

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

<b>Part 1.</b> Enrolled children's information. Attach NS-100-C.a. to list more children.			<b>Part 2.</b> 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	
<b>Part 3.</b> Foster Children			Master Case Number:
			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	
	\$	\$	\$	\$	<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: _____ 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 _____
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**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
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**FOR CENTER USE ONLY**

Totals from Part 4, if applicable: Total Household Size _____ Total Monthly Income \$ _____	<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid	<input type="checkbox"/> Foster <input type="checkbox"/> Incomplete	<input type="checkbox"/> Free - Zero Income Temporary approval for 45 days Expires: _____
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\_\_\_\_\_  
 Signature of Center Official

\_\_\_\_\_  
 Today's Date

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

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**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.

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**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "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."

**For assistance completing this form, contact the center:**

Center Name Kids Can Community Center

Address 4860 Q Street

City, State, Zip Omaha NE 68117

Contact Person Stephanie Klaassen or Terri Lewis

Telephone 402-731-6988

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**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>