Revised 4/2024

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

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

Complete this section for any	children enrolled in the	center not listed on	Part 1 of NS-100-C.
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	Date of	Enroll	of Care ual)	Regular Days of Care							M	leals	Serve Cal		urin	g	Infant	School Age	Head Start	Foster Child	
Last Name, First Name	Birth	Date	Arrival Time	Leave Time	М	Т	W	Т	F	s	s	в	A M	L	Р М	D	E V				

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

Ethnicity (select one or more):	Hispanic or Latino	□ Not Hispanic or Latino	
Race (select one or more):	 American Indian or Alaskan Native Native Hawaiian or other Pacific Islander 	AsianWhite or Caucasian	Black or African American

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

	GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly										
List the Names of All Household Members not listed in Part 1	Earnings	from Work	Welfare, Child	Support, Alimony		tirement, Social curity	All Othe	Check If ZERO income			
and Foster Children	How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?			

INSTRUCTIONS TO CHILD CARE CENTERS: Attach this page to NS-100-C for this household. Include enrolled children and all household members when making income eligibility determinations.

Nebraska Department of Education Nutrition Services