

**GIRLS INCORPORATED OF OMAHA**  
**MEMBERSHIP REGISTRATION FORM**  
*Membership fees are not refundable.*

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

DEVELOPMENT CENTER \_\_\_\_\_ EMMA LOZIER CENTER \_\_\_\_\_

**MEMBER INFORMATION:**

Girl's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Special medical conditions, illness, diseases, or allergies:

Yes

No

If yes, please explain (include list of medications currently being taken and/or taken on a regular basis, and whether an inhaler is used):

\_\_\_\_\_  
\_\_\_\_\_

**PARENT / GUARDIAN INFORMATION:**

**I Am Her Parent/Guardian** (please circle one): MOTHER FATHER FOSTER PARENT OTHER: \_\_\_\_\_

My Name: \_\_\_\_\_ Total Number Living in Household: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell/Home Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Parent/Guardian** (please circle one): MOTHER FATHER FOSTER PARENT OTHER: \_\_\_\_\_

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**IN CASE OF EMERGENCY\*:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

\* Use the back of this sheet to list additional individuals for Emergency Contacts.

**THESE PEOPLE HAVE PERMISSION TO PICK UP MY DAUGHTER\* (MUST BE 18 OR OLDER):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

\* At least two non-parental individuals are required for Pick-Up. Use the back of this sheet to list additional individuals for Pick-Up or Emergency Contact.

**FOR OFFICE USE ONLY:**

Staff - App Review 1
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Staff - App Review 2
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Age Group
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Transport?
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Photo?
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Banking?
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Medical Treatment?
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Names on Back?
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**GIRLS INCORPORATED OF OMAHA  
MEMBERSHIP REGISTRATION FORM**

**FOR OFFICE USE ONLY:**

	A	D	I		A	D	I
<input type="checkbox"/> PIF	_____	_____	_____	<input type="checkbox"/> PP	_____	_____	_____
	_____	_____	_____		_____	_____	_____
<input type="checkbox"/> SCH	_____	_____	_____		_____	_____	_____
	_____	_____	_____		_____	_____	_____
<input type="checkbox"/> TT	_____	_____	_____		_____	_____	_____
	_____	_____	_____		_____	_____	_____
<input type="checkbox"/> OTH	_____	_____	_____		_____	_____	_____
	_____	_____	_____		_____	_____	_____

**IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**THESE PEOPLE HAVE PERMISSION TO PICK UP MY DAUGHTER (MUST BE 18 OR OLDER):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**GIRLS INCORPORATED OF OMAHA  
MEMBERSHIP REGISTRATION FORM**

**WEATHER / EMERGENCY CANCELLATION PROCEDURE\***

In cases of extreme weather conditions or other emergencies, Girls Inc. may deem it necessary to close early or not provide transportation to or from our sites. Girls Inc. follows the Omaha Public School guidelines; if OPS is closed, Girls Inc. will be closed.

_____	_____	_____
<i>Name of Girl</i>	<i>Date of Birth</i>	<i>Age</i>
_____	_____	
<i>Name of School</i>	<i>Grade</i>	

If Girls Inc. deems it necessary to close after the school day has begun, Girls Inc. will call the schools to inform the girls. **Be sure your girl(s) know what to do in this situation.**

**IMPORTANT: This information is required. Please be specific and list more than one option:**

If Girls Inc. calls the school to inform my girl(s) that Girls Inc. is closed, my girl(s) knows she should:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian  
Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Parent/Guardian  
Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Other Emergency Contacts:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

*\* The information on this page will be shared with your child's school.*

**GIRLS INCORPORATED OF OMAHA  
MEMBERSHIP REGISTRATION FORM**

**PARENT / GUARDIAN PERMISSION FOR COPIES OF SCHOOL RECORDS\***

<i>Name of Girl</i>	<i>Date of Birth</i>	<i>Age</i>
<i>Name of School</i>	<i>Grade</i>	

**A. PERMANENT STUDENT RECORDS**

- Yes, I \_\_\_\_\_ consent to Girls Inc. using my child's official permanent records  
*Parent/Guardian Signature* (parent's name, student's name, birthdates, grade level, academic level of achievement, test scores – standardized achievement and aptitude tests, attendance data, etc.).
- or
- No, I \_\_\_\_\_ do not consent to Girls Inc. using my child's official permanent  
*Parent/Guardian Signature* records.

**B. IMMUNIZATION RECORDS CONSENT**

- Yes, \_\_\_\_\_ give my consent for Girls Inc. to obtain my child's immunization  
*Parent/Guardian Signature* records from her school.
- or
- No, I \_\_\_\_\_ do not give my consent for Girls Inc. to obtain my child's  
*Parent/Guardian Signature* immunization records from her school. Instead, I will provide a copy for Girls Inc.'s files.

\_\_\_\_\_/\_\_\_\_\_  
*Date Records Provided to Girls Inc. / Staff Initials*

*\* The information on this page will be shared with your child's school.*



**GIRLS INCORPORATED OF OMAHA**  
**MEMBERSHIP REGISTRATION FORM**

**B. TREATMENT OF SYSTEMIC ALLERGIC REACTION OR ASTHMA**

- Yes, this girl is at risk of an asthma attack.
- Yes, this girl is at risk for an allergic reaction such as: *(mark any reactions she has had in the past)*
- Hives       Swelling       Asthma attack  
 Anaphylaxis       Other: \_\_\_\_\_

She has a history of an allergic reaction to

Foods: *(mark any that apply)*

- Peanut       Nut       Egg       Soy       Wheat  
 Fruits       Milk       Other: \_\_\_\_\_

And/Or: *(mark any that apply)*

- Animals       Insect stings       Outdoors       Other: \_\_\_\_\_

Girls Inc has trained staff who will give medicine to bring quick relief for anyone with symptoms such as difficulty breathing, swelling of the lips, tongue or mouth, hives, or other signs of a life-threatening allergic reaction or asthma attack.

This medication protocol (provided by the Nebraska Department of Education, Chapter on Regulations for School Health and Safety) includes:

- o Epi-pen injection (a small automatic injection of medication to help breathing) and Albuterol inhaler, according to the protocol
- o Contact parents/guardians as soon as possible
- o Monitor vital signs (blood pressure, pulse, breathing)
- o Any child receiving Epi-pen infection will be transported to nearest medical facility
- o Call 911

Yes, I \_\_\_\_\_ consent to emergency treatment as described in Section B above if  
*Parent/Guardian Signature* my child develops signs of severe allergic reaction or asthma.  
 or

No, I \_\_\_\_\_ do not consent to emergency treatment as described in Section B  
*Parent/Guardian Signature* above. Instead, I want my child treated as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DINNER**

During the school year, once our evening meal begins we will not page girls to the front desk between 5:30pm to 6:00pm. You may choose to place your daughter on the **No Dinner** list in which case you may pick her up any time between 5:30pm and 7:00pm. If a girl regularly throws her tray of food in the trash, Girls Inc. will place her on the **No Dinner** list. Girls on the **No Dinner** list will have access to board games or books during the half hour that dinner is served. They may also do homework.

Yes, I \_\_\_\_\_ agree that my daughter will eat dinner regularly. I will call if there is  
*Parent/Guardian Signature* an exception. I will pick her up after 6:00pm. If I come earlier than 6:00pm, I will wait to pick her up until dinner is finished.  
 or

No, I \_\_\_\_\_ want my daughter on the no dinner list.  
*Parent/Guardian Signature*

**GIRLS INCORPORATED OF OMAHA**  
**MEMBERSHIP REGISTRATION FORM**

**PARENT / GUARDIAN CONSENT**

**A. RELEASE & AGREEMENT**

My child is joining Girls Inc. with my consent. I hereby release Girls Inc., its Board of Directors, agents, contractors, and employees from any and all claims, causes of action, liability, suits, or demands for compensation for injuries or property damage resulting from a) my child taking part in and/or assisting with any Girls Inc. activities, or b) designated Girls Inc. personnel administering emergency medical treatment as authorized in Section A and B above.

Yes, I \_\_\_\_\_ have read and understand the Release & Agreement information.  
*Parent/Guardian Signature*

**B. TRANSPORTATION CONSENT**

Girls Inc. provides transportation from area schools to the Center and/or for field trips.

Yes, I \_\_\_\_\_ consent to my child riding on Girls Inc. transportation  
or *Parent/Guardian Signature*

No, I \_\_\_\_\_ do not consent to my child riding on Girls Inc. transportation.  
*Parent/Guardian Signature*

**C. SAVINGS ACCOUNT CONSENT**

In an effort to promote financial literacy, Girls Inc. partners with Wells Fargo to establish savings accounts for Girls Inc. members. Members will be able to make weekly deposits into their accounts. Guidelines for the accounts are as follows:

- Girls can make deposits on a weekly basis.
- Girls Inc. will maintain the account until members are 18 and/or graduated from high school. At this time, members may withdraw all monies in the account.
- Girls are not able to withdraw or deposit funds at Wells Fargo branches – Girls Inc. maintains the accounts and they are administered by the Director of Finance.

Yes, I \_\_\_\_\_ have read the guidelines listed above and understand the program  
or *Parent/Guardian Signature* and consent to my child participating in the savings account program.

No, I \_\_\_\_\_ do not consent to my child participating in the savings account  
*Parent/Guardian Signature* program.

**D. PHOTOGRAPHY / NAME CONSENT**

Girls Inc. believes a picture is worth a thousand words and may utilize photographs/video of the girls and/or their names in promotional materials about Girls Inc. programs such as in the Girls Inc. newsletter, the Girls Inc. website, articles in The Omaha STAR or Omaha World-Herald, or in any other way Girls Inc. in its discretion desires to use them.

Yes, I \_\_\_\_\_ consent to Girls Inc. utilizing photographs/video of my child and/or  
or *Parent/Guardian Signature* her name in promotional materials about Girls Inc. programs.

No, I \_\_\_\_\_ do not consent to Girls Inc. utilizing photographs/video of my child  
*Parent/Guardian Signature* and/or her name in promotional materials.

**GIRLS INCORPORATED OF OMAHA**  
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**E. PARTICIPATION IN GIRLS INC. PROGRAMS CONSENT**

I believe the programs Girls Inc. provides are important to the educational, physical, social, and emotional development of my daughter. I believe she will learn important life skills. I believe she will have experiences and opportunities that I want her to have. I understand that in order to preserve the programming hour during the school year, Girls Inc. will not regularly page girls to the front desk for pick up between 4:30 pm and 5:30 pm. If my daughter occasionally has a doctor's appointment or a special after school lesson, I will make prior arrangements by telephone or written note in order to pick her up between 4:30 and 5:30.

Yes, I \_\_\_\_\_ have read and understand the Participation in Girls Inc. Programs  
or *Parent/Guardian Signature* information.

No, I \_\_\_\_\_ must regularly pick my daughter up between 4:30 and 5:30 p.m. The  
*Parent/Guardian Signature* Center Director and I have agreed to and signed an individual  
schedule plan for my daughter.

**F. PARTICIPATION IN REPRODUCTIVE HEALTH PROGRAMS CONSENT**

One of the core areas of Girls Inc. programming is Health and Sexuality. The gender-specific, age-appropriate programs in this area include: knowledge and awareness of reproductive health, personal assertiveness, and negotiation skills to education and combat negative peer pressure.

Yes, I \_\_\_\_\_ give my consent for my daughter to participate in age-appropriate  
or *Parent/Guardian Signature* reproductive health programming.

No, I \_\_\_\_\_ do not give my consent for my daughter to participate in age-  
*Parent/Guardian Signature* appropriate reproductive health programming.

**G. PARTICIPATION IN FIELD TRIPS CONSENT**

From time to time, Girls Inc. receives last minute tickets or admissions to local museums or events and we would like to take every advantage of these great opportunities. Other times, girls who sign up for a field trip might not show up and precious seats are left vacant. We would like to be able to fill those seats. If you sign below, you give permission for your daughter to attend these field trips without a specific permission slip. If you sign permission below, and on a given day your daughter should not attend an unscheduled field trip due to a doctor's appointment or other conflict, it will be your responsibility to call us and let us know.

Yes, I \_\_\_\_\_ give my consent for my daughter to participate in last minute field  
or *Parent/Guardian Signature* trips and activities.

No, I \_\_\_\_\_ do not give my consent for my daughter to participate in last minute  
*Parent/Guardian Signature* field trips and activities.

**H. RULES & REGULATIONS FOR MEMBERS**

Girls Inc. strives to offer a safe and positive environment. It is essential that members follow the Girls Inc. rules and the direction of staff at all times.

Yes, I \_\_\_\_\_ agree that Girls Inc.'s rules for members are important. I will review  
*Parent/Guardian Signature* the Membership Handbook's basic rules for the Center,  
Transportation, the Computer Labs, and the Science Lab with my  
daughter.

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 Food Stamps, Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR), 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, 2009 - JUNE 30, 2010**

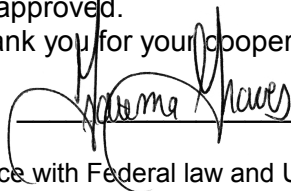
Household Size	Household Income				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
For each additional family member add:	6,919	577	289	267	134

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 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, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

If you need help filling out the Income Eligibility Form (NS-100-C), contact:

Center Representative: Fatema Graves

Telephone: 402-467-4676

### Part 1 - Enrolled children's information

Print the names and ages of each child in the household enrolled at this center. List each child's date of birth. List the date the child was enrolled at the center. If you need to list more children, complete and attach NS-100-C.a.

### Part 2 - Benefit Information

If the child(ren) listed in Part 1 receives benefits from Food Stamps, Temporary Assistance to Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR), circle the benefit received and list the case number. If you provide a case number, you do not have to complete Part 4.

### Part 3 - Foster Child

Complete a separate application for each foster child from the household who is enrolled at the child care center. Write the foster child's monthly personal use income, if any. Write "0" if the child has no income. Personal use income is 1) money given by the welfare office, identified by category, for the child's personal use, such as for clothing, school fees and allowances; and 2) all other money the child gets, such as money from his/her family, and money from full-time or regular part-time jobs. An adult must sign Part 5 of the application. Social security numbers are not required on applications for foster children.

### Part 4 - Total Household Income from Last Month

This part is to be completed by those households who do not receive Food Stamps, TANF or FDPIR benefits. This section does not have to be completed for a foster child.

**Step One** - Print the names of everyone in your household, even if they have no income. Do not include children listed in Part 1 unless they have income. Include yourself, all other children, grandparents, other relatives and unrelated people in your household who are living as an economic unit.

**Step Two** - Write the amount of monthly income each person receives on the same line as their name. This income must be listed under the appropriate column - Earnings From Work Before Deductions; Welfare, Child Support, Alimony; Pensions, Retirement and Social Security; and Other. Income is all money received before taxes or any other deductions are taken out. If the amount received most recently is higher or lower than usual, write that person's usual income instead. If you need to list more children, complete and attach NS-100-C.a.

### Convert to Annual Income

If you report multiple frequencies of pay, total income must be calculated on an annual basis. Use the following

conversions. Annual Income Conversion: Weekly X 52; Every 2 Weeks X 26; Twice a Month X 24; Monthly X 12.

### Types of Income

Include all income from all sources for all persons living in your household. Report income from the following sources:

**Earnings From Work:** wages/salaries/tips, strike benefits, unemployment compensation, worker's compensation, net income from self-owned business or farm.

**Pensions/Retirement/Social Security:** pensions, supplemental security income, veteran's payments, social security.

**Welfare/Child Support/Alimony:** public assistance payments, welfare payments, alimony/child support payments.

**Other Income:** disability benefits, cash withdrawn from savings, interest/dividends, income from state, trusts, Investments, regular contributions from persons not living in the household, net royalties/annuities/net rental income, any other income.

**Do not report as income:** scholarships, educational benefits, food stamps, children's incidental income from such occasional activities as babysitting, shoveling snow and mowing lawns.

### Part 5 - Signature

Every application must be signed by an adult household member and, unless a case number is listed in Part 2, must include that person's social security number. If the person signing the application does not have a social security number, check "I do not have a social security number." If the application is for a foster child, a social security number does not have to be listed.

### Part 6 - Racial/Ethnic Identity

Check the box that indicates the racial/ethnic group of the child. This information is collected to make sure all children receive benefits on a fair and equitable basis. You do not have to answer this question.

You may apply for benefits at any time. When you have completed the application, return it to the care center as soon as possible. Thank you for your assistance.

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, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

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

<b>Part 1. Enrolled children's information</b> Attach an additional page if necessary.			<b>Part 2. Benefit Information</b> If applicable, circle type of benefit. Case number required
Child's Last Name, First Name	Date of Birth M/D/Y	Date Enrolled M/D/Y	Food Stamp, TANF or FDPIR (if any)
			Case Number:
			Case Number:
			Case Number:

**For more children in the household, please complete and attach NS-100-C.a.**

**Part 3. Foster/Institutionalized Child** - Complete a separate application for each foster child.

Check this box if this application is for a foster child or a child who is residing in an institution. List the amount of the child's personal use monthly income: \$ \_\_\_\_\_. If there is no income, record "0". Go to Part 5.

**Part 4. Total Household Income from Last Month** - Complete Part 4 for any child without a case number

Names of all household members not listed in Part 1	HOUSEHOLD INCOME				Check if NO income
	List last month's income below. Do not list hourly wage.				
Last Name, First Name	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>

**For more members in the household, please complete and attach NS-100-C.a.**

**Part 5. Signature and Social Security Number** 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 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: \_\_\_\_\_ Print Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Street Address \_\_\_\_\_

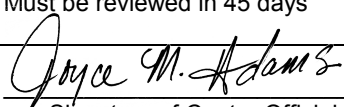
I do not have a Social Security Number City/State/Zip \_\_\_\_\_

Date Signed \_\_\_\_\_ Telephone \_\_\_\_\_

**Part 6: (Optional) Racial/Ethnic Identity of children listed in Part 1**

- Mark one ethnic identity:
- Hispanic or Latino
  - Not Hispanic or Latino
- Mark one or more racial identities:
- American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White

**FOR CENTER USE ONLY**

<p><b>Zero Income</b></p> <p>Temporary Free Approval Until:</p> <p>_____</p> <p>Must be reviewed in 45 days</p> <p></p> <p>Signature of Center Official</p>	<p>Totals from Part 4, if applicable:</p> <p>Total Household Size _____</p> <p>Total Monthly Income \$ _____</p>	<p><input type="checkbox"/> Free <input type="checkbox"/> Food Stamps/TANF/FDPIR</p> <p><input type="checkbox"/> Foster Child</p> <p><input type="checkbox"/> Household Size &amp; Income</p> <p><input type="checkbox"/> Reduced</p> <p><input type="checkbox"/> Paid Reason for Denial:</p> <p><input type="checkbox"/> Income Too High</p> <p><input type="checkbox"/> Incomplete</p>
	<p>_____</p> <p>Today's Date</p>	<p>_____</p> <p>Effective Date</p> <p>(no earlier than first of current month;                      expires 1 year from effective date)</p>

**Privacy Act Statement: This explains how we will use the information you give us.**

The 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 your children for free or reduced price meals. The Social Security Number of the adult household member who signs the application is required unless you list Food Stamp, FDPIR or TANF case numbers for all children you are applying for, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if your children are eligible for free or reduced price meals, to run the program, and to enforce the rules of the program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into misuse of program rules.

**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, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

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

Center Name Girls Incorporated of Omaha  
Address 2811 N. 45th St. and 5407 S. 30th St.  
City, State, Zip Omaha, NE 68104 Omaha, NE 68107  
Contact Person Fatema Graves, Center Director  
Telephone 402-457-4676

**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.nde.state.ne.us/NS>