a profit from the CACFP.

An over claim may be assessed if reimbursement exceeds documented expenses.

Keep all receipts and invoices.

Time certification documentation to demonstrate nonprofit food service.

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: April 2009

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. Examples of CACFP activities include, but are not limited to: menu planning, grocery shopping, cooking and serving meals, clean-up after meals, record keeping, attending inservices related to nutrition and food safety, maintaining commodity inventory, etc.

Employee Name (please print legibly) Sandra Gibson Month/Year: July 2010

Date	Hours Worked on CACFP		Total Day Care Hours Worked	Date	Hours Worked on CACFP		Total Day Care Hours Worked
	Food Service	Record Keeping			Food Service	Record Keeping	
1	3		8	17	2	3	8
2	2		8	18	4		8
3				19			
4				20			
5				21	2		8
6	3		8	22	3		8
7	2		8	23	4		8
8	3		8	24	4		8
9	2		8	25			
10				26			
11				27	2		8
12	3		8	28	8		8
13	3		8	29	2		8
14	3		8	30			
15	3		8	31			
16				TOTAL	58	3	152

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

Sandra Gibson Sandra Gibson 8/1/2010
Employee Name (please print legibly) Employee's Signature Date

TO BE COMPLETED BY CENTER DIRECTOR/CACFP AUTHORIZED REPRESENTATIVE

A. (HOURLY PAID STAFF)

Total hours worked on CACFP 61 x \$ 7.45 (hourly wage) = \$ 454.45 (Total CACFP salary)

B. (SALARIED STAFF)

Total hours worked on CACFP _____ ÷ 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 Jane T. Hokey Date 8/5/2010

REMINDER: A maximum of 15% of CACFP reimbursement may be used for administration. That includes time spent on record keeping, claims processing, conducting site reviews, as well as printing and data processing.

Time certification used to document a nonprofit food service operation

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 must be listed in the staff profile, section in the on-line application. | True | False |

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. (Note: this does not apply to meals served to infants. Refer to our infant feeding resources for additional information about claiming infant meals). 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’ve 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. For example, a parent may have brought some birthday treats. The production record would be completed as usual, with an additional notation such as “from Mrs. Jones for Johnny’s birthday.”

Sponsors of 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 its 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.

Sponsored centers (more than one site under a sponsoring organization) must be reviewed at least three 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. Site reviews may include a meal observation, 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. Contact the Nutrition Services office if you would like a sample site review checklist - this checklist may be adapted to meet your needs.

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.

Reminders

1. 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.
2. The sponsor must submit and receive approval for any NEW sites before meals may be claimed at those sites.
3. New sites must be reviewed within the first four weeks of CACFP operations. Two of the three required site reviews must be unannounced.

Civil Rights compliance

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 visual identification. 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.

In accordance to Federal Law, the U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)



If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

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

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 Forms (IEFs)

- Keep the 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 IEF during the year (for example, if the household size or income changes), staple the most current IEF to the top of the IEF that was completed previously. Keep all IEFs for the same household together.
- In situations where parents and children have different last names, you may want to cross reference the IEFs under all names used by the household.
- Make sure that 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!

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, 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 assessed 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.

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 individual or principal 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 Individual or Principals/Contact Persons

When an institution has a change in the responsible individual or principal, this person must complete the full day of formal NDE training on the CACFP within four months of becoming responsible individual or principal. 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.

Corrective Action

Institutions which have been found by NDE to have deficiencies in their operation of the CACFP, either through reviews, audits or other means, may be required to complete CACFP formal training as part of a corrective action plan. Failure to comply with corrective action could result in the sponsor being declared seriously deficient with proposed termination.

CACFP Integrity and Financial Management

VIABILITY

CAPABILITY

ACCOUNTABILITY

These are terms that have become the foundation of much of the operation of the Child and Adult Care Food Program in recent years. In the 1990s the CACFP came under the scrutiny of the federal government in extensive audits throughout the country. Known as “Operation Kiddie Care” the audits unearthed fraud and mismanagement of the CACFP in several states. Because of this, USDA has undertaken a major effort to ensure program integrity and accountability in the CACFP at the federal, state and local levels.

The Nebraska Department of Education Nutrition Services office is committed to the CACFP Integrity Initiative. High standards of performance, competence and accountability are expected from all sponsors, centers and homes that participate in the Child and Adult Care Food Program. This is achieved through ongoing training and technical assistance as well as increased monitoring of the program at all levels.

Our goal is to help all sponsors and centers succeed in their operation of the CACFP. Through workshops, onsite technical assistance, our toll-free telephone ‘hot line’ and our web site, we are here to provide information and support to all sponsors and centers. If, during a compliance review or unannounced visit, we find some problem areas, we will work with you to correct those deficiencies so that your organization is complying with all program requirements.

Unfortunately, there have been some situations where centers were either incapable of operating the CACFP or were intentionally inflating numbers on claims or creating other types of false records. These situations are not tolerated under the goals of the Integrity Initiative. When sponsors and centers fail to comply with corrective action, they are terminated from participation in the program and placed on a National Disqualified List. Placement on this list means that the center and its personnel may not participate in the CACFP anywhere in the country.

Corrective Action Plans

Institutions which have been found by NDE to have deficiencies in their operation of the CACFP, either through reviews, audits or other means, will be required to fully and permanently correct all deficiencies. NDE staff may require a program to submit a corrective action plan to correct and eliminate the deficiencies.

A Corrective Action Plan is a written plan submitted to NDE for approval which includes the following:

What: identify the finding(s)

When: provide timeline for implementing procedure for correction

How: will you correct the finding and inform staff of new policies/procedures to address corrections?

- Handbooks, trainings, etc.

Who: personnel responsible for correcting the findings

CACFP Integrity and Financial Management

Serious Deficiencies and the National Disqualified List

Institutions which have been found by NDE to have deficiencies in their operation of the CACFP, either through reviews, audits or other means, will be required to fully and permanently correct all deficiencies.

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 letter 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.

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.

The Responsible Individual or Principal 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 individual or principal

Authority is given under the terms of this agreement to the designated responsible individual or principal 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 individual or principal 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 individual or principal. 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 individual or principal, 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 Responsible Individual or Principal and Program Liability

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.

Compliance Review Checklist

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 or that have had serious deficiencies may be reviewed more frequently. These compliance reviews are scheduled in advance. For profit centers receiving \$40,000 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. Additional months may be requested.
- ☐ Daily Menu and Production Records for the 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.
- ☐ Check stubs for CACFP payments you have received from the Nebraska Department of Education UNLESS you are on direct deposit. Bank statements may be used to document direct deposits.
- ☐ A copy of your most current audit if your center receives more than \$40,000 in CACFP funds.
- ☐ 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 Health and Human Services system or other licensing agency.

Compliance Review Checklist

- ☐ The "And Justice for All" poster must be displayed in a prominent location.
- ☐ 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.

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.

Reminders

1. Keep all records to support claims for FOUR YEARS (or longer if an audit/review/appeal has not been resolved).
2. All CACFP records must be kept ON SITE (not at your home or elsewhere) during the regular hours that your center is open. Institutions are required to provide the address of where records older than one year are maintained, if kept off site. This is reported on the sponsor application.

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.

March

Commodity declaration request is mailed to centers. If you are changing from cash-in-lieu to commodities or vice versa, you must return this form to our office.

April

Commodity declaration is due back to Nutrition Services.

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, Scottsbluff and South Sioux City. Other locations may be added as needed. At least 17 annual update training sessions are offered each year. Check our web site and watch for a brochure in the mail each March.

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

- Annual renewal applications available for online submission
- Food service contracts with vendors due with renewal applications

June

- Online renewal application and all supporting documents due (June 15)
- 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

Claims are due the 10th of the month following the claim month to be paid on time.

Training - Monthly except July

Record keeping training for new centers, directors, responsible individual or principals and food service personnel is provided monthly, except 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 all of the following questions!

1. An _____ must be on file for every child for whom meals are claimed.
This information must be collected annually.
2. When are original claims due if they are to be paid on time? _____
3. What required records are compared to meal count sheets? _____
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 counts must be made at the _____ of _____.
7. How far back may an Income Eligibility Form be made effective? _____
8. IEFs are good for _____
9. Every CACFP center must demonstrate a _____ - _____ food service operation.
10. What is the term for claiming the same number of meals for one or more meal services for more than 15 consecutive days?

11. How many bids are required to be obtained when price matching for CACFP purchases? _____
12. What percentage of the food reimbursements must be spent on food purchases? _____
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.
Be sure to pick up your certificate before your leave.