

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

FOR OFFICE USE ONLY:

	A	D	I		A	D	I
<input type="checkbox"/> Paid In Full	_____	_____	_____	<input type="checkbox"/> Payment Plan	_____	_____	_____
<input type="checkbox"/> Scholarship	_____	_____	_____		_____	_____	_____
<input type="checkbox"/> Title XX	_____	_____	_____		_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____		_____	_____	_____

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: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

**GIRLS INCORPORATED OF OMAHA
MEMBERSHIP REGISTRATION FORM**

WEATHER / EMERGENCY CANCELLATION PROCEDURE

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

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

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 due to extreme weather, Girls Inc. will be closed.

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: _____

There may be other times when Girls Inc. must close even though schools are open. These situations may include but are not limited to: a burst pipe, no heat, no electricity in the building, etc. In this event, the weather/emergency protocol listed above will be in effect.

**GIRLS INCORPORATED OF OMAHA
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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

When Girls Inc. has access to grades and other school information, we are better able to help your daughter succeed in school. We may also be able to help her access special opportunities or scholarships.

- 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
or level of achievement, test scores – standardized achievement and
aptitude tests, attendance data, etc.).
- No, I _____ do not consent to Girls Inc. using my child's official permanent
Parent/Guardian Signature records.

B. IMMUNIZATION RECORDS CONSENT

**** Consent to obtain immunization records is required for Girls Inc. membership. ****

- 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
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EMERGENCY MEDICAL TREATMENT

A. GENERAL

In the event emergency medical aid or treatment is required for my child due to illness or injury during Girls Inc. activities, I authorize Girls Inc. to:

1. Secure and retain medical treatment and transportation if needed
2. Release my child's records upon request to the authorized individual or agency involved in the medical emergency treatment
3. Implement emergency response to life-threatening asthma or systemic allergic reactions as described in section B.

This authorization includes, but is not limited to, x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician.

Yes, I _____ give my consent for emergency medical aid as described above.
or *Parent/Guardian Signature*

No, I _____ do not give my consent for emergency medical treatment/aid for my child in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required for my child, I wish the following procedures to take place:

B. TREATMENT OF SYSTEMIC ALLERGIC REACTION OR ASTHMA

Yes, this girl is at risk of an asthma attack. If Yes, parents are required to submit an Asthma Action Plan. The Asthma Action Plan submitted for schools is acceptable. Talk to the Director of Operations or the Center Director if you have questions or need more information about Asthma Action Plans.

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 INCORPORATED OF OMAHA
MEMBERSHIP REGISTRATION FORM

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 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.
Parent/Guardian Signature
- or
- No, I _____ want my daughter on the no dinner list.
Parent/Guardian Signature

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
Parent/Guardian Signature
- or
- 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 and consent to my child participating in the savings account program.
Parent/Guardian Signature
- or
- No, I _____ do not consent to my child participating in the savings account program.
Parent/Guardian Signature

GIRLS INCORPORATED OF OMAHA
MEMBERSHIP REGISTRATION FORM

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**, **Omaha World-Herald**, on **FaceBook**, or on **YouTube** 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.

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 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.

G. 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.

GIRLS INCORPORATED OF OMAHA
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H. PARTICIPATION IN REPRODUCTIVE HEALTH PROGRAMS CONSENT

I want my daughter to have access to medically accurate information about reproductive health and sexuality. I give permission for her to participate in age-appropriate health programs at Girls Inc. delivered by trained professionals on the Girls Inc. staff as well as from community partners such as UNMC, Planned Parenthood, Nebraska AIDs Project, and Douglas County Health.

Yes: _____
Parent/Guardian Signature

No: _____
Parent/Guardian Initial

I want to be invited to parent/daughter programs about reproductive health and sexuality.

Yes: _____
Parent/Guardian Signature

No: _____
Parent/Guardian Initial

I want my daughter to have access to local health clinics for reproductive health services (which may include STD testing, prescriptions for contraception, preventative health checkups and PAP smears). I give permission for Girls Inc. staff to transport my daughter to local clinics (Charles Drew, One World, or Planned Parenthood). I understand that Girls Inc. will not inform me if my daughter chooses to request Girls Inc. transportation to a local clinic.

Yes: _____
Parent/Guardian Signature

No: _____
Parent/Guardian Initial

If my daughter chooses to be sexually active despite my counsel (and that of Girls Inc.) to delay sexual activity, I want my daughter to have access to contraception at Girls Inc. I give Girls Inc. staff permission to distribute condoms to my daughter. I understand that Girls Inc. will not inform me if my daughter chooses to request condoms at Girls Inc.

Yes: _____
Parent/Guardian Signature

No: _____
Parent/Guardian Initial

I understand that I can change my response to any or all of the above items by submitting my request in writing to Girls Inc. staff with a current date and my signature.

My Daughter's Name: _____

My Name: _____

My Signature: _____

Date: _____

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 Supplemental Nutrition Assistance Program (SNAP), 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, 2011 - JUNE 30, 2012**

Household Size	Household Income				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	20,147	1,679	840	775	388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
For each additional family member add:	7,067	589	295	272	136

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 last four digits of 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, 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.

Instructions to Households - Application for Free and Reduced Price Meals in the CACFP

NS-104-C

Revised: April 2011

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

Center Representative: Fatema Graves

Telephone: 402-457-4676

Part 1 - Enrolled children's information

Print the names and dates of birth of each child in the household enrolled at this center. 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 any of the child(ren) listed in Part 1 receive benefits from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR), list the case number. Social security numbers are not valid case numbers. If you provide a valid case number, you do not have to complete Part 4.

Part 3 - Foster Children

Print the name(s) of each foster child living in your household who is enrolled in 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. The last four digits of a social security number are not required on applications that are only for foster children.

Part 4 – Total Household Income from Last Month

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

Step One - Print the names of everyone else in your household, even if they have no income. Do not include children listed in Part 1 or Part 3 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 - Income from Last Month: Write the amount each person received on the same line as their name. This income must be listed under the appropriate column – Gross Income (before taxes); 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 last month is higher or lower than usual, write that person's usual income instead. If you need to list more household members, complete and attach NS-100-C.a.

Income Conversions

Income calculations are made based on the following formulas: Monthly income is calculated by dividing the annual income by 12; Twice monthly income is computed by dividing annual income by 24; Income received every two weeks is calculated by dividing annual income by 26; Weekly income is computed by dividing annual income by 52. All numbers are rounded upward to the next whole dollar.

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, SNAP benefits, 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 the last four digits of the 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, the last four digits of a social security number do not have to be listed.

Part 6 – Racial/Ethnic Identity (Optional)

Check the box that indicates the racial/ethnic group of the enrolled child(ren). 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 child 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 Adjudication, 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.

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

Part 1. Enrolled children's information. Attach NS-100-C.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>
Child's Last Name, First Name	Date of Birth M/D/Y	Date Enrolled M/D/Y	
Part 3. 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)

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.

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 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

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.education.ne.gov/NS>