



NEBRASKA

DEPARTMENT OF EDUCATION

www.education.ne.gov
301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509-4987
TEL 402.471.2295
FAX 402.471.0117

Memo

To: Authorized Representatives

From: Sharon L. Davis, MS RD
Director, Nutrition Services

Date: 4/25/2018

Re: Free & Reduced Price Policy Statement – Permanent Agreement Amendment

Your district has a Permanent Agreement with the Nebraska Department of Education (NDE) as a participant in the National School Lunch Program. The Permanent Agreement includes a Free and Reduced Price Policy Statement that addresses the School Food Authority's (SFA) responsibilities related to providing free and reduced price meals (includes special milk programs) to students.

Changes have occurred within the National School Lunch Program that resulted in updates to the Free and Reduce Price Policy Statement. The enclosed, revised policy statement has five (5) pages that list the SFA's responsibilities and the last page is the signature page.

Please sign and return the signature page to NDE by May 18, 2018. Please see page six (6) for complete instructions. The May claim may be held until the signed form is returned to NDE.

A fully signed copy will be returned to the SFA and should be kept with other school meal records. If you have any questions, please contact Nutrition Services at 402-471-2488 or 800-731-2233 (Nebraska only).



Free and Reduced Price Policy Statement Addendum

1. The Board of Education/Governing Body of this School Food Authority (SFA) has agreed to participate in one or more of the following programs:
 - a. National School Lunch Program
 - b. School Breakfast Program
 - c. Special Milk Program
 - d. Afterschool Snack Program

Said Board of Education/Governing Body accepts the responsibility for the one or more programs they will participate in, and for providing free and reduced price meals to eligible children attending the site under its authority and named in the CNP online system's Sponsor Application (NDE 01-014) and Site Application (NDE 01-015).

The Board of Education/Governing Body further assures the Nebraska Department of Education (NDE) that the system will uniformly implement this part of the Agreement to determine children's eligibility for free and reduced price meals in the program in which the schools participate.

2. In fulfilling its responsibilities the SFA:
 - a. Agrees to serve free meals to children from families whose income is at or below the free scale of the Agriculture Secretary's Income Eligibility Guidelines for the current school year or children who receive SNAP, TANF or FDIPIR, Medicaid (only as identified Medicaid Free on the list of Directly Certified students) or qualify as migrant, homeless, runaway, Head Start, pre-K Even Start or institutionalized students and to serve meals at a reduced price to children who receive Medicaid (only as identified Medicaid Reduced on the list of directly certified students) or from households whose income is at or below the reduced price scale of the Agriculture Secretary's Income Eligibility Guidelines for the current school year.
 - b. Agrees to set reduced price charges for lunch and breakfast, and/or snack at or below the maximum reduced price allowed by regulations (\$0.40 – lunch, \$0.30 – breakfast – \$0.15 snack).
 - c. Agrees that there will be no physical segregation of, nor any other discrimination against, any child because of his/her inability to pay the full price of the meal. The names of the children eligible to receive free or reduced price meals shall not be published, posted, or announced in any manner, and there shall be no overt identification of any such children by use of special tokens, tickets or any other means. Further assurance is given that children eligible for free or reduced price meals shall not be required to:
 1. Work for their meals.
 2. Use a separate lunchroom.
 3. Go through a separate serving line.
 4. Enter the lunchroom through a separate entrance.
 5. Eat meals at a different time.

6. Eat a meal different from the one sold to children paying the full price.
- d. Agrees to avoid any policy or practice that has the effect of overtly identifying eligible children in the sale of competitive foods or a la carte food sales. If competitive foods are sold, the sale of competitive foods will not inadvertently result in eligible children being identified. Ways to limit overt identification related to the sale of competitive foods include:
1. Limit competitive foods to only those items offered as part of a reimbursable meal on the lunch lines;
 2. Offer competitive foods on the same lines as reimbursable meals.
- e. Agrees to establish and use a fair hearing procedure under which: (1) a family can appeal a decision made by the SFA with respect to the family's free and reduced price meal application; and (2) the SFA can challenge the continued eligibility of any child approved for free or reduced price meals. During the appeal and hearing, the child who was determined to be eligible based on the face value of the application submitted will continue to receive free or reduced price meals. Prior to initiating the hearing procedure, the SFA official, the parent(s) or guardian may request a conference to provide an opportunity for the parent(s)/guardian and SFA official(s) to discuss the situation, present information, obtain an explanation of data submitted in the application and the decisions rendered. Such a conference shall not in any way prejudice nor diminish the right to a fair hearing.

The hearing procedure shall provide the following for both the family and the SFA:

1. A publicly announced, simple method for making an oral or written request for a hearing.
2. An opportunity to be assisted or represented by an attorney or other person.
3. An opportunity to examine, prior to and during the hearing, the documents and records presented to support the decision under appeal.
4. Reasonable promptness and convenience in scheduling a hearing, and adequate notice as to its time and place.
5. An opportunity to present oral or documentary evidence and arguments supporting a position without undue interference.
6. An opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witness(es).
7. That the hearing be conducted by an official who did not participate in the decision under appeal or any previous conference to make that decision.
8. That the decision of the hearing official be based on the oral and documentary evidence presented at the hearing and entered into the hearing record.
9. That the parties concerned and any designated representative thereof be notified in writing of the decision.

10. That for each hearing a written record be prepared, including the decision of the hearing official and the reasons thereof, and a copy of the notification to the parties concerned of the hearing official's decision.
 11. That such written record must be retained for a period of 3 years after the close of the school year to which they pertain. These records must be made available for examination by the parties concerned or their designees at any reasonable time and place during such period.
 12. When an application is rejected, parents or guardians will be informed of the reason for denial and the hearing procedure. The designated hearing official and the individual designated to review applications and make determinations of eligibility are named in the CNP system's online Sponsor Application (NDE 01-014). These officials will use the criteria outlined in this Free and Reduce Price Policy Statement to determine which individual children are eligible for free and reduced price meals. The Board of Education/Governing Body assures the State that the person named as a hearing official was not involved in the original eligibility determination.
- f. The Board of Education/Governing Body agrees to develop and distribute to each child's parent(s) or guardian a letter with an explanation that households with incomes at or below the reduced price guidelines may be eligible for either free or reduced price meals. In addition, an application for free and reduced price meals shall be distributed with the parent letter before the start of school but not before the federally defined school year which begins July 1st. However, year-round schools may distribute the letter/application in June.

Interested parents or guardian are responsible for filling out the application and returning it to the school for review. Such applications and documentation of determinations made will be maintained for a period of three years following the end of the school year to which they pertain.

Applications must be accepted at any time during the year. Parents or guardians enrolling a child in an SFA for the first time shall be supplied with appropriate meal application materials regardless of the time of year the child is registered. If a child transfers to another SFA, his/her eligibility for free or reduced price meals transfers as long as the receiving SFA obtains a copy of the child's meal application or other approved documentation from the previous SFA. Applications are valid for the school year. Households are not required to report changes.

Parents or guardians will be promptly notified of the acceptance or denial of their application(s). Benefits are to be issued within ten operating days of receipt of qualifying applications.

When an application is rejected, parents or guardians will be provided written notification which shall include: (1) the reasons for the denial of benefits, e.g., income in excess of allowable limits or incomplete application; (2) notification of the right to appeal; (3) who to contact for an appeal; and (4) a statement reminding parents that they may reapply for free and reduced price benefits

at any time during the school year. The reasons for ineligibility shall be properly documented and retained on file at the SFA level.

All public and non-public SFAs except, Residential Child Care Institutions and Educational Service Units, regardless of enrollment, are required to conduct direct certification. The SFA must maintain a list of names of children approved for free or reduced meals based on documentation certifying that the child is included in a household approved to receive benefits as a result of electronic direct certification.

- g. The Board of Education/Governing Body agrees to inform households that a foster child is categorically eligible for free meals and may be included as a member of the foster family, if the foster family chooses to apply for benefits for other children. Including children in foster care as household members can help other children in the household qualify for free and reduced price meals. If the foster family is not eligible for free or reduced price meal benefits, it does not prevent a foster child from receiving free meal benefits.

Households with children who are categorically eligible under Other Source Categorically Eligible Programs should contact the school for assistance in receiving benefits.

- h. The Board of Education/Governing Body agrees that there are no barriers for participation in Programs for Limited English Proficient (LEP) families and to communicate with parents and guardians in a language they can understand throughout the certification and verification processes.
- i. The Board of Education/Governing Body agrees to establish a procedure to collect money from children who pay for their meals, establish and follow a Point of Service meal counting procedure, and to account for the number of free, reduced price, and full price meals served daily. The SFA agrees to implement a collection procedure that will ensure that no child is overtly identified as receiving free or reduced priced meals.
- j. The Board of Education/Governing Body agrees to take appropriate measures to prevent disclosure of confidential free and reduced price eligibility information as required under 7 CFR 245.6(f-k).
- k. All attachments (Pg. 6) to this agreement must be used as printed, unless prior approval for changes is obtained in writing from NDE prior to use.

Each SFA shall amend its permanent free and reduced price policy statement to reflect substantive changes. Any amendment to a policy shall be provided by the State agency prior to implementation.

NDE will provide an annual news release to all newspapers in the state announcing the availability of free and reduced price meals in Nebraska schools. When a large employer within the SFA's attendance area lays off employees, the SFA should send a copy of the news release out to that employer.

The following list of attachments are adopted with and considered a part of this Permanent Agreement and Policy Statement and any subsequent Amendments. These forms are available on Nutrition Services web site at <http://www.education.ne.gov/ns>


Attachment A.	Income Eligibility Guidelines
Attachment B.	Letter to Households
Attachment B-1	Letter to Household for <u>Milk Only Schools</u>
Attachment C.	Application for Free and Reduced Price Meals
Attachment C-1	Application for Free Milk for <u>Milk Only Schools</u>
Attachment D.	Notice of Approval/Denial Letter
Attachment D-1	Notice of Approval/Denial Letter for <u>Milk Only Schools</u>
Attachment D-3	Notice of Change in Benefits Letter
Attachment E.	Computing Income for Self-Employed Persons
Attachment F.	Verification Selection Letter and Enclosures
Attachment G.	Verification Results Letter
Attachment H.	Verification Procedures Questionnaire
Attachment H-1	Civil Rights Summary
Attachment H-2	Verification Tracker
Attachment I.	On-Site Review Summary
Attachment J.	Edit Check Worksheet
Attachment J-R.	Edit Check Worksheet for <u>RCCIs only</u>
Attachment K.	Production Records (all forms)
Attachment L.	Sharing Information Waiver – Optional
Attachment L-1	Sharing Information with Medicaid/SCHIP – Optional

Free/Reduced Policy Statement Addendum - Certification and Signatures

The Authorized Representative of the school meals program must sign this addendum. The addendum will remain in effect until amended by either the State Agency or the SFA. The SFA agrees to all terms contained in this document. The Authorized Representative must complete items 1-6 below.

NDE requires assurance that the SFA's Authorized Representative has permission of the SFA to enter into this agreement. The person who signs as the Board Official provides this assurance. One of the following officials must complete items 7-10 below:

- For Schools: Board of Education President or Officer
- For Non Profit Institutions: Governing Body or Officer

1. Name Authorized Representative Michelle Schindler	2. Signature of Authorized Representative 
3. Title Director	4. School or Institution Name Lancaster County Youth Services Center
5. Agreement Number (6-digit county-district #) 55-0905	6. Date Signed 5/22/18
7. Printed Name of Board Official	8. Signature of Board Official
9. Title	10. Date Signed

NDE Approval

Nutrition Services Administrator	Date Signed
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Please return this signature page to NDE by May 18, 2018. Failure to return this form by the deadline will result in the SFA's May claim being held.

Mail
 Nutrition Services
 Nebraska Department of Education
 P.O. Box 94987
 Lincoln, NE 68509-4987 OR by

Fax: 402-471-4407
Email: justene.chavez@nebraska.gov

Once received & approved by NDE, a fully signed copy will be sent to the SFA's Authorized Representative and should be retained other school meal records.

Permanent Agreement and Free/Reduced Price Policy Statement

School Meals Programs: National School Lunch Program (CFDA #10.555), School Breakfast Program (CFDA #10.553), Special Milk Program (CFDA #10.556), Afterschool Snack Program (CFDA #10.555)

I. Permanent Agreement

Each School Food Authority (SFA) approved to participate in the program shall enter into a written permanent agreement with the Nebraska Department of Education (NDE). The SFA and participating schools/institutions under its jurisdiction shall comply with all provisions of 7 CFR parts 210, 215, 220 and 245.

This agreement shall provide that each SFA shall, with respect to participating schools/Institutions under its jurisdiction:

1. Maintain a nonprofit school food service and observe the limitations on the use of nonprofit school food service revenues set forth in Section 210.14(a) and the limitations on any competitive school food service as set forth in Section 210.11(b).
2. Limit its net cash resources to an amount that does not exceed 3 months average expenditures for its nonprofit school food service or such other amount as may be approved in accordance with Section 210.14(b). Public SFAs will report net cash resources as part of the Annual Financial Report submitted to NDE. Non-public SFAs will submit the Annual Financial Statement via the web-based reporting system by July 15 each year.
3. Maintain a financial management system as prescribed under Section 210.14(c).
4. Comply with the requirements of USDA regulations regarding financial management (7 CFR part 3015).
5. Price and serve the lunch, breakfast and/or snack as a unit.
6. Serve meals free or at a reduced price to all children who are determined by the SFA to be eligible for such meals under 7 CFR part 245.
7. Claim reimbursement at the assigned rates only for reimbursable free, reduced price and paid meals served to eligible children in accordance with 7 CFR part 210. Agree that the SFA official signing the claim shall be responsible for reviewing and analyzing meal counts to ensure accuracy as specified in Section 210.8 governing claims for reimbursement. Acknowledge that failure to submit accurate claims will result in the recovery of an over claim and may result in the withholding of payments, suspension or termination of the program as specified in Section 210.24. Acknowledge that if failure to submit accurate claims reflects embezzlement, willful misapplication of funds, theft, or fraudulent activity, the penalties specified in Section 210.26 shall apply.
8. Count the number of free, reduced price and paid reimbursable meals served to eligible children at the Point of Service at the end of the serving line, or through another counting system if approved by the State agency on an annual basis. Claim reimbursement for no more than one lunch, one breakfast and one afterschool snack per child per day. The Special Milk Program allows multiple milk servings to be claimed per child.
9. Submit Claims for Reimbursement in accordance with Section 210.8. Claims are to be submitted electronically via the web-based reporting system.

10. Comply with the requirements of USDA's regulations regarding nondiscrimination (7 CFR parts 15, 15a, 15b).
11. Make no discrimination against any child because of his or her eligibility for free or reduced price meals in accordance with the approved Free and Reduced Price Policy Statement.
12. Enter into an agreement to receive donated foods as required by 7 CFR part 250.
13. Maintain proper sanitation and health standards in the storage, preparation and service of food and conform to all applicable State and local laws and regulations.

In Section 111 of the Child Nutrition and WIC Reauthorization Act, (P.L. 108-265) SFAs are to be inspected twice a year. These are to be performed by a State or local agency responsible for safety inspections. Each feeding site must post, in a publicly visible location, a report on the most recent food safety inspection, and provide a copy of the food safety inspection to a member of the public upon request. Health inspectors will follow Hazard Analysis and Critical Control Point (HACCP) guidelines during their review process.

During the preparation and service of meals, all SFAs must implement a food safety program based on HACCP principles and conform to guidance issued by USDA. As a result, 1) Temperature Logs must be completed on potentially hazardous foods and kept on file for a minimum of one year, and 2) a written HACCP Plan, specific to the SFA, must be developed with copies available at each feeding site.

14. Accept and use, in as large quantities as may be efficiently utilized in its nonprofit school food service, such foods as may be offered as a donation by USDA.
15. Maintain necessary facilities for storing, preparing and serving food.
16. Upon request, make all accounts and records pertaining to its school food service available to the State agency and to FNS, for audit or review, at a reasonable time and place. Such records shall be retained for a period of 3 years after the date of the final Claim for Reimbursement for the fiscal year to which they pertain, except that if audit findings have not been resolved, the records shall be retained beyond the 3-year period as long as required for resolution of the issues raised by the audit.
17. Maintain confidential files of currently approved and denied free and reduced price meal applications, respectively, and the names of children approved for free meals based on documentation certifying that the child is a member of the household approved to receive benefits under the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program for Households on Indian Reservations (FDPIR) or Temporary Assistance for Needy Families (TANF), migrant, homeless, runaway, income-eligible Head Start, pre-K Even Start, and residential children. If the applications and/or documentation are maintained at the SFA level, they shall be readily retrievable by feeding site.
18. Retain the individual free and reduced price meal applications submitted by families and lists of categorically eligible children for a period of 3 years after the end of the fiscal year to which they pertain.
19. Any school shall be eligible for the Special Milk Program upon request provided it does not participate in the school lunch or breakfast program; except that schools with such meal service may receive the Special Milk Program upon request only for those children attending split-session kindergarten or pre-kindergarten programs who do not have access to meal service.

20. Afterschool snack requirements. Those school food authorities with eligible schools (as defined in Section 210.10(n)(1)) that elect to serve snacks during afterschool care programs, shall agree to:
- (a) Serve snacks that meet the minimum requirements prescribed in Section 210.10(n)(2);
 - (b) Menus and Production Records must be maintained daily to document compliance with snack meal pattern requirements;
 - (c) Price the snack as a unit;
 - (d) Serve snacks at no charge to all children in attendance at area-eligible sites. A site qualifies as area-eligible if the site is either a school which has at least 50 percent or more of its enrollment eligible for free or reduced price meals, or is a site which is located within the attendance area of a school that qualifies;
 - (e) Serve snacks free or at a reduced price to all children who are determined by the SFA to be eligible for free or reduced price school meals under 7 CFR part 245;
 - (f) If charging for snacks, the charge for a reduced price snack shall not exceed \$0.15;
 - (g) Claim reimbursement at the assigned rates only for snacks served in accordance with the agreement;
 - (h) Claim for reimbursement only those afterschool snacks served on school days. Snacks served on weekends, holidays or vacation periods may not be claimed;
 - (i) For afterschool care programs in Residential Child Care Institutions (RCCIs), only those children who are enrolled and attending school may have their snacks claimed for reimbursement;
 - (j) Review each afterschool snack program two times a year; the first review shall be made during the first four weeks that the school is in operation each school year, except that an afterschool snack program operating year round shall be reviewed during the first four weeks of its initial year of operation, once more during its first year of operation, and twice each school year thereafter; and
 - (k) Serve and claim snacks solely as part of an afterschool care program that provides regularly scheduled education or enrichment activities in an organized, structured and supervised environment.
 - (l) Keep a roster list, sign-in sheet or other means to determine that children are present on a given day;
 - (m) Count and record the number of snacks served each day, at the time they are served, by correct claiming category;
 - (n) Serve snacks only to students who are 18 years or under or a student of any age who is disabled. If a student's 19th birthday occurs during the school year, snacks may be claimed for that student for the remainder of the school year.
21. Prohibit service of foods of minimal nutritional value (FMNV) during a meal service period in areas where reimbursable meals are served and/or eaten. FMNV cannot be given away or sold in the food service area. FMNV costs cannot be charged to the nonprofit food service account. NDE will disallow all meals served by a school on any day that a violation of the FMNV regulations is observed.

22. Prohibit the sale of any foods in competition with the National School Lunch and School Breakfast Programs anywhere on school/institution premises during the period beginning one half hour prior to the serving period for breakfast and/or lunch and lasting until one half hour after the serving of breakfast and/or lunch.
23. Agrees to arrange to have an organization-wide audit conducted in accordance with the provisions of 7 CFR part 3015, if \$500,000 or more is expended from all Federal sources.
24. Charge adults, at a minimum, an amount equal to the total reimbursement received for a free lunch under Section 4 and 11 of the National School Lunch Act plus the per-meal value of donated foods. For breakfast, adults should be charged the rate established for free breakfasts under Section 4 of the Child Nutrition Act. No reimbursement or donated food is provided for adult meals.
25. Purchase in as large of quantities as can be efficiently utilized in its non-profit food service program the foods designated as plentiful by the United States Department of Agriculture and to purchase food of domestic origin to the extent practicable. As defined in the legislation, a domestic food commodity is an agricultural commodity (for example, red meat, chicken, fruit, vegetable or grain) that is produced in the United States. A domestic food product is processed in the United States substantially using domestic agricultural commodities. Substantially means that over 51 percent of the processed food comes from American produced products.
26. The SFA hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), the Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.); all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines, 28 CFR Part SO.3 and 42; and FNS directives and guidelines, to the effect that, no person shall, on the grounds of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the SFA receives Federal financial assistance from the U.S. Department of Agriculture (USDA); and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

By accepting this assurance, the SFA agrees to compile data, maintain records, and submit reports as required, to permit effective enforcement of nondiscrimination laws and permit authorized USDA personnel during hours of program operation to review such records, books, and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the USDA shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the SFA, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from USDA.

27. In Section 204 of the Child Nutrition and WIC Reauthorization Act (P.L. 108-265) each local education agency (LEA) participating in a program authorized by the Richard B. Russell National School Lunch Act or the Child Nutrition Act of 1966 is required to establish a local Wellness Policy for schools under the Local Education Agency.
28. Serve lunches, during the lunch period, which meet the minimum requirements prescribed in Section 210.10; and/or serve breakfasts during the breakfast period, which meet the minimum requirements prescribed in Section 220.8; and/or serve afterschool snacks, which meet the minimum requirements prescribed in Section 210.10; Schools may choose A) Enhanced Food-Based Menu Planning, B) Traditional Food-Based Menu Planning, C) Nutrient Standard Menu Planning (NSMP) or D) Assisted Nutrient Standard Menu Planning (Assisted NSMP).

For purposes of the meal patterns, a week equals five days. For weeks with a greater or lesser number of days, the servings per week must be prorated.

A) Enhanced Food-Based Lunch Pattern

Food Component	Minimum Quantities		
	Required K-6	Required 7-12	Optional K-3
Fluid Milk	½ pint	½ pint	½ pint
Meat or Meat Alternate	10 oz. per week	10 oz. per week	7.5 oz. per week
	Minimum of	Minimum of	Minimum of
	1 oz. per day	1 oz. per day	1 oz. per day
Meat, poultry, fish (cooked)	1 ounce	1 ounce	1 ounce
Cheese	1 ounce	1 ounce	1 ounce
Alternate protein products	1 ounce	1 ounce	1 ounce
Egg (large)	½	½	½
Cooked dry beans/peas	¼ cup	¼ cup	¼ cup
Yogurt (commercially prepared)	4 ounces-½ cup	4 ounces-½ cup	4 ounces-½ cup
Peanut butter or other nut/seed butters	2 Tbsp.	2 Tbsp.	2 Tbsp.
Peanuts, soy nuts, tree nuts, seeds	1 ounce	1 ounce	1 ounce
may be used to meet 50% of the meal requirement.			
Vegetables/Fruits (2 or more servings of different vegetables or fruits or both)	¾ cup plus extra ½ cup over a week	1 cup	¾ cup
Grains/Breads (enriched or whole grain) A serving equals 1 slice of bread or equivalent as listed on the Grains/Breads List (FNS Instruction 783-1, Rev. 2); up to one serving per day may be a dessert item.	12 servings per week Minimum of 1 per day	15 servings per week Minimum of 1 per day	10 servings per week Minimum 1 per day

All Food-Based meals must meet minimum nutrient levels for specific grade levels according to 7 CFR 210.10. Lunches are to meet the minimum nutrient levels averaged over a week of 3 to 7 days.

Schools choosing to implement Enhanced Food-Based Menu Planning must complete the Production Records specified by Nutrition Services of NDE. Yearly approval from NDE must be secured prior to use of SFA-designed production records. Production records must be maintained daily and will be reviewed by NDE staff. If production records do not document the meal pattern, reimbursement will be denied by NDE. Schools choosing to implement Enhanced Food-Based Menu Planning must also have standardized recipes, nutrition fact information and Child Nutrition (CN) labels on file for review by NDE.

Nutrition Services of NDE must perform a nutrient analysis of menus served under the Food-Based Menu Planning Option once every five years. Failure by a SFA to provide complete production records, standardized recipes, nutrition fact information and CN labels upon request will result in nonpayment of claims.

Under Offer Versus Serve, senior high students shall be permitted to decline up to two of the five required food components. At the discretion of the SFA, students below the senior high level may be permitted to decline one or two of the required five food components. The price of a reimbursable lunch shall not be affected if a student declines food components or accepts smaller portions.

B) Traditional Food-Based Lunch Pattern

Food Component	Minimum Quantities	
	Required K-3	Required 4-12
Fluid Milk	½ pint	½ pint
Meat or Meat Alternate	7.5 oz. per week	10 oz. per week
	Minimum of	Minimum of
	1 oz. per day	1 oz. per day
Meat, poultry, fish (cooked)	1 ounce	1 ounce
Cheese	1 ounce	1 ounce
Alternate protein products	1 ounce	1 ounce
Egg (large)	½	½
Cooked dry beans or peas	¼ cup	¼ cup
Yogurt (commercially prepared)	4 ounces-½ cup	4 ounces-½ cup
Peanut butter or other nut/seed butters	2 tablespoons	2 tablespoons
Peanuts, soy nuts, tree nuts, seeds may be used to meet 50% of the meal requirement.	1 ounce	1 ounce
Vegetables/Fruits (2 or more servings of different vegetables or fruits or both)	1/2 cup	3/4 cup
Grains/Breads (enriched or whole grain) A serving equals 1 slice bread or equivalent as listed on the Grains/Breads List (FNS Instruction 783-1, Rev. 2)	8 servings per week Minimum of 1 per day	8 servings per week Minimum of 1 per day

Schools choosing to implement Traditional Food-Based Menu Planning must complete the Production Records specified by Nutrition Services of NDE. Yearly approval from NDE must be secured prior to use of SFA-designed production records. Production records must be maintained daily and will be reviewed by NDE staff. If production records do not document the meal pattern, reimbursement will be denied by NDE. Schools choosing to implement Traditional Food-Based Menu Planning must also have standardized recipes, nutrition fact information and Child Nutrition (CN) labels on file for review by NDE.

Nutrition Services of NDE must perform a nutrient analysis of menus served under the Food-Based Menu Planning Option once every five years. Failure by a SFA to provide complete production records, standardized recipes, nutrition fact information and CN labels upon request will result in nonpayment of claims.

Under Offer Versus Serve, senior high students shall be permitted to decline up to two of the five required food components. At the discretion of the SFA, students below the senior high level may be permitted to decline one or two of the required five food components. The price of a reimbursable lunch shall not be affected if a student declines food components or accepts smaller portions.

C) Nutrient Standard Menu Planning (NSMP) for Lunch

Schools may use NSMP as a way to develop menus based on the analysis of nutrients in the menu items and foods offered over a week to determine if specific levels of a set of key nutrients and calories are met. Schools shall offer meals to children based on required grade groups, required age groups or customized age groups.

SFAs planning to implement NSMP must contact the State agency and receive approval prior to implementation.

A reimbursable lunch shall include a minimum of three menu items; one item shall be an entrée, one item shall be a side dish, and one shall be fluid milk as a beverage. All menu items or foods offered as part of the reimbursable meal may be considered as contributing toward meeting the nutrition standards in paragraphs (b) and (c) of 7 CFR 210.10.

SFAs choosing to implement NSMP shall conduct a nutrient analysis on all menu items or foods offered as part of the reimbursable meal prior to service. Nutrient analysis shall be performed by software approved by USDA. The nutrient analysis, menus, production records, standardized recipes and nutrition fact information must be provided to NDE upon request. The nutrient analysis must meet all nutrient standards in order to use this menu planning option.

Under Offer Versus Serve, senior high students must select at least two menu items and may decline a maximum of two menu items. One menu item selected must be an entree. At the discretion of the SFA, students below the senior high level may also participate in Offer Versus Serve. The price of a reimbursable lunch shall not be affected if a student declines a menu item or requests smaller portions.

D) Assisted Nutrient Standard Menu Planning (Assisted NSMP) for Lunch

SFAs without the capability to conduct Nutrient Standard Menu Planning may choose an alternative that uses menu cycles developed by other sources. SFAs planning to implement Assisted NSMP must contact the State agency and receive approval prior to implementation.

Assisted NSMP shall establish menu cycles that have been developed in accordance with 7 CFR 210.10 as well as local food preferences and the local food service operation. These menu cycles shall incorporate the nutrition standards in 7 CFR 210.10 and the appropriate nutrient and calorie levels. In addition to the menu cycle, standardized recipes, food product specifications and preparation techniques shall also be developed and provided by the entity furnishing the Assisted NSMP to ensure that the menu components and foods offered conform to the nutrient analysis determinations of the menu cycle.

At the inception of any use of Assisted NSMP, the State agency shall approve the initial menu cycle, recipes and other specifications to determine that all required elements for correct nutrient analysis are incorporated.

After initial service of the menu cycle under Assisted NSMP, the nutrient analysis shall be reassessed and appropriate adjustments made to ensure that all nutrient standards have been met in accordance with 7 CFR 210.10.

Under Assisted NSMP, the SFA retains final responsibility for ensuring that all nutrition standards and appropriate calories levels are met. The nutrient analysis, menus, production records, standardized recipes and nutrition fact information must be provided to NDE upon request.

A) Enhanced Food-Based Breakfast Pattern

Minimum Quantities

Food Component	Required K-12	Optional 7-12
Fluid Milk , as a beverage, on cereal or both	½ pint	½ pint
Full Strength Juice, Fruit or Vegetable	½ cup	½ cup

Two of the following components (one of each or two of the same component)

Grains/Breads

Bread, muffin, biscuit, etc.	1 serving	1 serving
Cereal	3/4 cup or 1 ounce	3/4 cup or 1 ounce
See Grains/Breads List (FNS Instruction 783-1, Rev. 2)		Plus an additional serving of grain/bread

Meat or Meat Alternate

Meat, poultry, fish (cooked)	1 ounce	1 ounce
Cheese	1 ounce	1 ounce
Alternate protein products	1 ounce	1 ounce
Egg (large)	1/2	1/2
Yogurt (commercially prepared)	4 ounces-1/2 cup	4 ounces-1/2 cup
Cooked dry beans/peas	1/4 cup	1/4 cup
Peanut butter or other nut/seed butters	2 Tbsp.	2 Tbsp.
Peanuts, soy nuts, tree nuts, seeds	1 ounce	1 ounce

Nutrition Services of NDE may perform a nutrient analysis of the breakfast menus served under the Enhanced Food-Based Menu Planning. Production records must be maintained daily and will be reviewed by NDE Staff. If the production records do not document the meal pattern, reimbursement may be denied by NDE. Failure by a SFA to provide complete production records, standardized recipes, nutrition fact information and CN labels upon request may result in nonpayment of claims.

Under Offer Versus Serve, a student may decline one component. The declined food may be any one of the four components offered to the student. A student's decision to accept all four food components or to decline one of the four food components shall not affect the charge for breakfast.

B) Traditional Food-Based Breakfast Pattern

Minimum Quantities

Food Component

Required K-12

Fluid Milk as a beverage, on cereal or both	1/2 pint
Full Strength Juice, Fruit and/or Vegetable	1/2 cup

Two of the following components (one of each or two of the same component):

Grains/Breads

Bread, muffin, biscuit, etc.	1 serving
Cereal	3/4 cup or 1 ounce
See Grains/Breads List (FNS Instruction 783-1, Rev. 2)	

Meat/Meat Alternate

Meat, poultry, fish (cooked)	1 ounce
Cheese	1 ounce
Alternate protein products	1 ounce
Egg, large	1/2
Peanut Butter or other nut/seed butter	2 Tbsp.
Cooked dry beans or peas	1/4 cup
Yogurt (commercially prepared)	4 ounces-1/2 cup
Peanuts, soy nuts, tree nuts, seeds	1 ounce

Nutrition Services of NDE may perform a nutrient analysis of the breakfast menus served under the Traditional Food-Based Menu Planning. Production records must be maintained daily and will be reviewed by NDE Staff. If the production records do not document the meal pattern, reimbursement may be denied by NDE. Failure by a SFA to provide complete production records, standardized recipes, nutrition fact information and CN labels upon request may result in nonpayment of claims.

Under Offer Versus Serve, a student may decline one component. The declined food may be any one of the four components offered to the student. A student's decision to accept all four food components or to decline one of the four food components shall not affect the charge for breakfast.

C) Nutrient Standard Menu Planning (NSMP) for Breakfast

A reimbursable breakfast shall include a minimum of three menu items; one of which shall be fluid milk served as a beverage or on cereal or both and two side dishes. All menu items or foods offered as part of the reimbursable meal may be considered as contributing toward meeting the nutrition standards in paragraphs (a), (b) and (e) of 7 CFR 220.8.

Under Offer Versus Serve, senior high students must select at least two menu items and may decline a maximum of one menu item. At the discretion of the SFA, students below the senior high level may also participate in Offer Versus Serve. The price of a reimbursable breakfast shall not be affected if a student declines a menu item or requests smaller portions.

SFAs choosing to implement NSMP shall conduct a nutrient analysis on all menu items or foods offered as part of the reimbursable meal. Nutrient analysis shall be performed by software approved by USDA. The nutrient analysis, menus, production records, standardized recipes and nutrition fact information must be provided to NDE upon request. The nutrient analysis must meet all nutrient standards in order to use this menu planning option.

D) Assisted Nutrient Standard Menu Planning (Assisted NSMP) for Breakfast

SFAs without the capability to conduct Nutrient Standard Menu Planning, may choose an alternative that uses menu cycles developed by other sources. Assisted NSMP shall establish menu cycles that have been developed in accordance with 7 CFR 220.8 as well as local food preferences and the local food service operation. These menu cycles shall incorporate the nutrition standards in 7 CFR 220.8 and the appropriate nutrient and calorie levels. In addition to the menu cycle, recipes, food product specification and preparation techniques shall also be developed and provided by the entity furnishing the Assisted NSMP to ensure that the menu components and foods offered conform to the nutrient analysis determinations of the menu cycle.

At the inception of any use of Assisted NSMP, the State agency shall approve the initial menu cycle, standardized recipes and other specifications to determine that all required elements for correct nutrient analysis are incorporated.

After initial service of the menu cycle under Assisted NSMP, the nutrient analysis shall be reassessed and appropriate adjustments made to ensure that all nutrient standards have been met in accordance with 7 CFR 210.10. Under Assisted NSMP, the SFA retains final responsibility for ensuring that all nutrition standards and appropriate calories levels are met. The nutrient analysis, menus, standardized recipes and nutrition fact information must be provided to NDE upon request.

Afterschool Snack Program

Minimum Quantities

An afterschool snack must consist of two of the four food components. The food components are Meat/Meat Alternate, Vegetables/Fruits, Grain/Breads and Milk.

Food Component	Required K-12
Meat or Meat Alternate	
Meat, poultry, fish (cooked)	1 ounce
Cheese	1 ounce
Alternate protein products	1 ounce
Egg (large)	½
Cooked dry beans or peas	¼ cup
Yogurt (commercially prepared)	4 ounces-1/2 cup
Peanut butter or other nut/seed butters	2 tablespoons
Peanuts, soy nuts, tree nuts	1 ounce
Full Strength Juice, Fruit and/or Vegetable	3/4 cup
Grains/Breads (enriched or whole grain)	1 serving
Serving equals 1 slice bread or equivalent as listed on the Grains/Breads List (FNS Instruction 783-1, Rev. 2)	
Fluid Milk	½ pint

The Nebraska Department of Education agrees that:

1. To the extent of funds available, NDE shall reimburse the SFA for meals served in accordance with the provisions of the National School Lunch Act Programs in the schools with valid Site Applications, in any fiscal year during which this agreement is in effect, provided, however, that such services are of the type(s) defined or described elsewhere in this section and in federal program regulations, guidelines, and policies, and that these services are rendered consistent with requirements of this section and existing regulations.
2. The amount of Federal reimbursement for lunches, breakfasts and snacks served to eligible free, reduced and paid student meals shall not exceed an amount equal to the number of meals served to enrolled students multiplied respectively by the rates of reimbursement. Feeding sites that served 40% or more free/reduced student lunches in the second preceding school year may apply for Severe Need breakfast funding. Application for Severe Need breakfast funding is made on the Site Application.
3. Public SFAs receive an additional \$0.05 in State reimbursement for breakfast. When issued, SFAs receive the state reimbursement as a single payment and it reflects the total number of student breakfasts served the second previous school year.

II. Free and Reduced Price Policy Statement

1. The Board of Education/Governing Body of the above named institution/system has agreed to participate in one or more of the following programs:
 - a. National School Lunch Program
 - b. School Breakfast Program
 - c. Special Milk Program
 - d. Afterschool Snack Program

Said Board of Education/Governing Body accepts the responsibility for the one or more programs they will participate in, and for providing free and reduced price meals to eligible children attending the site under its authority and named in NDE 01-014 and NDE 01-022.

The Board of Education/Governing Body further assures NDE that the system will uniformly implement this part of the Application to determine children's eligibility for free and reduced price meals in the program in which the schools participate.

2. In fulfilling its responsibilities the SFA:
 - a. Agrees to serve free meals to children from families whose income is at or below the free scale or children who receive SNAP, TANF or FDPIR, or qualify as migrant, homeless, runaway, income-eligible Head Start, pre-K Even Start or institutionalized students and to serve meals at a reduced price to children from households whose income is at or below the reduced price scale of the Agriculture Secretary's Income Eligibility Guidelines for the current school year.
 - b. Agrees to set reduced price charges for lunch and breakfast at or below the maximum reduced price allowed by regulations (\$0.40 – lunch, \$0.30 – breakfast) and below the full price of the lunch or breakfast.
 - c. Agrees that there will be no physical segregation of, nor any other discrimination against, any child because of his/her inability to pay the full price of the meal. The names of the children eligible to receive free or reduced price meals shall not be published, posted, or announced in any manner, and there shall be no overt identification of any such children by use of special tokens, tickets or any other means. Further assurance is given that children eligible for free or reduced price meals shall not be required to:
 - (1) Work for their meals.
 - (2) Use a separate lunchroom.
 - (3) Go through a separate serving line.
 - (4) Enter the lunchroom through a separate entrance.
 - (5) Eat meals at a different time.
 - (6) Eat a meal different from the one sold to children paying the full price.
 - d. Agrees to establish and use a fair hearing procedure under which: (1) a family can appeal a decision made by the SFA with respect to the family's free and reduced price meal application; and (2) the SFA can challenge the continued eligibility of any child approved for free or reduced price meals. During the appeal and hearing, the child who was determined to be eligible based on the face of the application submitted will continue to receive free or reduced price meals. Prior to initiating the hearing procedure, the SFA official, the parent(s) or guardian may request a conference to provide an opportunity for the parent(s)/guardian and SFA official(s) to discuss the situation, present information, obtain an explanation of data submitted in the application and the decisions rendered. Such a conference shall not in any way prejudice nor diminish the right to a fair hearing.

The hearing procedure shall provide the following for both the family and the SFA:

- (1) A publicly announced, simple method for making an oral or written request for a hearing.
- (2) An opportunity to be assisted or represented by an attorney or other person.
- (3) An opportunity to examine, prior to and during the hearing, the documents and records presented to support the decision under appeal.
- (4) Reasonable promptness and convenience in scheduling a hearing, and adequate notice as to its time and place.
- (5) An opportunity to present oral or documentary evidence and arguments supporting a position without undue interference.
- (6) An opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witness(es).
- (7) That the hearing be conducted by an official who did not participate in the decision under appeal or any previous conference to make that decision.

- (8) That the decision of the hearing official be based on the oral and documentary evidence presented at the hearing and entered into the hearing record.
 - (9) That the parties concerned and any designated representative thereof be notified in writing of the decision.
 - (10) That for each hearing a written record be prepared, including the decision of the hearing official and the reasons thereof, and a copy of the notification to the parties concerned of the hearing official's decision.
 - (11) That such written record must be retained for a period of 3 years after the close of the school year to which they pertain. These records must be made available for examination by the parties concerned or their designees at any reasonable time and place during such period.
 - (12) When an application is rejected, parents or guardians will be informed of the reason for denial and the hearing procedure. The designated hearing official and the individual designated to review applications and make determinations of eligibility are named in NDE 01-014 (Program Application). These officials will use the criteria outlined in this Free and Reduced Price Policy Statement to determine which individual children are eligible for free and reduced price meals. The Board of Education/Governing Body assures the State that the person named as a hearing official was not involved in the original eligibility determination.
- e. The Board of Education/Governing Body agrees to develop and distribute to each child's parent(s) or guardian a letter as outlined in the sample provided by the State. In addition, an application for free and reduced price meals shall be distributed with the parent letter no more than four weeks before the start of school or whenever there is a change in eligibility guidelines with an explanation that households with incomes at or below the reduced price guidelines may be eligible for either free or reduced price meals.

Interested parents or guardians are responsible for filling out the application and returning it to the institution for review. Such applications and documentation of determinations made will be maintained for a period of 3 years following the end of the school year to which they pertain.

Applications must be accepted at any time during the year. Parents or guardians enrolling a child in an institution for the first time shall be supplied with appropriate meal application materials regardless of the time of year the child is registered. If a child transfers to another SFA, his/her eligibility for free or reduced price meals transfers as long as the receiving SFA obtains a copy of the child's meal application or other approved documentation from the previous SFA. Applications are valid for the school year. Households are not required to report changes.

Parents or guardians will be promptly notified of the acceptance or denial of their application(s). Benefits are to be issued within ten operating days of receipt of qualifying applications.

It is recognized that in certain cases foster children and Wards of the State/Court may be eligible for free meals. If a household has foster children/Ward of the State/Court living with them and wishes to apply for such meals for these children, the household must complete a separate application for each such child.

When an application is rejected, parents or guardians will be provided written notification which shall include: (1) the reasons for the denial of benefits, e.g., income in excess of allowable limits or incomplete application; (2) notification of the right to appeal; (3) instructions on how to appeal; and (4) a statement reminding parents that they may reapply for free and reduced price benefits at any time during the school year. The reasons for ineligibility shall be properly documented and retained on file at the SFA level.

All public and non-public SFAs, regardless of enrollment, are required to conduct direct certification. The SFA must maintain a list of names of children approved for free meals based on documentation certifying that the child is included in a household approved to receive benefits as a result of electronic direct certification.

The SFA agrees to the following procedures for those children qualifying for SNAP and/or TANF who receive a direct certification letter from NDE:

- (1) The original direct certification letter must be signed by an adult household member and furnished to the school. If the family has children enrolled in another district, the institution may make a copy and the original letter returned to the family. The family may then use the letter for another district.
 - (2) Families may add names of school-age children in their household who are not listed in the letter.
 - (3) The Determining Official must sign and date the letter.
 - (4) A Notice of Approval Letter (Attachment D) must be sent to each family that submits a direct certification letter or whose children are included on the direct certification list.
 - (5) The direct certification letters are not to be included in the group of applications from which the verification sample is selected.
- g. The Board of Education/Governing Body agrees to implement a Collection Procedure that will ensure that no child is overtly identified as receiving free or reduced price meals.
- h. All attachments to this agreement must be used as printed, unless prior approval for changes is obtained in writing from NDE prior to use.
- i. The Board of Education/Governing Body agrees to participate in the Verification of Applications for Free and Reduced Price Meals as required by Federal Regulations. The direct certification letters are not considered applications for purposes of verification. The following records will be maintained: (RCCI's are exempt unless day students are enrolled in the institutions).

Required data elements that must be collected and submitted to NDE by November 15 each year via the web-based Verification Summary:

1. The total number of schools and total enrollment for all NSLP schools;
2. The number of schools which are operating under Provision 2/3 in a non-base year, and the total enrollment in these schools;
3. The number of children who receive free meals but are not subject to verification, including children approved by direct certification, migrant, homeless, runaway, income-eligible Head Start, pre-K Even Start, and residential children;
4. The number of children approved for free meal benefits based on a food stamp/TANF/FDPIR case number submitted on an application (categorically eligible), and the number of these applications;
5. The number of children approved for free meal benefits based on income/household size information submitted on an application (income eligible), and the number of these applications;
6. The number of children approved for reduced price meal benefits and the number of reduced-price eligible applications;
7. The method of verification sample selection: Standard – Error Prone, Alternate-Random, Alternate-Focused, or No Verification Required (applicable to some RCCIs);
8. A summary of the results of the verification process for all applications selected for verification, including the number of students whose eligibility for benefits did not change, the number of students whose eligibility did change based on the household response to verification, the number of students whose household did not respond to verification, and the number of applications in each of these categories;
9. The number of students found ineligible as a result of verification that were reinstated for free or reduced price meal benefits, as of February 15 of each year.

In addition, §245.6a(c) requires SFAs to retain copies of the information reported and all supporting documents.

All verified applications must be readily retrievable and include all documents submitted by the household for the purpose of confirming eligibility, reproductions of those documents, or annotations

made by the determining official which indicate which documents were submitted by the household and the date of submission. All relevant correspondence between the households selected for verification and the SFA must be retained.

Each SFA shall amend its permanent free and reduced price policy statement to reflect substantive changes. Any amendment to a policy shall be provided by the State agency prior to implementation.

NDE will provide an annual news release to all newspapers in the state announcing the availability of free and reduced price meals in Nebraska schools.

The following list of attachments are adopted with and considered a part of this Permanent Agreement and Policy Statement and any subsequent Amendments. These forms are available on Nutrition Services web site at <http://www.education.ne.gov/ns>

Attachment A.	Income Eligibility Guidelines
Attachment B.	Letter to Households
Attachment B-1	Letter to Household for <u>Milk Only Schools</u>
Attachment C.	Application for Free and Reduced Price Meals
Attachment C-1	Application for Free Milk for <u>Milk Only Schools</u>
Attachment D.	Notice of Approval/Denial Letter
Attachment D-1	Notice of Approval/Denial Letter for <u>Milk Only Schools</u>
Attachment D-2	Notice of Approval Letter for Direct Match Only
Attachment D-3	Notice of Change in Benefits Letter
Attachment E.	Computing Income for Self-Employed Persons
Attachment F.	Verification Selection Letter and Enclosures
Attachment G.	Verification Results Letter
Attachment H.	Verification Procedures Questionnaire
Attachment H-1	Civil Rights Summary
Attachment H-2	Verification Tracker
Attachment I.	On-Site Review Summary
Attachment J.	Edit Check Worksheet
Attachment J-R.	Edit Check Worksheet for <u>RCCIs only</u>
Attachment K.	Food-Based Production Records (6 pages)
Attachment K-R.	Production Record for <u>RCCIs only</u>
Attachment L.	Sharing Information Waiver – Optional
Attachment L-1	Sharing Information with Medicaid/SCHIP - Optional

III. Definitions

Afterschool care program means a program providing organized child care services to enrolled school-age children afterschool hours for the purpose of care and supervision of children. Those programs shall be distinct from any extracurricular programs organized primarily for scholastic, cultural or athletic purposes.

Breakfast means a meal which meets the nutritional requirements set out in Section 220.8, and which is served to a child in the morning hours. The meal shall be served at or close to the beginning of the child's day at school.

Child means (a) a student of high school grade or under as determined by the State educational agency, who is enrolled in an educational unit of high school grade or under as described in paragraphs (a) and (b) of the definition of "School," including students who are mentally or physically disabled as defined by the State and who are participating in a school program established for the mentally or physically disabled; or (b) a person under 21 chronological years of age who is enrolled in an institution or center as described in paragraphs (c) and (d) of the definition of "School;" or (c) for purposes of reimbursement for snacks served in afterschool care programs, an individual enrolled in an afterschool care program operated by an eligible school who is 18 years of age or under. A child may turn 19 during the school year and remain eligible for afterschool snacks until the end of the school year.

Days mean calendar days unless otherwise specified.

Documentation means:

1. The completion of a free and reduced price school meal or free milk application that includes:
 - a. For households applying on the basis of income and household size, names of all household members; income and frequency of pay received by each household member, identified by source of the income (such as earnings, wages, welfare, pensions, support payments, unemployment compensation, social security and other cash income); the signature of an adult household member; and the social security number of the adult household member who signs the application or an indication that he/she does not possess a social security number; or
 - b. For a child who is a member of a SNAP, FDPIR or TANF household: the child's name and household's Master Case Number and the name and signature of an adult household member; and
2. In lieu of completion of the free and reduced price application, information obtained from the State or local agency responsible for the SNAP, FDPIR or TANF programs which includes the name of the child; a statement certifying that the child is a member of a currently certified SNAP, FDPIR or TANF household; information in sufficient detail to match the child attending school in the SFA with the name of the child certified as a member of a SNAP, FDPIR or TANF household; the signature or a copy of the signature of the individual authorized to provide the certification on behalf of the SNAP, FDPIR or TANF office, as appropriate; and the date. When the signature is impractical to obtain, such as in a computer match, other arrangements may be made to ensure that a responsible official can attest to the data.

Donated Foods means food commodities donated by USDA for use in nonprofit lunch programs.

Family means a group of related or unrelated individuals, who are not residents of an institution or boarding house, but who are living as one economic unit.

FDPIR means the Food Distribution Program for households on Indian Reservations operated under part 253 of this title.

Food Service Area means any area on school premises where program meals are both served and eaten as well as any areas in which program meals are either served or eaten.

Supplemental Nutrition Assistance Program (SNAP) Household means any individual or group of individuals that is currently certified to receive assistance as a household under SNAP.

Foods of Minimal Nutritional Value (FMNV) means foods that cannot be sold or served in the food service area during times meals are served. The categories are identified in Appendix B of 7 CFR 210.

Free Meal means a meal for which neither the child nor any member of his family pays or is required to work in the school or in the school's food service.

Free Milk means milk served under the regulations governing the Special Milk Program and for which neither the child nor any member of his family pays or is required to work in the school.

FNS means the Food and Nutrition Service, United States Department of Agriculture.

Income Eligibility Guidelines means the family-size income levels prescribed annually by the Secretary of Agriculture for use by States in establishing eligibility for free and reduced price meals and for free milk.

Meal means a breakfast, lunch or snack that meets the applicable requirements prescribed in 7 CFR Sections 210.10 and 220.8.

Milk means pasteurized fluid types of unflavored or flavored whole milk, lowfat milk, skim milk, or cultured buttermilk which meet State and local standards for such milk except that, in the meal pattern for infants (0 to 1 year of age) milk means unflavored types of whole fluid milk. All milk should contain vitamins A and D at levels specified by the Food and Drug Administration and consistent with State and local standards for such milk.

Local Educational Agency (LEA) means the entity responsible for application, certification, and verification activities for the NSLP, SBP and SMP.

Lunch means a meal service that meets the applicable nutrition standards and portion sizes in Section 210.10 for lunches.

National School Lunch Program means the program under which participating schools operate a nonprofit lunch program in accordance with this part. General and special cash assistance and donated food assistance are made available to schools in accordance with this part.

Net Cash Resources means all monies, as determined in accordance with the State Agency's established accounting system that are available to or have accrued to a SFA's nonprofit school food service at any given time, less cash payable. Such monies may include, but are not limited to, cash on hand, cash receivable, earnings on investments, cash on deposit and the value of stocks, bonds or other negotiable securities.

Nonprofit, when applied to schools or institutions eligible for the program, means exempt from income tax under section 501(c)(3) of the Internal Revenue Code of 1954, as amended.

Nonprofit School Food Service means all food service operations conducted by the SFA principally for the benefit of school children, all of the revenue from which is used solely for the operation or improvement of such food services.

Paid Meal means a meal served to children who are either not eligible for or elect not to receive the free or reduced price benefits offered under 7 CFR part 245. USDA subsidizes each paid lunch with both general cash assistance and donated foods. Although a paid student pays for a large portion of his or her lunch, the USDA subsidy accounts for a portion of the cost of that lunch.

Point of Service means that point in the food service operation where a determination can accurately be made that a reimbursable free, reduced price or paid lunch has been served to an eligible child. The point of service is at the end of the serving line after students have had access to all meal items unless an alternate counting method is approved by NDE.

Program means the National School Lunch Program and the USDA Foods program.

Reduced Price Meal means a meal which meets all of the following criteria: (1) The price shall be less than the full price of the meal; (2) the price shall not exceed \$0.40 for a lunch and \$0.30 for a breakfast; and (3) neither the child nor any member of his family shall be required to supply an equivalent value in work for the school or the school's food service.

Reimbursement means Federal and State cash assistance including advances paid or payable to participating schools for lunches meeting the requirements of Section 210.10 and served to eligible children.

Revenue, when applied to nonprofit school food service, means all monies received by or accruing to the nonprofit school food service in accordance with the State agency's established accounting system including, but not limited to, children's payments, earnings on investments, other local revenues, State revenues, and Federal cash reimbursements.

School means:

1. An educational unit of high school grade or under, recognized as part of the educational system in the State and operating under public or nonprofit private ownership in a single building or complex of buildings;
2. any public or nonprofit private classes of preprimary grades when they are conducted in the aforementioned schools; or
3. any public or nonprofit private residential child care institution, or distinct part of such institution, which operates principally for the care of children, and, if private, is licensed to provide residential child care services under the appropriate licensing code by the State or a subordinate level of government, except for residential summer camps which participate in the Summer Food Service Program, Job Corps centers funded by the Department of Labor, and private foster homes. The term "Residential Child Care Institutions" includes, but is not limited to: homes for the mentally, emotionally or physically impaired, and unmarried mothers and their infants; group homes; halfway houses; orphanages; temporary shelters for abused children and for runaway children; long-term care facilities for chronically ill children; and juvenile detention centers. A long-term care facility is a hospital, skilled nursing facility, intermediate care facility, or distinct part thereof, which is intended for the care of children confined for 30 days or more.

School Food Authority (SFA) means the governing body that is responsible for the administration of one or more schools; and has the legal authority to operate the Program therein or be otherwise approved by FNS to operate the Program.

School Year means a period of 12 calendar months beginning July 1 of any year and ending June 30 of the following year.

Snack means a meal served in an afterschool care program that meets the meal pattern found in Section 210.10(n).

State Agency means the Nebraska Department of Education-Nutrition Services.

Student with Disabilities means any child who has a physical or mental impairment as defined in Section 15b.3 of USDA's nondiscrimination regulations (7 CFR part 15b).

TANF means the State funded program under part A of Title IV of the Social Security Act that the Secretary of Agriculture determines complies with standards established by the Secretary of Agriculture that ensure that the standards under the State program are comparable to or more restrictive than those in effect on June 1, 1995. This program is commonly referred to as Temporary Assistance for Needy Families, although States may refer to the program by another name.

Verification means confirmation of eligibility for free or reduced price meal benefits under the National School Lunch Program or School Breakfast Program. Verification shall include confirmation of income eligibility and, at State or local discretion, may also include confirmation of any other information required in the application that is defined as documentation in Section 245.2(a-4).

IV. Permanent Agreement - Certification and Signatures

The Superintendent or Administrator must sign this permanent agreement. The permanent agreement will remain in effect until amended by either the State Agency or the SFA. The SFA agrees to all terms contained in this document. The Superintendent or Administrator must complete items 1-6 below.

NDE requires assurance that the SFA's Authorized Representative has permission of the SFA to enter into this agreement. The person who signs as the Board President provides this assurance. One of the following officials must complete items 7-10 below:

- For Schools: Board of Education President
- For Non Profit Institutions: Board President

1. Printed Name of Superintendent or Administrator	2. Signature of Superintendent or Administrator
3. Title	4. School or Institution Name
5. Agreement Number (6-digit county-district #)	6. Date Signed
7. Printed Name of Board President	8. Signature of Board President
9. Title	10. Date Signed

NDE Approval

Nutrition Services Administrator	Date Signed
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The signatures above must be in ink.

Return page 18 by mail to:
 (Faxes will not be accepted.)

Nutrition Services
 Nebraska Department of Education
 P.O. Box 94987
 Lincoln, NE 68509-4987

**NUTRITION SERVICES
INCOME ELIGIBILITY GUIDELINES**

JULY 1, 2017 - JUNE 30, 2018

Household Size	Free Meals					Reduced Price Meals				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	15,678	1,307	654	603	302	22,311	1,860	930	859	430
2	21,112	1,760	880	812	406	30,044	2,504	1,252	1,156	578
3	26,546	2,213	1,107	1,021	511	37,777	3,149	1,575	1,453	727
4	31,980	2,665	1,333	1,230	615	45,510	3,793	1,897	1,751	876
5	37,414	3,118	1,559	1,439	720	53,243	4,437	2,219	2,048	1,024
6	42,848	3,571	1,786	1,648	824	60,976	5,082	2,541	2,346	1,173
7	48,282	4,024	2,012	1,857	929	68,709	5,726	2,863	2,643	1,322
8	53,716	4,477	2,239	2,066	1,033	76,442	6,371	3,186	2,941	1,471
For each additional family member add:	5,434	453	227	209	105	7,733	645	323	298	149

If households 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

[Insert School District Letterhead]**[Date]**

Dear Parent/Guardian:

Children need healthy meals to learn. **[Name of School/School District]** offers healthy meals every school day. Breakfast costs **[\$]**; lunch costs **[\$]**. **Your children may qualify for free or reduced price meals.** Reduced price is **[\$]** for breakfast and **[\$]** for lunch. If your child(ren) qualified for free or reduced price meals at the end of last school year, you must submit a new application by **[30th operating day]** in order to avoid an interruption in meal benefits.

This packet includes an application for free or reduced price meal benefits and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR) are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **[school, homeless liaison or migrant coordinator]**.

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use 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]**.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **[name, address, phone number, e-mail]** immediately.

5. CAN I APPLY ONLINE? You are encouraged to complete an online application instead of a paper application if your school district makes this option available. The online application has the same requirements and will ask you for the same information as the paper application. Visit **[website]** to begin or to learn more about the online application process. Contact **[name, address, phone number, e-mail]** if you have any questions about the online application.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. 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, e-mail]**.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **[name, address, phone number, e-mail]** to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, please go online to ACCESSNebraska.ne.gov or call 1-800-383-4278.

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

Sincerely,

[signature]

Instructions for Completing the Free & Reduced Price School Meals Family Application

For households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:

- Part 1:** List each child's name, the school they attend and their grade.
Part 2: Enter household's Master Case Number if the household qualifies for SNAP, TANF or FDPIR.
Part 3: Skip this part.
Part 4: Complete this part. An adult must sign the form.
Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals.

For households with FOSTER CHILDREN, follow these instructions:

If all children in the household are foster children:

- Part 1:** List all foster children, the school they attend and their grade. Check the box indicating the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Complete this part. An adult must sign the form.
Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals.

If some of the children in the household are foster children:

- Part 1:** List all children, including foster children, the school they attend and their grade. Check the box if the child is a foster child.
Part 2: If the household does not have a Master Case Number, skip this part.
Part 3: Follow these instructions to report total household income from last month.
Column 1 – Household Members: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.
Column 2 - Gross Income and How Often it was Received: Gross income is the amount earned **before taxes and other deductions**; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly.

Earnings from Work includes the following:

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)

If you are in the U.S. Military, include:

- Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances)
- Allowances for off-base housing, food and clothing

Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster care payments.

Public Assistance/Child Support/Alimony includes the following:

- Unemployment benefits, Worker's compensation
- Supplemental Security Income (SSI), Cash assistance from state or local government
- Veteran's benefits (VA benefits), Strike benefits
- Child support payments, Alimony payments

Pensions/Retirement/All Other Income includes the following:

- Social Security payments (including railroad retirement and black lung benefits)
- Private pensions or Disability benefits
- Regular income from trusts or estates, Annuities, Investment income, Earned interest, Rental income and *Regular* cash payments received from outside the household.

If you have no income, write "0" or leave the income field blank. If you do this, you are certifying there is no income to report.

Household Size: Enter the total number of people in your household.

Social Security Number: The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled "Check if no SSN."

Part 4: Complete this part. An adult must sign the form.

Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals.

For ALL other households, follow these instructions:

Part 1: List all children, the school they attend and their grade.

Part 2: If the household does not have a Master Case Number, skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column 1 – Household Members: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.

Column 2 - Gross Income and How Often it was Received: Gross income is the amount earned **before taxes and other deductions**; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly.

Earnings from Work includes the following:

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)

If you are in the U.S. Military, include:

- Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances)
- Allowances for off-base housing, food and clothing

Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster care payments.

Public Assistance/Child Support/Alimony includes the following:

- Unemployment benefits, Worker's compensation
- Supplemental Security Income (SSI), Cash assistance from state or local government
- Veteran's benefits (VA benefits), Strike benefits
- Child support payments, Alimony payments

Pensions/Retirement/All Other Income includes the following:

- Social Security payments (including railroad retirement and black lung benefits)
- Private pensions or Disability benefits
- Regular income from trusts or estates, Annuities, Investment income, Earned interest, Rental income and *Regular* cash payments received from outside the household.

If you have no income, write "0" or leave the income field blank. If you do this, you are certifying there is no income to report.

Household Size: Enter the total number of people in your household.

Social Security Number: The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled "Check if no SSN."

Part 4: Complete this part. An adult must sign the form.

Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals.

[Insert School District Letterhead]

[Date]

Dear Parent/Guardian:

To apply for free milk, use the Free Milk application which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information.

Frequently asked questions and answers:

1. WHO CAN GET FREE MILK?
 - All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR) are eligible for free milk.
 - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free milk.
 - Children who meet the definition of homeless, runaway, or migrant are eligible for free milk.
 - Your children may qualify for free milk if your household income falls at or below the limits on this chart.
2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free milk, please call or e-mail **[school, homeless liaison or migrant coordinator]**.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use 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]**.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MILK? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **[name, address, phone number, e-mail]** immediately.
5. CAN I APPLY ONLINE? You are encouraged to complete an online application instead of a paper application if your school district makes this option available. The online application has the same requirements and will ask you for the same information as the paper application. Visit **[website]** to begin or to learn more about the online application process. Contact **[name, address, phone number, e-mail]** if you have any questions about the online application.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free milk, your child will be charged the full price for milk.

7. I GET WIC. CAN MY CHILDREN GET FREE MILK? Children in households participating in WIC may be eligible for free milk. Please send in an application.
8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free milk if the household income drops below the income limit.
9. 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, e-mail]**.
10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free milk.
11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
13. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
14. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **[name, address, phone number, e-mail]** to receive a second application.
15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, please go online to ACCESSNebraska.ne.gov or call 1-800-383-4278.

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

Sincerely,

[signature]

Instructions for Completing the Free Milk Application

For households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:

- Part 1:** List each child's name, the school they attend and their grade.
Part 2: Enter household's Master Case Number if the household qualifies for SNAP, TANF or FDPIR.
Part 3: Skip this part.
Part 4: Complete this part. An adult must sign the form.
Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals.

For households with FOSTER CHILDREN, follow these instructions:

If all children in the household are foster children:

- Part 1:** List all foster children, the school they attend and their grade. Check the box indicating the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Complete this part. An adult must sign the form.
Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals.

If some of the children in the household are foster children:

- Part 1:** List all children, including foster children, the school they attend and their grade. Check the box if the child is a foster child.
Part 2: If the household does not have a Master Case Number, skip this part.
Part 3: Follow these instructions to report total household income from last month.

Column 1 – Household Members: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.

Column 2 - Gross Income and How Often it was Received: Gross income is the amount earned **before taxes and other deductions**; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly.

Earnings from Work includes the following:

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)

If you are in the U.S. Military, include:

- Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances)
- Allowances for off-base housing, food and clothing

Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster care payments.

Public Assistance/Child Support/Alimony includes the following:

- Unemployment benefits, Worker's compensation
- Supplemental Security Income (SSI), Cash assistance from state or local government
- Veteran's benefits (VA benefits), Strike benefits
- Child support payments, Alimony payments

Pensions/Retirement/All Other Income includes the following:

- Social Security payments (including railroad retirement and black lung benefits)
- Private pensions or Disability benefits
- Regular income from trusts or estates, Annuities, Investment income, Earned interest, Rental income and *Regular* cash payments received from outside the household.

If you have no income, write "0" or leave the income field blank. If you do this, you are certifying there is no income to report.

Household Size: Enter the total number of people in your household.

Social Security Number: The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled "Check if no SSN."

Part 4: Complete this part. An adult must sign the form.

Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals.

For ALL other households, follow these instructions:

Part 1: List all children, the school they attend and their grade.

Part 2: If the household does not have a Master Case Number, skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column 1 – Household Members: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.

Column 2 - Gross Income and How Often it was Received: Gross income is the amount earned **before taxes and other deductions**; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly.

Earnings from Work includes the following:

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)

If you are in the U.S. Military, include:

- Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances)
- Allowances for off-base housing, food and clothing

Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster care payments.

Public Assistance/Child Support/Alimony includes the following:

- Unemployment benefits, Worker's compensation
- Supplemental Security Income (SSI), Cash assistance from state or local government
- Veteran's benefits (VA benefits), Strike benefits
- Child support payments, Alimony payments

Pensions/Retirement/All Other Income includes the following:

- Social Security payments (including railroad retirement and black lung benefits)
- Private pensions or Disability benefits
- Regular income from trusts or estates, Annuities, Investment income, Earned interest, Rental income and *Regular* cash payments received from outside the household.

If you have no income, write "0" or leave the income field blank. If you do this, you are certifying there is no income to report.

Household Size: Enter the total number of people in your household.

Social Security Number: The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled "Check if no SSN."

Part 4: Complete this part. An adult must sign the form.

Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals.

Return Completed Application to:		<i>(Insert School name, mailing address here)</i>					
Part 1: Children in School							
List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name)	Check box below if a foster child	Name of School Child Attends		Grade			
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits							
Enter MASTER CASE NUMBER if household qualifies for SNAP, TANF or FDPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4							
Part 3: Total Household Gross Income – You must tell us how much and how often.							
1. Household Members		2. Gross Income (before taxes) and How Often it was Received					
List everyone in the household, current income each person earns in whole dollars (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's personal use income must be listed.		Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
		Income	How often	Income	How often	Income	How often
Total Number of Household Members: _____ (Children and Adults)		Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – _____				Check if no SSN <input type="checkbox"/>	
Part 4: Adult Signature and Contact Information – An adult household member must sign the application.							
<i>"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under applicable State and Federal laws."</i>							
Sign here: _____		Print name: _____		Date: _____			
Street Address (if available): _____			Zip: _____		Daytime Phone: _____		
Part 5: Children's Ethnic and Racial Identities – Optional							
Check one Ethnic Identity:		Check one or more Racial Identities:					
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander					
Do Not Fill Out the Section Below - For School Use Only							
Annual Income Conversion:		Weekly X 52;	Every 2 weeks X 26;	Twice a month X 24;	Monthly X 12		
Total Household Size: _____		<input type="checkbox"/> Free <input type="checkbox"/> Income <input type="checkbox"/> Categorically eligible: <input type="checkbox"/> SNAP/TANF/FDPIR <input type="checkbox"/> Foster Child		<input type="checkbox"/> Reduced <input type="checkbox"/> Denied Reason for denial: <input type="checkbox"/> Income too high <input type="checkbox"/> Incomplete application			
Total Income: _____ per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week							
Signature of Determining Official: _____				Date Approved: _____			
FOR THE VERIFICATION PROCESS ONLY:							
Signature of Confirming Official: _____			Date Confirmed: _____		Date Withdrawn From School: _____		
Signature of Verifying Official: _____			Date Verified: _____				

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL INCOME CHART for School Year 2017-18					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	22,311	1,860	930	859	430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
Each additional person:	7,733	645	323	298	149

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 are 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.

Return Completed Application to: _____ *(Insert School name, mailing address here)*

Part 1: Children in School			
List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name)	Check box below if a foster child	Name of School Child Attends	Grade
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits
 Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR: _____
 (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

Part 3: Total Household Gross Income – You must tell us how much and how often.

1. Household Members List everyone in the household, current income each person earns in whole dollars (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's personal use income must be listed.	2. Gross Income (before taxes) and How Often it was Received					
	Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
	Income	How often	Income	How often	Income	How often

Total Number of Household Members: _____ (Children and Adults)
 Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – _____ Check if no SSN

Part 4: Adult Signature and Contact Information – An adult household member must sign the application.
"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under applicable State and Federal laws."

Sign here: _____ Print name: _____ Date: _____
 Street Address (if available): _____ Zip: _____ Daytime Phone: _____

Part 5: Children's Ethnic and Racial Identities – Optional
Check one Ethnic Identity: – and – **Check one or more Racial Identities:**
 Hispanic or Latino Asian Black or African American Native Hawaiian or other Pacific Islander
 Not Hispanic or Latino White American Indian or Alaskan Native

Do Not Fill Out the Section Below - For School Use Only

Annual Income Conversion: Weekly X 52; Every 2 weeks X 26; Twice a month X 24; Monthly X 12

Total Household Size: _____
 Total Income: _____ per
 Year Month 2 X Mo Every 2 Wks Week

Free Denied
 Income Reason for denial:
 Categorically eligible: Income too high
 SNAP/TANF/FDPIR Incomplete application
 Foster Child

Signature of Determining Official: _____ Date Approved: _____

FOR THE VERIFICATION PROCESS ONLY (Verification Not Required in MILK ONLY Programs)

Signature of Confirming Official: _____ Date Confirmed: _____
 Signature of Verifying Official: _____ Date Verified: _____

Date Withdrawn From School: _____

Your children may qualify for free milk if your household income falls at or below the limits on this chart.

FEDERAL INCOME CHART for School Year 2017-18					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	15,678	1,307	654	603	302
2	21,112	1,760	880	812	406
3	26,546	2,213	1,107	1,021	511
4	31,980	2,665	1,333	1,230	615
5	37,414	3,118	1,559	1,439	720
6	42,848	3,571	1,786	1,648	824
7	48,282	4,024	2,012	1,857	929
8	53,716	4,477	2,239	2,066	1,033
Each additional person:	5,434	453	227	209	105

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 are 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

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Notice of Approval/Denial for All Students

[Date]

[Child(ren)'s Name(s)]

[School(s)]

[Parent's Name and Address]

Dear Parent//Guardian:

Based on your application or other supporting documentation received by our office, your child/children have been:

_____ Approved for free meals based on: Household Meal Application
 Direct Certification – no further application is necessary

_____ Approved for reduced-price meals at \$0.40 for lunch and \$0.30 for breakfast based on:
 Household Meal Application
 Direct Certification – no further application is necessary.
However, if you think your household may qualify for free meals based on household size and income, you may complete an application.

_____ Denied for the following reasons:
_____ Income over the allowable amount.
_____ Incomplete application. Complete the following information:

Please contact your school in the following situations:

- If there are other school-aged children in your household who are not listed above and you would like them to receive meal benefits
- You do not want your child/children to receive meal benefits
- You have additional questions

If you do not agree with this decision, you may discuss it with the district's hearing official. You also have a right to a fair hearing. To request a fair hearing, call or write the following official:

[Name and Title]

[Address]

[Phone]

Once approved, your children are eligible for free or reduced-price meals for the remainder of the school year.

You may reapply for benefits at any time during the school year. If you are not eligible now but have a decrease in household income, become unemployed, have an increase in household size or qualify for SNAP, TANF or FDPIR you may fill out another application at that time.

Sincerely,

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions

participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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- (3) Email: program.intake@usda.gov

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Notice of Approval/Denial for Special Milk Program

[Date]

[Child(ren)'s Name(s)]

[School(s)]

[Parent's Name and Address]

Dear Parent//Guardian:

Based on your application or other supporting documentation received by our office, your child/children have been:

_____ Approved for free milk based on: Household Meal Application
 Direct Certification – no further application is necessary

_____ Denied for the following reasons:
_____ Income over the allowable amount.
_____ Incomplete application. Complete the following information:

Please contact your school in the following situations:

- If there are other school-aged children in your household who are not listed above and you would like them to receive free milk
- You do not want your child/children to receive free milk
- You have additional questions

If you do not agree with this decision, you may discuss it with the district's hearing official. You also have a right to a fair hearing. To request a fair hearing, call or write the following official:

[Name and Title]
[Address]
[Phone]

Once approved, your application qualifies you for free milk for the remainder of the school year.

You may reapply for benefits at any time during the school year. If you are not eligible now but have a decrease in household income, become unemployed, have an increase in household size, or qualify for SNAP, TANF or FDPIR you may fill out another application at that time.

Sincerely,

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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Notice of Change in Benefits

School: _____ Date: _____

Dear _____:

We have reviewed the free or reduced-price eligibility determination of **[names of children]** because:

____ You contacted us with additional information.

____ We became aware of an error in processing or a change in federal policy.

The review has determined that:

- Your children's eligibility has not changed. It remains ____ Free ____ Reduced-Price.
- Starting **[date]**, your children's eligibility for meals will be changed **to free** because your income is within the free meal eligibility limits. Your children will receive meals at no cost.
- Starting **[date]**, your children's eligibility for meals will be changed **to reduced-price** because your income is over the free meal limit but within the reduced-price meal eligibility limits. Reduced-price meals cost **[\$]** for lunch and **[\$]** for breakfast.
- Starting **[date]**, **your children are no longer eligible** for free or reduced price meals for the following reason(s):
 - ____ Records show that you are not receiving SNAP (formerly Food Stamps) or TANF at this time.
 - ____ Your income is over the limit for free or reduced-price meals.
 - ____ You requested to be changed to another category.
 - ____ Your household size decreased.

Meals cost **[\$]** for lunch and **[\$]** for breakfast. If your household income goes down or your household size goes up, you may submit a new application.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your children will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name]**, **[address]**, **[phone number]**.

Sincerely,

[signature]

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

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USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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Computing Income for Self-Employed Individuals

Individuals who are self-employed or engaged in farming may experience variations in cash flow and cannot easily report a monthly income. These individuals may use their 2016 U.S. Individual Income Tax Return Form 1040 to report self-employment income for the free and reduced price meal application. The income to be recorded is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses, such as interest on home mortgages, medical expenses and other similar non-business items are not allowed in reducing gross business income.

USDA announced that **losses** (negative numbers) on the lines listed below can be used to determine the **total** income for this attachment. If the total income is a negative number, it must then be recorded as zero on the application in the category labeled "All Other Income".

Zero income resulting from the use of Form 1040 does not require follow-up.

Please note: Line 7 cannot be reported as current income. Income from wages or salaries must be reported on the application for the most recent month.

Line 22 (total income) and line 37 (adjusted gross income) may not be used for purposes of applying for free and reduced-price meals.

The required information for determining the allowable income from self-employment is to be taken from the 2016 U.S. Individual Income Tax Return Form 1040.

Line 12, Business Income (or loss)		
Line 13, Capital Gain (or loss)		
Line 14, Other Gains (or losses)		
Line 17, Rental Real Estate, etc.		
Line 18, Farm Income (or loss)		

NOTE: If any members of the household have income from wages or salary, the gross income from last month must be reported on the application form.

This attachment is used only to report income from self-employment and/or farming.

Total of above lines: _____ equals annual self-employed income*

If the total of the above lines is a negative number, it must be changed to zero before it is transferred to the application.

* This figure can be reported on the application under "Earnings from Work."

We Must Check Your Application

You must send the information we need, or contact [name] by [date], or your children will stop receiving free or reduced-price meals.

School: _____ Date: _____

Dear _____:

We are checking your Free and Reduced-Price School Meals Application. Federal rules require that we do this to make sure only eligible children receive free or reduced-price meals. You must send us information to prove that [names of children] are eligible. If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

- 1. If you were receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), or Temporary Assistance to Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) when you applied for free or reduced-price meals, or at any time since then, send us a copy of one of these:**
 - SNAP, TANF or FDPIR Certification Notice that shows dates of certification.
 - Letter from SNAP, TANF or FDPIR office that shows dates of certification.
 - **Do not send your EBT card.**
- 2. If you get this letter for a homeless, migrant or runaway child, please contact [school, homeless liaison, or migrant coordinator] for help.**
- 3. If the child is a Foster Child:**

Provide written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.
- 4. If no one in your household receives SNAP, TANF or FDPIR benefits:**

Send papers that show the amount of money your household receives from each source of income. The papers you must send show the **name** of the person who received the income, the **date** it was received, **how much** was received and **how often** it was received. **Send information to: [address].**

Acceptable papers include:

Jobs: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as a ledger or tax books.

Social Security, Pensions, or Retirement: Social Security retirement benefit letter, statement of benefits received or pension award notice.

Unemployment, Disability, or Worker's Comp: Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation office.

Welfare Payments: Benefit letter from the TANF office.

Child Support or Alimony: Court decree, agreement or copies of checks received.

Other income (such as rental income): Information that shows the amount of income received, how often it is received and the date received.

No Income: A brief note explaining how you provide food, clothing and housing for your household and when you expect an income.

Military Housing Privatization Initiative: Letter or rental contract showing that your housing is part of the Military Housing Privatization Initiative.

Timeframe of Acceptable Income Documentation: Please submit proof of one month's income; you could use the month prior to application, the month you applied or any month after that up to the time of verification.

If you have questions or need help, please call [name] at [phone number]. The call is free. [Toll free or reverse charge explanation]. You may also email us at [email address].

Sincerely,

[signature]

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced price meals. Pursuant to Section 7 of the Privacy Act, disclosure of your Social Security number is not required. We do not need and are not requesting any Social Security numbers that may appear on documents you submit.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

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- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

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We Have Checked Your Application

School: _____ Date: _____

Dear _____:

We checked the information you sent us to prove that **[names of child(ren)]** are eligible for free or reduced price meals and have decided that:

- Your child(ren)'s eligibility has not changed.
- Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.
- Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced-price meals cost **[\$]** for lunch and **[\$]** for breakfast.
- Starting **[date]**, **your child(ren) is/are no longer eligible** for free or reduced price meals for the following reason(s):
 - ___ Records show that no one in your household received SNAP, TANF or FDPIR benefits.
 - ___ Records show that the child(ren) is/are not homeless, runaway or migrant.
 - ___ Your income is over the limit for free or reduced price meals.
 - ___ You did not provide: _____
 - ___ You did not respond to our request.

Meals cost **[\$]** for lunch and **[\$]** for breakfast. If your household income goes down or your household size goes up, you may apply again. If you were previously denied benefits because no one in the household received SNAP, TANF or FDPIR benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name]**, **[address]**, **[phone number]** or **[email]**.

Sincerely,

[signature]

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint

Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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SFA Verification Collection Report

General Information

Type of Organization: Public

Verification Contact Information

1. Name:				
2. Email Address:				
3. Phone:		Ext:		Fax:
4. Title:				

Due Date: November 15

Instructions

ANNUALLY, each SFA, including ALL RCCIs, with schools operating the National School Lunch Program (NSLP) and/or School Breakfast Program (SBP) must report verification information. All SFAs, including SFAs with all schools exempt from verification requirements, must complete applicable sections.

NOTE: SFAs that are Special Milk Only are exempt from filing an SFA Verification Collection Report.

Section 1 - Total Schools, Residential Child Care Institutions (RCCIs), and Enrolled Students

All SFAs must report Section 1. Report schools or institutions operating the NSLP and/or SBP as of the **last operating day in October**.

	A. Number of Schools OR Institutions	B. Number of Students
1-1 Total schools (Do not include RCCIs):		
1-2 Total RCCIs (Do not include schools counted in 1-1):		
1-2a RCCIs with day students (Report ONLY day students in 1-2aB):		
1-2b RCCIs with NO day students:		

Section 2 - SFAs with schools operating alternate provisions

Only SFAs with alternative provisions must report Section 2. Report schools or institutions operating the NSLP and/or SBP as of the **last operating day in October**.

	A. Number of Schools AND Institutions	B. Number of Students
2-1 Operating Provision 2/3 in a BASE year for NSLP and SBP:		
2-2 Operating Provision 2/3 in a NON BASE year for NSLP and SBP:		
2-2a Provision 2/3 students reported as FREE in a NON BASE year:		
2-2b Provision 2/3 students reported as REDUCED PRICE in a NON BASE year:		
2-3 Operating the Community Eligibility Provision (CEP):		
2-4 Operating other alternatives for NSLP and SBP:		
2-5 Operating an alternate provision(s) for only SBP or only NSLP:		

Section 3 - Students approved as FREE eligible NOT subject to verification

All SFAs must report Section 3 or check box 3-1 if applicable. Report students approved FREE eligible as of the **last operating day in October**.

3-1 Check the box only if all schools and/or RCCIs in the SFA were not required to perform direct certification **with SNAP** (i.e. NON BASE year Provision 2/3 for all schools)

**B. Number of
FREE Students**

3-2 **Students directly certified through Supplemental Nutrition Assistance Program (SNAP):** Do not include students certified with SNAP through the letter method.

- 3-3 **Students directly certified through other programs:** Include those directly certified through Temporary Assistance for Needy Families (**TANF**), Food Distribution Program on Indian Reservations (**FDPIR**), or Medicaid (if applicable); those documented as homeless, migrant, runaway, foster, Head Start, Pre-K Even Start, or non-applicant but approved by local officials. **DO NOT include SNAP students already reported in 3-2.**
- 3-4 **Students certified categorically FREE eligible through SNAP letter method.** Include students certified for free meals through the family providing a letter from the **SNAP** agency.

Section 4 - Students approved as FREE or REDUCED PRICE eligible through a household application

ALL SFA collecting applications must report Section 4. Report number of applications (A) approved as of October 1st. Report number of students (B) as of the last operating day in October.

	A. Number of Applications	B. Number of Students
4-1 Approved as categorically FREE Eligible. Based on those providing documentation (e.g. a case number for SNAP, TANF, FDPIR on an application)	<input type="text"/>	<input type="text"/>
4-2 Approved as FREE eligible. Based on household size and income information.	<input type="text"/>	<input type="text"/>
4-3 Approved as REDUCED PRICE eligible. Based on household size and income information.	<input type="text"/>	<input type="text"/>
T-1 Total FREE Eligible Students Reported	<input type="text"/>	
T-2 Total REDUCED PRICE Eligible Students Reported	<input type="text"/>	

Note: T-1 & T-2 auto populate in the online report

Section 5

ALL SFAs must report Section 5 or check box 5-1 if applicable

- 5-1 **Check the box if ALL schools and/or RCCIs are exempt from verification, or ALL schools are Provision schools in a base year.**
If 5-1 is checked, no further reporting in Section 5 is required.
- 5-2 **Was verification performed and completed?**
 Yes, completed by November 15th
 Yes, completed after November 15th
 No, verification was NOT performed or the process was not completed
- 5-3 **Type of Verification process used:**
 Standard (Lesser of 3% or 3,000 error-prone)
 Alternate one (Lesser of 3% or 3,000 selected randomly)
 Alternate two (Lesser of 1% or 1,000 error prone applications PLUS lesser of one-half of one percent or 500 applications with SNAP/TANF/FDPIR case numbers)
- 5-4 **Total ERROR PRONE applications:** Report all applications as of October 1st considered error prone.
- 5-5 **Number of applications selected for verification sample:**

ALL SFAs must report 5-7 or check box 5-6 if applicable.

- 5-6 **Check the box if direct verification was not conducted in the SFA, (i.e. not one of the schools and/or RCCIs in the SFA performed direct verification).** **If 5-6 is checked, skip 5-7.**
- | | A. Number of Applications | B. Number of Students |
|---|---------------------------|-----------------------|
| 5-7 Confirmed through direct verification: Report if FREE and/or REDUCED PRICE eligibility is confirmed through direct verification with SNAP/TANF/FDPIR/MEDICAID as of November 15th. | <input type="text"/> | <input type="text"/> |

5-8 Results of Verification by Original Benefit Type

For each original benefit type (A, B, & C), report the number of applications and students as of November 15th for each result category (1, 2, 3, & 4). Do NOT include students and applications already reported in 5-7A or 5-7B (direct verification applications and students).

Result Category	A. FREE-Categorically Eligible Certified as FREE based on SNAP/TANF/FDPIR documentation (e.g. case number) on application		B. FREE-Income Certified as FREE based on income/household size application		C. REDUCED PRICE-Income Certified as REDUCED PRICE based on income/household size application	
	a.	b.	a.	b.	a.	b.
	Applications	Students	Applications	Students	Applications	Students
1. Responded, NO CHANGE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Responded, Changed to REDUCED PRICE / FREE:	REDUCED PRICE		REDUCED PRICE		FREE	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Responded Changed to PAID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. NOT Responded, Changed to PAID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VC-1 Total questionable applications verified for cause (Enter "N/A" if not applicable): Report the number of applications as of November 15th verified for cause in addition to the verification requirement.

Corrective Action Plan Attachments

Sponsors are required to submit a Corrective Action Plan in the event that the Sponsor fails to complete the eligibility verification by the established deadline and fails to request an extension.

Civil Rights Summary
Must be completed by November 15

School District: _____ City/Town _____

Date: _____

Please note: Ethnicity refers to a person's place of origin/nationality or the culture they identify with. Hispanic is an ethnicity but can be any race. Please record the number of students in this school district by ethnic and racial identity that qualify for free and reduced-price meals.

Record ethnic identities:

Ethnic Identity

_____ Hispanic or Latino

_____ Not Hispanic or Latino

Record racial identities:

Racial Identity:

_____ Asian

_____ Black or African American

_____ White

_____ American Indian or Alaska Native

_____ Native Hawaiian or Pacific Islander

**Keep this completed form in the school district's permanent school lunch file.
You do not need to mail it to Nutrition Services.**

Name of Household: _____

VERIFICATION TRACKER FOR SCHOOL USE

Attach this form to each application selected for verification along with copies of all correspondence with the household regarding verification and copies of all documents received from the household.

Date Confirmation Review Completed: _____

Date Verification Letter Sent (Attachment F): _____

Date Response Due from Household: _____

Date and Method used for Contacting Non-Responding Households a Second Time or N/A _____

Number of Students on Application: _____

Original Application Approval was:

- Free Eligible Based on Master Case Number (SNAP/TANF/FDPIR)
- Free Eligible Based on Foster Child
- Free Eligible Based on Income/Household Size Information
- Reduced-Price Eligible

Verification Result: District must show calculations used to determine household income.

- No Change
- Free Eligible Based on Master Case Number (SNAP/TANF/FDPIR) Agency Response
- Free Based on Foster Child Agency Response
- Free Eligible Based on Income/Household Size Information
- Reduced Price Eligible Based on Income/Household Size Information
- Paid Eligible Based on Income/Household Size Information or SNAP/TANF/FDPIR Agency Response
- Paid Eligible because the Household Did Not Respond

Date Verification Results Letter Sent (Attachment G): _____

Date Change Made in Computer System/Roster: _____

Date Hearing Requested/Date Hearing Decision: _____

Date Verification Completed: _____

Verifying Official's Signature: _____

Household Reapplied with Documentation after being notified of a change in meal benefits. Show calculations used to determine household income.

Results of Reapplication:

- Denied Based on Income/Household Size Information
- Free Eligible Based on SNAP/TANF/FDPIR Agency Response
- Free Eligible Based on Foster Child Agency Response
- Free Eligible Based on Income/Household Size Information
- Reduced Price Eligible Based on Income/Household Size Information

Determining Official's Signature: _____ Date of New Approval: _____

On-Site Review Checklist
Assessment of the SFA's Meal Counting and Claiming System

Attachment I: 2017-18

SFA: _____ Site: _____ Reviewer: _____

According to USDA regulations, 7 CFR 210.8(a)(1) and 7CFR 220.11(d)(1), a School Food Authority (SFA) with two or more feeding sites is required to perform an on-site review of the meal counting and claiming system and the readily observable general areas of review under 7CFR 210.18(h) by completing the following checklist for each site that offers lunch and 50% of all sites that offer breakfast by **February 1** each year.

The on-site review must ensure the school's claim is based on the counting system, as implemented, and yields the actual number of reimbursable free, reduced and paid meals served for each day of operation. If the review discloses problems with a school's meal counting or claiming procedure, the SFA must ensure that the school implements corrective action. Within 45 days of the review, a follow-up on-site review must be conducted to determine that the corrective action resolved the problems. Completed checklists are to be kept on file at the school district or Residential Child Care Institution (RCCI).

Review Date: _____

Review Date: _____

Breakfast:	Point of Service (POS) Meal Count Method used at this site:	Lunch:																																																			
<input type="checkbox"/> Roster <input type="checkbox"/> Ticket <input type="checkbox"/> Electronic		<input type="checkbox"/> Roster <input type="checkbox"/> Ticket <input type="checkbox"/> Electronic																																																			
YES NO _____ _____		YES NO _____ _____																																																			
_____ _____ 1. Is the POS meal count taken at the end of the serving line after all food items contributing to a reimbursable meal have been offered? (This includes the end of salad bars and/or food bars.)		_____ _____																																																			
_____ _____ 2. If <u>no</u> , does the SFA have an approved waiver on file from NDE-Nutrition Services? If a waiver is not on file, contact Nutrition Services immediately.		_____ _____																																																			
_____ _____ 3. Is the POS meal count used to determine the school's meal count for the day and claim for reimbursement at the end of the month? (Morning meal counts or tray counts cannot be used.)		_____ _____																																																			
_____ _____ 4. Is the person who is responsible for the POS meal count correctly identifying reimbursable meals?		_____ _____																																																			
_____ _____ 5. Is the school correctly implementing policies for handling the following situations, if applicable (answer this question one time only):		_____ _____																																																			
<table border="0" style="width:100%;"> <tr> <th style="width:10%;">YES</th> <th style="width:10%;">NO</th> <th style="width:10%;">NA</th> <th style="width:60%;">Situation</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>A la carte sales?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Field trip meals?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Incomplete student meals?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Adult and non-enrolled student meals?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Lost, stolen or forgotten, misused or destroyed tickets, cards or IDs?</td> </tr> </table>	YES	NO	NA	Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A la carte sales?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Field trip meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incomplete student meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult and non-enrolled student meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lost, stolen or forgotten, misused or destroyed tickets, cards or IDs?	<table border="0" style="width:100%;"> <tr> <th style="width:10%;">YES</th> <th style="width:10%;">NO</th> <th style="width:10%;">NA</th> <th style="width:60%;">Situation</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Selling second meals?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Offer Versus Serve?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Claiming student worker meals</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Feeding students from another school district?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Charging meals or prepayment of meals?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Unpaid meal charges?</td> </tr> </table>	YES	NO	NA	Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Selling second meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Offer Versus Serve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Claiming student worker meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeding students from another school district?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Charging meals or prepayment of meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unpaid meal charges?
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unpaid meal charges?																																																		
_____ _____ 6. Is there a method of identifying non-reimbursable meals (i.e. not meeting meal pattern requirements, seconds, adult meals, etc.) distinguishing them from reimbursable meals?		_____ _____																																																			
_____ _____ 7. Is someone trained as a backup for the person responsible for determining reimbursable meals and the POS meal count		_____ _____																																																			
_____ _____ 8. Is there a procedure in place if the primary counting and claiming system goes down or is unavailable and do staff know when and how to implement it		_____ _____																																																			
_____ _____ 9. Are daily meal counts correctly totaled and recorded by category on a daily basis?		_____ _____																																																			
_____ _____ 10. Are internal controls (edit checks, monitoring, etc.) established to ensure that daily meal counts do not exceed the number of eligible students by category or attendance in school? Complete the following chart for today's review:		_____ _____																																																			

Breakfast:	Meal Counts	Lunch:
Free Reduced Paid		Free Reduced Paid
_____ _____ _____	# Students Approved by Category	_____ _____ _____
_____ _____ _____	Today's Meal Count by Category	_____ _____ _____
_____ _____ 11. Does the system prevent overt identification of children receiving free or reduced price meals?		_____ _____

On-Site Review Checklist
 Assessment of the SFA's Meal Counting and Claiming System

Attachment I: 2017-18

Breakfast:		Recordkeeping	Lunch:	
YES	NO		YES	NO
___	___	12. If the school prepares food on-site, are Production Records completed daily <u>OR</u> if the school receives their food from another location, are Delivery Tickets completed daily?	___	___
___	___	13. Are all school lunch records (Production Records, Delivery Tickets, Meal Count Sheets, Edit Check Worksheets, etc) kept on file for at least three years plus the current school year and available for review, if requested?	___	___
<i>NOTE: The next two questions are for all SFAs <u>except</u> for SFAs on Provision 2 in non-base years, CEP or RCCIs that serve only residential children.</i>				
___	___	14. Is the list of eligible students kept up-to-date and used to provide an accurate daily count of reimbursable free, reduced and paid meals? Check box if not applicable.	___	___
	<input type="checkbox"/> NA			<input type="checkbox"/> NA
___	___	15. Does each feeding site complete an edit check worksheet that compiles monthly meal counts by eligibility category and compares attendance-adjusted eligible figures to daily meals counts on a monthly basis? Are any discrepancies accounted for? Check box if not applicable.	___	___
	<input type="checkbox"/> NA			<input type="checkbox"/> NA

YES	NO	Readily Observable General Areas	YES	NO
<i>Were any issues readily observed in any of the following areas:</i>				
___	___	16. Maintenance of the Nonprofit School Food Service Account?	___	___
___	___	17. Paid Lunch Equity?	___	___
___	___	18. Revenue from non-program foods?	___	___
___	___	19. Indirect costs?	___	___
___	___	20. Free/reduced price process including verification, notification & other procedures?	___	___
___	___	21. Civil Rights?	___	___
___	___	22. Reporting and recordkeeping?	___	___
___	___	23. Food safety?	___	___
___	___	24. Competitive food service?	___	___
___	___	25. Water available at both breakfast and lunch?	___	___
___	___	26. Professional standards	___	___
___	___	27. SBP and SFSP outreach?	___	___
___	___	28. Local school wellness policies?	___	___
___	___	29. Other	___	___

CORRECTIVE ACTION NOTE: Required ONLY for questions answered "NO" or if problems are identified during the review.			
Corrective Action Plan:			
Specify date corrective action(s) will be implemented:			
By whom:		Title	
Signature			
School Representative		Title	Date
CORRECTIVE ACTION 45 Day Follow Up: NOTE: Required for all Corrective Action outlined above.			
Record observations of corrective action implementation:			
Signature			
School Representative		Title	Date
Signature			
SFA Reviewer		Title	Date

This institution is an equal opportunity provider.

RCCI Daily Record of Meals and Snacks Served and Edit Check Worksheet

Attachment J-R: Revised 5-07

Site: _____

Month & Year: _____

License Capacity: _____

Date	Students Enrolled	Student Breakfasts Served	Student Lunches Served	Student Snacks Served	Comments (Must provide explanation if count exceeds enrollment.)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Totals					

Breakfast Production Record

Circle Day of Week

Attachment K-1

School: _____

Date: _____

S M T W R F S

Year: _____

Planned # of Student Breakfasts _____ Adult Breakfasts _____		FOOD BASED MEAL PATTERN Planned # Portions/Serving Size			
Menu	Cooking Temp/ Time *	# Planned for K-5 _____	# Planned for 6-8 _____	# Planned for 9-12 _____	# Planned Pre-K _____

Offer Versus Serve
Yes _____ No _____
Grades: _____

Seconds or A la Carte
Items Sold from the
Main Line
Yes _____ No _____

* Record highest temperature on potentially hazardous foods and the time it was taken. Temperatures in violation must be circled with Corrective Action documented on the *Cooking and Reheating Temperature Log*.

Food Items Used and Form	Indicate if: School Recipe (SR) or Product Brand/Number or Commodity (C)	Total Amount Prepared: Record Number of Servings or Pounds	Number of Seconds/A la Carte Sold	Amount Leftover
Meat/Meat Alternate				
Fruits/Vegetables				
Grains/Breads				
Milk				
Other (e.g. margarine, jelly)				

_____ Students + _____ Adults + _____ Food Service Staff = _____ Actual Count of Meals Served

Multi-Day Food/Condiment Bar Production Record

School: _____

This production record is designed for schools that have an ongoing fruit/vegetable bar. It can also be used to track condiments. Write in items used routinely before copying the form. The "Total Amount Used" column is for nutrient analysis and costing. Use the Vegetable Subgroup Key column to record the abbreviation for the following vegetable subgroups served: **RO**=Red Orange; **DG**=Dark Green; **BP**=Beans & Peas (Legumes); **S**=Starchy.

Week of: _____ Year: _____		Monday	Tuesday	Wednesday	Thursday	Friday	Total Number Served for Week	
Record Daily Participation: Elm (K-5) M (6-8) HS (9-12) A (Adult) ⇄								
Food Items Used and Form	Product Brand/# or School Recipe (SR) Commodity (C)	Vegetable Subgroup Key	Unit of Weight or Volume or # of Servings	On Monday, record the total amount of all foods prepared. As foods are added during the week, record the amount. On Friday, record the leftover amount of each item and calculate the total for the week. Please note: For potentially hazardous foods, record the Time/Temperature when set out.			Left-overs	Total Amount Used

Single-Day Food Bar Production Record

SCHOOL _____

This production record is designed for schools that have food bars on occasion such as a potato bar, salad bar, pasta bar, etc. If you repeat this bar often, write in the items you routinely use prior to copying this form and reuse it as needed. Use the Vegetable Subgroup Key column to record the abbreviation for the following vegetable subgroups served:
RO=Red/Orange; **DG**=Dark Green; **BP**=Beans & Peas (Legumes); **S**=Starchy.

Date: _____ Year: _____ Planned Participation: _____
 E (K-5) M (6-8) H (9-12) A(Adult)

Food Items Used and Form	Cooking Temp./ Time *	Indicate if: School Recipe (SR) or Product Brand/Number or Commodity (C)	Vegetable Subgroup Key	Total Amount Prepared: Record Number of Servings or Pounds	Amount Leftover

For Meal Patterns Requirements: Are all five food components available? _____

* Record highest cooking temperature on potentially hazardous foods and the time it was taken. Temperatures in violation must be circled with Corrective Action documented on the *Cooking and Reheating Temperature Log*.

_____ Students + _____ Adults + _____ Food Service Staff = _____ Actual Count of Meals Served

**Residential Child
Care Institution RCCI:** _____

Multi-Day Food/Condiment Bar Production Record for a 7 Day Week

This production record is designed for schools that have an ongoing fruit/vegetable bar. It can also be used to track condiments. Write in items used routinely before copying the form. The "Total Amount Used" column is for nutrient analysis and costing. Use the Vegetable Subgroup Key column to record the abbreviation for the following vegetable subgroups served: RO=Red Orange; DG=Dark Green; BP=Beans & Peas (Legumes); S=Starchy.

Week of: _____ Year: _____		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Number Served for Week	
Record Daily Participation: Elm (K-5) M (6-8) HS (9-12) A (Adult) ⇨										
Food Items Used and Form	Product Brand/# or School Recipe (SR) Commodity (C)	Vegetable Subgroup Key	Unit of Weight or Volume or # of Servings	On Monday, record the total amount of all foods prepared. As foods are added during the week, record the amount. On Friday, record the leftover amount of each item and calculate the total for the week. Please note: For potentially hazardous foods, record the Time/Temperature when set out.					Left-overs	Total Amount Used

**After School Snack Program: Weekly Production Record
(Snacks can be claimed on School Days ONLY)**

Site Name: _____ Week: _____ Year: _____

Snack Meal Pattern	Menu	Serving Size	Quantity Prepared	Number of Snacks Served
MONDAY (Select 2 of 4 food groups) Milk, Fluid (1 cup) Juice or Fruit or Veg. (3/4 cup) Grains/Breads (1 serving) Meat or Meat Alternate (1 oz)				Students: Adults:
TUESDAY (Select 2 of 4 food groups) Milk, Fluid (1 cup) Juice or Fruit or Veg. (3/4 cup) Grains/Breads (1 serving) Meat or Meat Alternate (1 oz)				Students: Adults:
WEDNESDAY (Select 2 of 4 food groups) Milk, Fluid (1 cup) Juice or Fruit or Veg. (3/4 cup) Grains/Breads (1 serving) Meat or Meat Alternate (1 oz)				Students: Adults:
THURSDAY (Select 2 of 4 food groups) Milk, Fluid (1 cup) Juice or Fruit or Veg. (3/4 cup) Grains/Breads (1 serving) Meat or Meat Alternate (1 oz)				Students: Adults:
FRIDAY (Select 2 of 4 food groups) Milk, Fluid (1 cup) Juice or Fruit or Veg. (3/4 cup) Grains/Breads (1 serving) Meat or Meat Alternate (1 oz)				Students: Adults:

Be aware that potentially hazardous foods must be maintained at proper temperatures.

On-Site Review Summary for After School Care Snack Program

Each site operating an After School Snack Program must be reviewed by the school district or residential child care facility (RCCI) two times per year under 7CFR 210.9(c)(7). The first review must be completed by the school district or RCCI during the first four weeks the snack program is in operation. The second review can be any time during the remainder of the school year. If the school district or RCCI has more than one after school care snack program each site must be reviewed twice. The completed reviews should be kept on file at the school district or RCCI with other records pertaining to the After School Care Snack Program.

School District _____ Review Date: _____

Feeding Site: _____

Check type of review completed:

_____ Conducted within the first four weeks of snack operation.
Date site started serving snack for this school year: _____

_____ Second review of the school year.

1. Describe the educational and/or enrichment element of this site's after school snack program:

2. What method best describes the counting method used for the after school snacks?

Check one:

- _____ 1. Roster/Check off
- _____ 2. Ticket/Tally
- _____ 3. Electronic Device
- _____ 4. Other (describe): _____

3. What method is used for taking attendance?

Check one:

- _____ 1. Roster/Check off
- _____ 2. Ticket/Tally
- _____ 3. Electronic Devices
- _____ 4. Other (describe): _____

3. Are production records maintained daily?

_____ Yes _____ No

4. Do production records indicate snacks meet meal pattern requirements for both components and quantities?

_____ Yes _____ No

If no, identify problems and document corrective action:

Signature of Person Conducting Review

Date Review Completed

Sharing Information with Other Programs - Optional

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.

- 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, complete the following form to ensure that your information is shared for the child(ren) listed 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: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **[name]** at **[phone]** or email at **[email address]**.

Return this form to: **[address]** by **[date]**.

Sharing Information with Medicaid/SCHIP - Optional

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, **unless you tell us not to.*** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and return it to your child's school. (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 Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

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]** or email at **[email address]**.

Return this form to: **[address]** by **[date]**