

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

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

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

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

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

The Nebraska Department of Education Nutrition Services (NDE) provides each institution with an original of the items listed above. Institutions must fill in the center contact information on Page 2 of the Form (NS-200-C) before photocopying them. This includes the center's name, address, phone number and contact information, such as center name and director's signature. Each institution will need to make enough photocopies to distribute to the households of all participant enrolled at the center.

### **Enrollment and Income Eligibility Form (IEF) – Adult Care Centers (NS-200-C)**

All participants who are being claimed for meals for reimbursement in the free or reduced category must have a current *Enrollment and Income Eligibility Form* completed by the household and on file with your institution.

#### **Part 1 – PARTICIPANT ENROLLMENT**

**Participant's Name:** List the first and last name including nicknames and hyphenated last name for all participant enrolled at this center. Nicknames, abbreviations, initials, etc. are not acceptable.

**Date of Birth:** List participants' date of birth.

**Enroll Date:** List participants' enrollment date with the organization.

**Ethnicity/Race:** Using the codes provided, enter the codes for ethnicity and race.

#### **Racial/Ethnic Identity of Participant**

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

#### **Definitions Ethnicity:**

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

#### **Definitions Race:**

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

#### **Part 2 - Benefit Information**

If the household receives benefits from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Food Distribution Program on Indian Reservations (FDPIR), Social Security Income (SSI) or Medicaid this information is to be recorded on Part 2 of the Adult Enrollment and Income Eligibility Form.

In addition to providing Part I with the general information for each participant, the household must check (✓) what benefits they are currently receiving and their master case number on the line provided.

The master case number must be listed. **SNAP, TANF, FDPIR, SSI and Medicaid** are the **only** programs that qualify for automatic eligibility in the Free category in adult care centers.

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

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

**HOUSEHOLD NAMES:** Write the names of all household members not listed in Part 1. All individuals residing in the household are to be listed spouses, children, other relatives and unrelated people in the household who are living as an economic unit.

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

- **OTHER INCOME:** Strike benefits, unemployment compensation, worker's compensation, disability benefits, interest/dividends, cash withdrawn from savings, income from estates/trust/investments, royalties/annuities/rental income, and regular contributions from persons not living in the household.
- **MILITARY HOUSING BENEFITS:** Report off-base housing allowance as income. If the housing is part of the Military Housing Privatization Initiative, do not include as income.
- **SELF-EMPLOYMENT:** Report income derived from the business venture less operating costs for net income. The loss from the business cannot be deducted from a positive income earned in other employment. The least possible income is zero.

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

### **For Center Use Only**

Every application that is returned to the adult care center must be determined by center personnel. The section "For Center Use Only" must be completed for every IEF returned to the center.

The application will be based either on 1) categorical eligibility (case number and benefits) reported in Part 2, or 2) household size and income reported in Part 3b. The eligibility determination must be made by the center, indicating the application is determined 1) Free, 2) Reduced or 3) Paid.

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

When determining eligibility based on household income, indicate the total number of household members listed on the application and the total annual household income from Part 3b. The total number of persons in the household should equal the number of names listed on the IEF. Make sure names in Part 3b are not duplicated from Part 1 or Part 3b.

### **Income Conversions**

Income calculations are made based on the following formulas:

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

All numbers are rounded upward to the next whole dollar.

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

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

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

Expiration date - All IEFs are valid for one year. NDE encourages all centers to solicit new IEFs annually during June and July, to coincide with the effective dates of the income eligibility guidelines. IEFs should be considered current and valid until the last day of the month in which the IEF was made effective one year earlier. This means that if an IEF was effective on September 12th, 2016, it is considered valid until September 30, 2017. IEFs must be kept on file for four years for all participants whose meals are being claimed on the program.

Review the information provided by the household in making your eligibility determination. If you are doubtful about the accuracy or completeness of any information provided by a household, contact them for additional information or clarification. If you obtain additional information from households via telephone or other means, indicate the date, the information received and initial the clarification on the IEF.

Service Provider Agreements (Title XX or other payment authorizations) do not qualify participants for free or reduced price meal rates. The only document that may be used for determining eligibility is the IEF.

For more information contact:

Nutrition Services

Nebraska Department of Education

P.O. Box 94987

Lincoln, Nebraska 68509

Telephone: (402) 471-2488 or (800) 731-2233

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

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

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

(3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

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

**Non-Discrimination Statement:**