

Household application for Tier 1 Determination in Tier II Family Day Care Homes

Part 1. Enrolled children's information. Attach NS-301-H.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
	Date of Birth M / D / Y	Date Enrolled M / D / Y	\$

Part 4. Household Income – Complete Part 4 if you did not complete Part 2.

Names of all household members not listed above unless they have income	GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed)								Check if Zero income
	<i>Frequency of pay: W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly</i>								
Last Name, First name	Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All other incomes		
	How much?	Frequency?	How much?	Frequency?	How much?	Frequency?	How much?	Frequency?	
									<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 only 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:	Print Name:
Social Security Number (Last 4 digits):	Street Address:
<input type="checkbox"/> I do not have a Social Security Number	City/State/Zip:
Date signed:	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 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White
	<input type="checkbox"/> Black or African American

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Total Household Size: _____ Tier 1 Eligible:

Total Annual Income: _____ Not eligible:

SNAP/TANF/FDPIR/OTHER:

Foster Child:

Signature of Sponsor Official

Date of Signature

Effective Date

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

This institution is an equal opportunity provider.

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

If you have any questions about this form please contact your Sponsoring Organization noted below:

Sponsoring Organization Contact Information

Child Nutrition Services 241 N 12th St STE D Tecumseh, NE 68450 402-335-4044

jody@gocns.net www.gocns.net

State Agency Contact Information:
Nebraska Department of Education
Sharon L. Davis, Director

Nutrition Services P.O. Box 94987
(402) 471-2488

Lincoln, NE 68509-4987

INCOME ELIGIBILITY GUIDELINES

July 1, 2017 – June 30, 2018

Household Size	Household Income				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	22,311	1,860	930	859	430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
For each additional family member add:	7,733	645	323	298	149