

**CHILD NUTRITION FREE &
REDUCED MEAL BENEFIT PACKET
2011 – 2012**

Nutrition Unit
Colorado Department of Education

PLEASE READ CAREFULLY!

This packet contains the following:

Child Nutrition Free and Reduced Meal Benefit Information:

- ❖ Free and Reduced Meal Benefit Information Sheet
- ❖ Instructions
- ❖ Income Eligibility Guidelines
- ❖ Direct Certification Information

Free and Reduced Meal Benefit Forms

- ❖ Letter to Parents
- ❖ Application Instructions
- ❖ Free and Reduced Meal Application
- ❖ Notification to Parents
- ❖ Information Release Form
- ❖ Public Release

Free and Reduced Meal Benefit Information Sheet

Adult Meals

Breakfasts and lunches served to adults must be priced to cover the overall cost of the meal. The minimum price charged to adults should be **\$.40** higher than the price charged to students paying full price.

Meals served to adults who are directly involved in the operation of the school nutrition programs may, at the discretion of the SFA, be furnished at no charge. These costs may be supported by the nonprofit foodservice operation. Meals served to adults may not be claimed for reimbursement.

Meal Substitutions for Medical/Special Dietary Reasons

A disabled child is one who has "...a physical or mental impairment which substantially limits one or more major life activities..." Major life activities are defined to include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Schools and institutions are required to make substitutions in foods listed in the meal patterns for those disabled children who are unable to consume specified food items.

Food service personnel cannot make the determination of whether a child is disabled as defined above. A disabled child shall be provided substitutions only when supported by a statement signed by a licensed physician. The statement shall include:

- 1) the individual's disabling condition and an indication that the disability restricts the child's diet
- 2) the major life activity affected by the disabling condition and
- 3) the food or foods to be omitted from the child's diet and the food or choice of foods that may be substituted. The medical statement addressing these issues must be on file.

Schools or institutions may, at their discretion, make substitutions for individual children who are not disabled, but who are unable to consume a food item because of medical or special dietary needs, such as lactose intolerance. Such substitutions may be made when supported by a statement signed by a recognized medical authority (physician, physician assistant, nurse practitioner, or other professional recognized by the state agency).

The supporting statement shall include:

- 1) an indication that the medical or other special dietary need restricts the child's diet and
- 2) the food or foods to be omitted from the child's diet and the food or choice of foods that may be substituted.

Reimbursement for these meals shall be claimed at the same reimbursement rate as meals which meet the regular meal pattern. There shall not be an additional charge to the child for the substituted food.

USDA Poster

The USDA "...and Justice for All" poster must be displayed in a prominent place in the school cafeteria where students can see it. If you need additional posters, please contact our office or visit our Web site at http://www.cde.state.co.us/index_nutrition.htm.

INSTRUCTIONS

A Spanish translation of the Letter to Parents, Application, Instructions, Notification to Parents, and Information Release are available on the CDE Nutrition Unit website. Additional translations are the responsibility of the district. The USDA has many language translations on their website. The USDA templates do not reflect the specific updates that have been made by the CDE office. It is recommended that if the district requires forms in a language other than English or Spanish, they have the forms provided in this packet translated to ensure all information is the same on all applications. You may make translation modifications as you deem appropriate for your district.

[Bold bracketed fields] indicate where you need to insert your school district's specific information. If you make additional changes, you must submit your application package to CDE for approval.

Reminder:

- A school district may not request a separate application for each child in the household that attends school in the same school district. The school district must provide and accept a 'household application.'
- The approval of a 'household application' must be approved centrally and not by each individual school in the district.
- Once approved for free or reduced price benefits, a household will remain eligible for those benefits for the duration of the school year. This household on the application will remain eligible for benefits for a maximum of 30 operating days after the first day in the subsequent school year or when a new eligibility determination is made in the new school year, whichever comes first.
- Determining officials should approve households on a temporary basis when their need for assistance appears to be short-term, such as when the household reports zero income or a temporary reduction in income. A suggested time period for temporary approvals is a **maximum** of 45 calendar days. At the end of the temporary approval, school officials must re-evaluate the household's situation.
- *Supplemental Nutrition Assistance Program (SNAP)* is the new name for the federal *Food Stamp Program*.
- At this time, CDE anticipates that the reduced meal price for breakfast for all grades and the reduced meal price for lunch for preschool through 2nd grade will continue to be paid through state funds for the 2011-2012 school year.

LETTER TO PARENTS

1. The Letter to Parents is a one-page form. The "How to Apply" information for completing the application has been deleted since this is on the Instruction page. **[Bold bracketed fields]** indicate where you need to insert your school district's specific information.
2. The Privacy Act Statement and the Non-discrimination Statement **must** be included with the letter. You may print front to back.
3. **Only the reduced price guidelines are provided in the Letter to Parents. The free meal guidelines are not to be sent directly to parents.**
4. When selecting a *fair hearing official*, the position this person holds should be at a higher administrative level than that of the person who approves applications for eligibility. The fair hearing official **cannot** be involved in making the determination of eligibility.

Instructions (cont.)

APPLICATION – (IMPORTANT – PLEASE READ CAREFULLY)

1. One application form is included. The application must be correctly completed if a student is to be considered eligible for free or reduced price meals.
2. The signature of the eligibility-determining official must be on **all** applications, including applications that have been denied.
3. All *SNAP* case numbers in Colorado begin with '**1B,**' and case numbers are **7 digits long** (a combination of letters and numbers). All other number configurations are not valid.
4. All Food Distribution Program on Indian reservations (*FDPIR*) case numbers are nine numbers long and contain no letters.
5. ****The conversion factors for computing family income:**
 - ❖ If there is only one source of income or if all sources received are in the same frequency (example, monthly income), no conversion is required.
 - ❖ If there are multiple income sources with more than one frequency, the determining official must annualize all income by multiplying:
 - Weekly income by 52
 - Bi-weekly income (received every two weeks) by 26
 - Semi-monthly income (received twice a month) by 24
 - Monthly income by 12
6. **Free and Reduced Applications may only be distributed to schools participating in the Child Nutrition Programs.** An alternate form, "Family Economic Data Survey," must be used for those schools that do not participate in the Federal Child Nutrition Programs. The Family Economic Data Survey does not substitute for an official meal application, and families should not be led to believe that completion of the form will result in meal benefits for their children.

The district's food service fund cannot be used for any processing or maintenance of these alternate forms, as it is an unallowable cost for Child Nutrition Programs. Other district resources must be used. If the district wishes to have food service personnel process the surveys, the food service fund must be reimbursed for the cost of this processing.

INCOME ELIGIBILITY GUIDELINES

The Income Eligibility Guidelines are to be used to determine free and reduced price meal eligibility. **This is for school use only.** These guidelines are not to be distributed to parents.

PUBLIC RELEASE

(Do not attach or distribute the public release with the Letter to Parents or Application.)

The public release contains both the free and reduced price income eligibility guidelines; **it is required that both income levels be printed if it is accepted for publication in the newspaper.** This may seem contradictory since you are not allowed to directly release the free income eligibility guidelines to parents/guardians, but it is required. It is **not** required that you pay to have it published; the media can decide to use it or not. The fair hearing official named in the public release is the same as the one named in the *Letter to Parents*.

Notification Letter

All households must be notified of their eligibility status.

Households with children who are denied benefits: regulations require written documentation to the household. The notification must advise the household of:

- The reason for denial of benefits
- The right to an appeal
- Instructions on how to appeal
- A statement that the family may re-apply for free and reduced price benefits at any time during the school year

A sample form is enclosed. This notification must be kept on file by the district, to document the reason for the denial and the date the parent was notified of the denial.

Information Release Form

Please use this form in the manner specified to avoid a breach of confidentiality.

The **[Bold bracketed fields]** indicate where you must insert your school district's *specific* information.

When this form is signed by a parent or legal guardian, the child's eligibility status may be released to specified **school related/education** programs for benefits, such as the waiving of fees for athletic activities or reduced fees, etc.

The program name must be descriptive and fully identify to the parent the reason for the release of their child's eligibility status. Generic terms such as "other" or "fee waiver" are not acceptable.

The following programs are authorized to collect individual free and reduced price information, without an *Information Release form*:

- 1) Title 1, Part A allocation and evaluation
- 2) National Assessment of Educational Progress on behalf of the U.S. Department of Education's Office of Educational Research and Improvement
- 3) October 1 Pupil Count (including End of Year Count report)
- 4) GearUp – Governor's program
- 5) Colorado Student Assessment Program (CSAP, to include the COACT)
- 6) Colorado Student Assessment Program – Alternate (CSAP-A)
- 7) Colorado English Language Assessment (CELA)
- 8) State Medicaid/CHP+ agency
- 9) WIC, CACFP, SFSP
- 10) Comptroller General of the United States for auditing purposes.

If you have questions regarding the approval process of the Free and Reduced Price Meal Application, refer to the Administrator's Reference Manual or USDA's **Eligibility Guidance for School Meals Manual**.

USDA will no longer have the manual available in printed form, but it is available at this website: www.fns.usda.gov. Look under "School Meals."

If you have questions, please contact the Nutrition Unit at **303.866.6661**.

FREE AND REDUCED PRICE MEAL FORMS

**LETTER TO PARENTS
2011-2012**

Dear Parent/Guardian:

Children need healthy meals to learn. **[Name of school]** offers healthy meals every school day. Breakfast costs **[\$]**, and lunch costs **[\$]**. Your children may qualify for free meals or for reduced price meals. The reduced price is **[\$]** for breakfast and **[\$]** for lunch.

Students in all grades who qualify for reduced price meals will receive breakfast at no charge. Students in preschool through 2nd grade who qualify for reduced meals will also receive lunch at no charge.

Complete **one** Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: [name, address, phone number].**

Income Chart			
Household Size	Yearly	Monthly	Weekly
1	\$20,147	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
For each additional family member add:	\$ 7,067	\$589	\$136

Here are answers to questions you may have about applying:

- 1. Who can get free or reduced price meals?** Children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) and children in households that participate in The Food Distribution Program on Indian Reservations (FDPIR) are eligible for free meals regardless of your income. Also, your children can get free or reduced price meals if your household income is within the limits on the Federal Income Chart.
- 2. Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
- 3. Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.
- 4. Can homeless, runaway, and migrant children get free meals?** Please call **[school, homeless liaison or migrant coordinator]** to see if your child(ren) qualify, if you have not been informed that they will get free meals. Making a note of the student's homeless, runaway, or migrant status on the application will not automatically qualify them for meal benefits.
- 5. If I don't qualify now, may I apply again later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start receiving SNAP or FDPIR. If you lose your job, your children may be able to get free or reduced price meals during the time you are unemployed.
- 6. What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **[name, address, phone number]**.
- 7. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
- 8. Whom should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
- 9. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month.
- 10. We are in the military; do we include our housing allowance as income?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
- 11. My spouse is deployed to a combat zone. Is his/her combat pay counted as income?** No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it was not received before he/she was deployed, combat pay is not counted as income. Contact your school for more information.
- 12. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

If you have other questions or need help, call **[phone number]**.

Sincerely,

[signature]

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

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 your child 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 last four digits of 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 or other FDPIR identifier for your child 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 your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. 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 violations 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 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."

INSTRUCTIONS FOR APPLYING

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM OR FDIPIR (FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS), FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all students; indicate school and grade for each student.
- Part 2:** List the name of the household member receiving the benefit, and list the case number.
- Part 3:** Skip this part
- Part 4:** Skip this part
- Part 5:** If you do not want your information shared with Medicaid or SCHIP, check this box.
- Part 6:** Sign the form. The last four digits of the social security number are NOT required.

If you are applying for a MIGRANT, HOMELESS, OR RUNAWAY CHILD, please call [your school, homeless liaison, migrant coordinator at phone#]. Indicating homeless, migrant, or runaway on this application DOES NOT qualify the student for meal benefits; the coordinator must be contacted.
To be eligible for meal benefits as soon as possible, please apply with income information following the steps outlined below.

IF YOU ARE APPLYING FOR A FOSTER CHILD OR MULTIPLE FOSTER CHILDREN ONLY FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all students; indicate school and grade for each student. Check the foster check box for each foster child.
- Part 2:** Skip this part
- Part 3:** Skip this part
- Part 4:** Skip this part
- Part 5:** If you do not want your information shared with Medicaid or SCHIP, check this box.
- Part 6:** Sign the form. The last four digits of the social security number are NOT required.

FOR ALL OTHER HOUSEHOLDS, INCLUDING WIC AND HOUSEHOLDS THAT HAVE FOSTER CHILD(REN) LIVING WITH THEM ALONG WITH NON-FOSTER CHILD(REN), FOLLOW THESE INSTRUCTIONS:

- Part 1:** List each child's name, school, and grade. If the child is a foster child, check the foster box. For all students listed, please indicate income information including source and frequency of pay, or indicate no income.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Follow these instructions to report all household income. Income can be from the previous month, this month, or your projected income for next month.
 - Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you not listed in Part 1. Attach another sheet of paper if you need to.
 - Column 2–Check if no income:** If the person does not have any income, check the box.
 - Column 3–6 Gross income and how often it was received:** Next to each person's name, list each type of income received and how often it was received.

Earnings from work: example: If you are paid \$500.00 bi-weekly, please record \$500.00 in the income blank and mark the bi-weekly check box. **Gross income is the amount earned before taxes and other deductions.**

Additional Income Sources: List the total amount each person received from **all other sources**. For example: If you receive \$500.00 monthly for child support, please record \$500.00 in the income blank and mark the monthly check box.

Other Income: Report net income for self-owned business, farm, or rental income. Next to the amount, check how often the person receives it. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

- Part 5:** If you do not want your information shared with Medicaid or SCHIP, check this box.
- Part 6:** An adult household member **must** sign the form and provide the last four digits of his or her Social Security Number or mark the box if he or she does not have one.

INCOME TO REPORT:

Earnings from Work
Wages/salaries/tips
Strike benefits
Unemployment
Compensation
Worker's Compensation
Net income from self-owned business or farm

Welfare/Child Support/Alimony
Public assistance payments
Welfare payments
Alimony
Child support payments

Pensions/Retirement/Social Security
Pensions
Supplemental Security Income
Retirement income
Veteran's payments
Social Security

Other Income
Disability benefits
Cash withdrawn from savings
Interest/Dividends
Income from Estates/Trusts/Investments
Regular contributions from people not living in the household
Net royalties/annuities/net rental income
Any other income

2011-2012 Application for Free and Reduced Price School Meals
 (This form may be used only if participating in the federal Child Nutrition programs)

 Last Name(s) of Family

 Mailing Address, City, Zip Code

 Telephone Number

INSTRUCTIONS: Using the instruction sheet provided, complete the application, sign your name, and return the application to the school.

Part 1. Student Information. List all students attending [School District Name]; provide school and grade information. Check the foster child check box for all students who are the legal responsibility of a welfare agency or court.					Student income; please provide income information for all students. This is income that is received by the student only.			
Last Name, First Name	School	Grade	Foster Child	No Income	Earnings from work before deductions, or unemployment	Welfare, child support	Social Security and Other	
			<input type="checkbox"/>	<input type="checkbox"/>	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	
			<input type="checkbox"/>	<input type="checkbox"/>	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	
			<input type="checkbox"/>	<input type="checkbox"/>	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	
			<input type="checkbox"/>	<input type="checkbox"/>	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	
			<input type="checkbox"/>	<input type="checkbox"/>	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	
			<input type="checkbox"/>	<input type="checkbox"/>	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	

Part 2. Supplemental Nutrition Assistance Program (SNAP) / Food Distribution Program on Indian Reservations (FDPIR): Provide the name and case number for the person who receives benefits. (Enter information and skip to part 5)

Name: _____ Case Number: _____

Part 3. If any of the students you are applying for are homeless, migrant, or runaway, please call [your school, homeless liaison, migrant coordinator at #]. To be eligible for meal benefits as soon as possible, please continue to complete this application.

Part 4. List all household members not listed above		List all current gross income and check how often it was received.			
Name	No Income	Earnings from work before deductions, or unemployment	Welfare, child support, alimony	Pensions, retirement, Social Security	Other
	<input type="checkbox"/>	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month

Part 5. MEDICAID AND/OR STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)—The information provided in the application may be shared with Medicaid or SCHIP offices to seek enrollment of children into the above programs. You are not required to consent to the disclosure of this information; this will not affect your student(s)' eligibility for school meals.

Your information WILL be shared unless you check the box below.

Please do NOT share my information with the Medicaid or SCHIP offices.

Part 6. Signature and Social Security Number: (Adult **MUST** sign)
 An adult household member must sign the application. 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. **Social Security Number (Last 4 digits only):** XXX - XX - _____ I do not have a Social Security Number

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school 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: X _____ **Date:** _____

*****Do Not Write Below This Line. District Use Only.*****

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12

Total Income: _____ Per Week, Bi-Weekly, 2x/Month, Month, Year Household size: _____ Eligibility: Free ___ Reduced: ___ Denied: ___

Reason: _____ Categorical Eligibility: _____ Temporary Free: _____ Expires after 45 days on: _____ Withdrawn Date: _____

Determining Official's Signature: _____ Date: _____

INCOME ELIGIBILITY GUIDELINES

(Effective July 1, 2011 to June 30, 2012)

FOR SCHOOL USE ONLY. DO NOT DISTRIBUTE TO PARENTS

Household Size	Free Guidelines					Reduced Guidelines				
	Yearly	Monthly	2x/ Month	Bi- weekly	Weekly	Yearly	Monthly	2x/ Month	Bi- weekly	Weekly
1	\$14,157	\$1,180	\$590	\$545	\$273	\$20,147	\$1,679	\$840	\$775	\$388
2	\$19,123	\$1,594	\$797	\$736	\$368	\$27,214	\$2,268	\$1,134	\$1,047	\$524
3	\$24,089	\$2,008	\$1,004	\$927	\$464	\$34,281	\$2,857	\$1,429	\$1,319	\$660
4	\$29,055	\$2,422	\$1,211	\$1,118	\$559	\$41,348	\$3,446	\$1,723	\$1,591	\$796
5	\$34,021	\$2,836	\$1,418	\$1,309	\$655	\$48,415	\$4,035	\$2,018	\$1,863	\$932
6	\$38,987	\$3,249	\$1,625	\$1,500	\$750	\$55,482	\$4,624	\$2,312	\$2,134	\$1,067
7	\$43,953	\$3,663	\$1,832	\$1,691	\$846	\$62,549	\$5,213	\$2,607	\$2,406	\$1,203
8	\$48,919	\$4,077	\$2,039	\$1,882	\$941	\$69,616	\$5,802	\$2,901	\$2,678	\$1,339
For each additional family member add	\$4,966	\$414	\$207	\$191	\$96	\$7,067	\$589	\$295	\$272	\$136
Error Prone Thresholds	\$1,200	\$100	\$50	\$44	\$24	\$1,200	\$100	\$50	\$44	\$24

2011-2012 NOTIFICATION LETTER FOR FREE/REDUCED PRICE MEALS

Dear _____:

Your application for free/reduced price meals has been:

- Approved for free meals.
- Approved for reduced price meals.
- Denied for the following reason(s):
 - Income is over the allowable amount.
 - Incomplete application. The following information is missing:

 - Other _____

If you do not agree with the decision, you may discuss it with the designated school official, and you have a right to a fair hearing. This can be done by calling or writing the following official:

Name _____
Address _____
Phone _____

If you are not eligible now but have a decrease in household income, or have an increase in family size, fill out an application at that time. If you lose your job, your children may be able to get free or reduced price meals during the time you are unemployed.

You may reapply for benefits at any time during the school year.

Sincerely,

Name **Title** **Date**

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.

2011-2012 INFORMATION RELEASE

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

If you checked yes to any or all of the boxes above, fill out the information below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **[name]** at **[phone]**.
Return this form to: [address] by [date].

**2011-2012 School Year
PUBLIC RELEASE**

[1. _____] today announced its policy for determining eligibility of children who may receive free and reduced price meals served under the National School Lunch and School Breakfast Programs. Local school officials will use the following size and income criteria for determining eligibility.

<u>Family Size</u>	FREE MEALS <u>Yearly</u>	REDUCED PRICE MEALS <u>Yearly</u>
1	\$14,157	\$20,147
2	\$19,123	\$27,214
3	\$24,089	\$34,281
4	\$29,055	\$41,348
5	\$34,021	\$48,415
6	\$38,987	\$55,482
7	\$43,953	\$62,549
8	\$48,919	\$69,616
For each additional family member add:	\$ 4,966	\$ 7,067

Children from families whose income is at or below the levels shown are eligible for free or reduced price meals.

Application forms are being provided to all homes with a letter to parents. Additional copies are available at the principal’s office in each school. The information provided on the application is confidential and will be used only for the purpose of determining eligibility and verifying data. Applications from families receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) or Food Distribution Program on Indian Reservations (FDPIR) need only to list the children’s names, respective case number, and the signature of an adult household member.

All other households that would qualify based upon income must show the names of all household members related or not (such as grandparents, other relatives, or friends), the amount of gross income each person receives in a month, the frequency of pay, and source, the signature of an adult household member, and the last four digits of that adult’s social security number—or check the box if the adult does not have a social security number. The information on the application may be verified by the school or other program officials at any time during the school year.

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. If a family has foster children living with them and wishes to apply for meals, they should complete the application using the instructions for households that have foster and non-foster children residing in the home.

Under the provision of the Policy, [2. _____] will review applications and determine eligibility. If a parent is dissatisfied with the decision, a request may be made to discuss it with the determining official. A formal appeal may be made either orally or in writing to [3. _____] for a hearing to appeal the decision. The policy contains an outline of the hearing procedure.

Applications may be submitted any time during the school year. If you are not eligible now but have a decrease in income, become unemployed, have an increase in family size, or become eligible for SNAP or FDPIR benefits, you may fill out an application at that time.

Each school has a copy of the complete policy which may be reviewed by any interested party.

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

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 your child 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 last four digits of 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 or other FDPIR identifier for your child 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 your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. 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 violations 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 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."

1. Insert name of School Food Authority (District Name).
2. Insert title of person reviewing applications and determining eligibility.
3. Insert title of Fair Hearing Official.

DIRECT CERTIFICATION

INSTRUCTIONS

Direct Certification uses the student database, which is **uploaded** by the district (in the format specified in the record layout) and matches this with the database from the Department of Human Services, Supplemental Nutrition Assistance Program (SNAP). On the Direct Certification website is a data instruction form for all districts to prepare the student record file using their own software program. The information from the Department of Human Services will be updated four times throughout the year and is good for the entire year.

A list of students eligible for free meal benefits is generated by doing four different matches on information uploaded/downloaded by the district and the Department of Human Services, SNAP. The school district is required to print the Direct Certification list alphabetically.

- a) The district's entire student database will be matched with the state-wide SNAP database.
- b) The school district can directly certify as eligible for free meals those students for whom there is a match with the Department of Human Services, SNAP. To be considered a match, school district data and the Department of Human Services data must be matched by specific identifying information such as name, birth date, social security number, and address. **It is imperative that school districts continue to include the student social security number to ensure the maximum number of matches possible.**
- c) The data on SNAP is to be used only by the central office staff.
- d) The SNAP information, on which Direct Certification is based, is considered valid for the entire school year.
- e) The list of children certified eligible for free meals **must** be signed by the approving official and dated. Any requests for free meals after this time require the completion of a free and reduced price meal application.

As with free and reduced price meal applications, the information provided through Direct Certification is considered confidential. It **cannot** be used for any purpose other than determining eligibility for free and reduced price meals unless an Information Release has been signed by the parent or guardian.

If both an application and documentation for a child under Direct Certification are received, officials should determine eligibility based on the Direct Certification information and discard the application. The application is used only if there is reason to believe the child's eligibility is not accurately reflected in the Direct Certification material.

To ensure confidentiality, certain notification procedures must be used to prevent overt identification.

Additional information regarding the Direct Certification process will be released in the coming weeks to district personnel who have access to the Direct Certification system.

If you have questions, contact the Nutrition Unit at 303.866.6450.