

*Power Point from September 2015
Student Eligibility ABC Trainings.
Guidelines subject to change. Please
refer to Eligibility Manual for School
Meals for the most up-to-date
guidelines.

Student Eligibility: ABCs
Professional Standards: (3110)(3120)



Objectives

- Overview of ways to determine eligibility
- Parts of a household applications
 - How to certify household applications
- Direct Certification
 - Overview of different types of Direct Certification
 - Understanding match results
- Overview of the Benefits Issuance Document
 - Documentation needed on file
- Eligibility documents
 - Free and Reduced Price Policy Statement
- Student Eligibility Manual

Reminder

🐦 **Basic** – Recommended for brand new employees and staff with 1-2 years of experience in NSLP. Trainings will provide attendees a detailed introduction to the topic and provide multiple opportunities to practice the information.

🐦🐦 **Advanced** – Recommended for staff with 3+ years of experience. The advanced level trainings are fast paced and will build on prior knowledge.

Student Eligibility: Am I Doing it Right? – September 2015

Introductions

- At your table
 - Name
 - School and Student Enrollment
 - Favorite school lunch as a kid (or currently!)

History of National School Lunch/School Breakfast Programs

- Investigation into the health of young men rejected in the World War II draft showed a connection between physical deficiencies and childhood malnutrition.
 - **National School Lunch Act of 1946**
 - Began school lunch program
 - **Child Nutrition Act of 1966**
 - Expanded lunch program
 - Included Breakfast
 - **Healthy, Hunger-Free Kids Act of 2010**
 - Enhances school nutrition
 - Expands breakfast

Overview

AZ Data 2013-14

- Total meals served
 - Lunch = 108,378,821
 - Breakfast = 51,214,325
- Total sites participating
 - 505 sponsors
 - 1,599 sites
- Total kids participating
 - Lunch = 644,133
 - Breakfast = 300,334
- Amount reimbursed
 - Lunch = \$263,788,897
 - Breakfast = \$83,281,855



Importance of Determining Eligibility

- The goal is to identify those students most at risk of being hungry and help them receive nutritious meals free of charge.



Bingo: Vertical, Horizontal, or Diagonal

One name per BINGO card!

BINGO

Find someone who.....

Has conducted Direct Certification	Serves more than 200 students	Serves less than 200 students	Processes household applications at their school
Has common logon access	Conducted verification for their school last year	Has more than 75% free/reduced students	Has foster kids at their school
Has an online household application	Has attended an ADE training before	Has completed an online training or used a "how to guide"	Uses an electronic point of service system
Is new to their position	Knows who their homeless liaison is	Has visited the School Nutrition Programs Website	Eats school lunch

Student Eligibility

OVERVIEW

Student Eligibility Categories

Every student in your District/School should be assigned a meal benefit eligibility from one of the following categories:

Free Eligibility

- The School Food Authority (SFA) maintains documentation that allows the student to eat school meals free of charge.
- Each meal the student takes is claimed and reimbursed at the free rate.

Reduced-Price Eligibility

- The SFA maintains documentation that allows the student to purchase school meals at a reduced price (\$0.40 or less)
- Each meal the student takes is claimed and reimbursed at the reduced-price rate.

Paid Eligibility

- The SFA either does not have documentation, or documentation provided does not meet criteria for student to receive meal benefits. These students must pay for their school meals.
- All meals served to these students are claimed and reimbursed at the paid rate.

Reimbursement Rates July 1, 2015 - June 30, 2016

National School Lunch Program

REGULAR		REGULAR + 6 Cents		HIGH RATE		HIGH RATE + 6 Cents	
Schools which served LESS than 60% Free and Reduced Lunches in SY 2013-2014		Schools which served LESS than 60% Free and Reduced Lunches in SY 2013-2014 + 6 Cents		Schools which served MORE than 60% Free and Reduced Lunches in SY 2013-2014		Schools which served MORE than 60% Free and Reduced Lunches in SY 2013-2014 + 6 Cents	
	<u>Rates</u>		<u>Rates</u>		<u>Rates</u>		<u>Rates</u>
Paid	0.29	Paid	0.35	Paid	0.31	Paid	0.37
Reduced Price	2.67	Reduced Price	2.73	Reduced Price	2.69	Reduced Price	2.75
Free	3.07	Free	3.13	Free	3.09	Free	3.15

School Breakfast Program

NON-SEVERE NEED		SEVERE NEED	
	<u>Rates</u>		<u>Rates</u>
Paid	0.29	Paid	0.29
Reduced Price	1.36	Reduced Price	1.69
Free	1.66	Free	1.99

Other Programs

After School Care Snack Program		Special Milk Program	
	<u>Rates</u>		<u>Rates</u>
Paid	0.07	Paid	0.20
Reduced Price	0.42	Free - average price per half pint charged by dairy	
Free	0.84		

Ways to Certify Student Eligibility



CNP DIRECT CERTIFICATION

FREE

- Entire student enrollment is compared with DES database and all students who match are FREE.



Homeless Liaison List

John Smith- 12/14/12
Jane Doe- 4/25/13

Official Signature

OTHER DOCUMENTATION

FREE

- Liaison List
- Notice to Provider
- Head Start Enrollment
- Letter (SNAP, TANF, FPIR)



HOUSEHOLD APPLICATIONS

FREE

- Income and Family Size
- Case Number (SNAP, TANF, FDPIR)
- Foster
- Homeless/Migrant/ Runaway

REDUCED

- Income and Family Size

NO APPLICATION OR INCOME TOO HIGH

PAID

Student Eligibility: ABC

Applications

Household Applications

The household application provides a way for families to apply to receive school meal benefits.

- Applications must be made available for all students (except for those who are DC matches). They can be made available electronically and electronic signatures *are* acceptable.
- Send out around or before the beginning of the school year, not before July 1.
- The USDA provides the application in 33 foreign languages.
 - *old application
- Schools can not force any family to complete an application.
- Schools can not force a family to complete separate applications for each student.

Household Applications

1. Income and Household Size
2. Case Number (SNAP, TANF, FDPIR)
3. Foster Child
4. Homeless/Migrant/Runaway

Application for Free and Reduced-Price School Meals
 Complete one application per household. Please use a pen (not a pencil).
 List ALL household members below age 18, including foster students up to and including grade 12.
 If more spaces are required for additional names, attach another sheet of paper.

STEP 1 Filled & Complete Filled & Incomplete Filled & Incomplete Filled & Incomplete Filled & Incomplete
 Filled & Complete Filled & Incomplete Filled & Incomplete Filled & Incomplete Filled & Incomplete
 Filled & Complete Filled & Incomplete Filled & Incomplete Filled & Incomplete Filled & Incomplete
 Filled & Complete Filled & Incomplete Filled & Incomplete Filled & Incomplete Filled & Incomplete

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FOPPI?
 YES NO SNAP TANF FOPPI Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)
 A. Child Income: _____
 B. All Adult Household Members (including yourself): _____
 C. Total Household Members: _____

STEP 4 Contact Information and Adult Signature
 Street Address of Applicant: _____
 Signature of adult completing the form: _____
 Today's date: _____

Parent Letter

- Send with household application
- Customize for your site
 - School Letterhead
 - Lunch (and breakfast) prices
 - Contact information

[INSERT SCHOOL DISTRICT LETTERHEAD]

Dear Parent/Guardian:

Children need healthy meals to learn. [Name of District] offers healthy meals every school day. Breakfast costs [1] lunch costs [1]. Your children may qualify for free meals or for reduced-price meals. Reduced-price [1] for breakfast and [1] for lunch. This packet includes an application for free or reduced-price meals, benefits, as well as a set of detailed instructions. Before we answer questions and answers to help you with the application process.

1. WHO CAN GET FREE MEALS?
 - a. All children in households receiving benefits from SNAP, FEPPB (Food Distribution Program on Indian Reservations) or TANF, can get free meals regardless of your income.
 - b. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
 - c. Children participating in their school's meal start Program are eligible for free meals.
 - d. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
 - e. Children can get free or reduced-price meals if your household's gross 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.

Household Size	Yearly Income	Monthly Income	Weekly Income
1	\$12,778	\$1,065	\$243
2	\$17,427	\$1,452	\$335
3	\$21,847	\$1,821	\$421
4	\$26,063	\$2,172	\$503
5	\$30,109	\$2,510	\$581
6	\$34,035	\$2,837	\$661
7	\$37,784	\$3,149	\$737
8	\$41,407	\$3,451	\$810
Each additional person	\$3,629	\$302	\$70

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. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, but please read the letter you get carefully and follow the instructions. Call the school if [phone number] if you have questions.
4. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced-price meals. Use one Free or 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. Before the completed application to [name, address, phone number].
5. WHO CAN GET REDUCED-PRICE MEALS? Your children can get low-cost meals if your household income is within the reduced-price limits on the Federal Eligibility Income Chart shown above.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is not good for that school year and for the first few days of the school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

[CHILDREN] GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application.

WIC? I LOVE RECIPIENTS? Yes and we may also ask you to send written proof.

IF YOU HAVE ANY SPECIAL LETTERS? You may apply at any time during the school year. For example, parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the child lives below the income limit.

SEE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You may be hearing by calling or writing to: [name, address, phone number, e-mail].

MEMBER IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes, You or your child(ren) do not have to be U.S. citizens to get free or reduced-price meals.

INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or unrelated, other relatives or friends) who share income and expenses. You must include yourself and all children. If you live with other people who are economically independent (for example, people who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.

ARE WE NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally receive \$1,000 per month, but you received more work last month and only made \$900, put down that you made \$1,000 per month on your application, include it but do not include it if you only work overtime sometimes. If you have lost a job or a wage reduced, use your current income.

MILITARY: DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance or income, however, if your housing is part of the Military Housing Privatization Initiative, do not include it as income.

EMPLOYED TO A COMBAT ZONE, IF HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is not to be taxed pay because of her deployment and is received before the use of deployed combat pay is complete. Contact your child's school for more information.

LET LEAS should choose the most appropriate answer below.

to complete an online application instead of a paper application if you are able. The online application process 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.]

OR

No. Our district does not have the option to apply for free or reduced-price meals online at this time. Please contact [name, address, phone number, e-mail] and refer to the information above to complete a paper application.

17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS? WEIGHT APPLICABLE FOR TO FIND OUT how to apply for SNAP or other assistance benefits, contact your local assistance office or call 1-800-352-8442.

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

If needs apply, per favor (name of telephone [phone number]).

If you need further contact, contact your [phone number].

Sincerely,

[signature]

16. CAN I APPLY ONLINE? [LEAs should choose the most appropriate answer below]

Yes! You are encouraged to complete an online application instead of a paper application if you are able. 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.]

OR

No. Our district does not have the option to apply for free or reduced-price meals online at this time. Please contact [name, address, phone number, e-mail] and refer to the information above to complete a paper application.

Instructions for Applying

- Include with parent letter and application
- Customize to include your site name and contact information

INSTRUCTIONS FOR APPLYING

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, even if your children attend more than one school in [school district]. The application must be filled out completely to certify your children for free or reduced-price school meals.

Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact [school/district contact name, phone, e-mail address].

Please remember to **use a pen (not a pencil)** when filling out the application, and do your best to print clearly.

STEP 1- NAMES OF ALL CHILDREN IN THE HOUSEHOLD

List all household members who are infants, children, and students up to and including grade 12. This should include all children who live in your household. They do not have to be related to you to be part of your household.

List the first name, middle initial, and last name of each child. List one name per line, and write one letter in each box. Stop if you run out of space. If you need additional lines, attach a second piece of paper with all required information for additional children.

If the children attend school in [district], mark the box next to the district name.

If you believe the children are foster, homeless, migrant, or runaway, be sure to mark the box next to the child's name under either foster or homeless, migrant, runaway.

STEP 2- SNAP, TANF, OR FDIPIR PARTICIPATION

Do any household members (including the adult) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

Yes- Mark the box or boxes that represent the program someone in your household receives assistance through. Then, list the case number in the large box labeled Case Number.

No- Leave this section blank and proceed to step 3.

STEP 3-HOUSEHOLD INCOME INFORMATION

- A. **Child Income-** Report all income earned by children in the household. Refer to the chart below titled "Sources of Income for Children" shown below and report the combined gross income for all children listed in step 1 in the box marked "Total Child Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.
- a. **Child Income** is money received from outside your household that is paid directly to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report. If you leave this part blank, it will mean that you have no income to report for any children in the household.

Sources of Child Income	
Type of Income	Examples
Earnings from work	A child has a job where they earn a salary or wages.
Social Security	A child is blind or disabled and receives Social Security benefits.
• Disability payments	A parent is disabled, retired, or deceased and their child receives social security benefits.
• Survivor Benefits	A friend or extended family member <u>regularly</u> gives a child spending money.
Income from persons <i>outside</i> the household	A child receives income from a private pension fund, annuity or trust.
Income from any other source	

- B. **Adult Household Members and Income-** Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1.

Report gross income (amount before taxes and deductions) for each adult on the same line where the name is listed. Then, fill in the circle to indicate if the earnings are received Weekly, Bi-Weekly (every other week), 2x month (2 payments per month), or Monthly. The chart below gives examples of the different types of income for adults. If someone does not receive income, enter '0' or leave these boxes empty.

Sources of Adult Income		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions/Retirement/All Other Income
Salary, wages, cash bonuses	Unemployment benefits	Social Security (including railroad retirement and black lung benefits)
Net income from self-employment	Workers Compensation	Private Pensions or disability
Strike benefits	Supplemental Security Income (SSI)	Income from trusts or estates
For military families: Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowances)	Cash Assistance from state or local government	Annuities and Investment Income
	Alimony payments	Earned Interest
	Child support payments	Rental Income
Allowances for off-base housing, food and clothing	Veteran's benefits	Regular cash payments from outside household

- C. **Total number of household members and SSN.** List the total number of people in your household (all adults and children), and the last 4 digits of the Social Security Number (SSN) for the primary wage earner or other adult in the household. You are eligible to apply for benefits even if you do not have a Social Security Number. Simply leave the space blank and check the box labeled "Check if no SSN."

STEP 4: Contact information and adult signature

All applications must be signed by an adult household member. By signing the application, that household member is promising that all information has been truthfully and completely reported.

Provide your contact information including your address if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional but providing it helps us reach you quickly if we need to contact you.

Sign and print your name, and write in the date.

OPTIONAL INFORMATION

The back of this application provides a section for you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

The back also provides a place for you to give or deny permission for the school to share your information with other programs that may also be able to provide you with resources for your children. Read this information and check Yes for each program you give the school permission to share your information with. Check the box next to NO if you do not want the school to share your contact information with these other programs.

Include a parent or guardian signature and date at the bottom of the page.

This section also includes important information about privacy and civil rights. Please read these statements before submitting the application.

Foster Outreach Letter

- Ensure vulnerable populations have free meals
- USDA encourages LEAs to work with the child welfare agency to ensure that foster parents know that their foster children are eligible for free school meals.
- A sample letter for schools to use in notifying foster parents about meal benefits

Dear Foster Parents,

Welcome to [insert school year] at [insert school name]! We look forward to a healthy and successful school year with your children. With the start of a new school year, we wanted to remind you about school meals for your family.

Foster Children Eat for Free

A child in foster care, who is formally placed by a court or foster agency, can receive free school meals for the entire school year. If the school knows about your foster child, the child should already be getting free meals. If your foster child is not eating for free or you were not notified that he or she can receive free meals, you may apply for free school meals for your foster child at any time by contacting [insert name of school official here].

Meals for Other Children in Your House

Foster parents who apply for school meals may include both a foster child and their other children on the same application. Including a foster child on the same application as your other children will increase your house size, which may help your other children eat for free. But even if your other children cannot get free meals, your foster child can still get free school meals.

When a Foster Child Moves

If your family moves or your foster child moves to a new school, he or she can still get free meals. If you are in the same school district you do not have to do anything for your foster child to continue to get free meals. If you move to another school district, your foster child can still get free meals but you may need to reapply to continue or start school meal benefits. If your foster child stops getting free meals when you move, please let the school know as soon as possible.

If you have questions about the school meal program, please contact [insert name of official here] at [insert contact information here]. We look forward to working together to ensure your children receive nutritious meals this school year.

Sincerely,

Always Include on Materials

Long Version:

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Short version:

USDA is an equal opportunity provider and employer.

Non-Discrimination Statement

- USDA website offers other languages

<http://www.fns.usda.gov/cr/and-justice-all-posters>

- Chinese
- Creole
- French
- German
- Hindi
- Hmong
- Italian
- Korean
- Polish
- Russian
- Spanish

Household Application

Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1

List ALL Household Members who are infants, children, and students up to and including grade 12
(if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.

Child's First Name	MI	Child's Last Name			
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY

Application is complete
 Selected for Verification
 Determining Official's Signature: _____ Date: _____
 Determined Eligibility: FREE REDUCED PAID ERROR-PRONE?
 Confirming Official's Signature: _____ Date: _____
 Follow-Up Official's Signature: _____ Date: _____

NOTES:

Check box if child is a student at [DISTRICT/ SCHOOL NAME]

Check box if child is a Foster Child or is Homeless, Migrant, or Runaway

Homeless, Foster Child, Migrant, Runaway

- Step 1
 - Names of all infants, children, students
 - Insert your school name
 - Box checked for student
 - Boxes for foster, homeless, migrant, runaway

What if there are more than 5 children in a household?

Household Application

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If NO > Complete STEP 3. SNAP TANF FDPIR Write only one case number in this space.
If YES > Check which program and write a case number here, then go to STEP 4 (Do not complete STEP 3) Case Number:

- Step 2
 - SNAP, TANF, or FDPIR Case number

Household Application

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read **How to Apply for Free and Reduced-Price School Meals** for more information. The **Sources of Income for Children** section will help you with the **Child Income** question. The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

A. Child Income

Sometimes children in the household earn income. Please include the **TOTAL** income earned by all Household Members listed in STEP 1 here.

				How often?			
Child income				Weekly	Bi-Weekly	2x Month	Monthly
\$				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?						
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly			
	\$					\$					\$							
	\$					\$					\$							
	\$					\$					\$							
	\$					\$					\$							
	\$					\$					\$							

C. Total Household Members (Children and Adults)

<input type="text"/>	<input type="text"/>	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member			X	X	X	X	X	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Check if no SSN <input checked="" type="checkbox"/>
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- Step 3

- A. Children's income and frequency

- B. Names of adults

- C. Adult's income and frequency

- Earnings, Public Assistance/Child Support/Alimony, Pension/Retirement/Other

- Total household members

- SS# or box checked

Household Application

STEP 4 Contact Information and Adult Signature

"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."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)	Apt#	City	State	Zip
<input type="text"/>	<input type="text"/>			<input type="text"/>
Printed name of adult completing the form	Signature of adult completing the form			Daytime Phone and Email (optional)
				Today's date

- Step 4
 - Address, Phone, Email, Date
 - Signature

Household Application

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY

Application is complete
Determined Eligibility: FREE REDUCED PAID ERROR-PRONE?
 Selected for Verification

Determining Official's Signature: *Sally Smith* Date: 8/19/15
Confirming Official's Signature: _____ Date: _____
Follow-Up Official's Signature: _____ Date: _____

NOTES:

Received on 8/15

- Check for completeness
- Check eligibility
- Check if error-prone
- Sign and Date

Household Application

Page 2

- Required
 - Racial and Ethnic Identities
 - Optional for family
 - Privacy statement
 - Non-discrimination statement
- Optional information
 - Sharing information with other programs

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one):

- Hispanic or Latino
- Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

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

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

Yes! I DO want school officials to share information from my Application for Free and Reduced-Price School Meals with [NAME OF PROGRAM SPECIFIC TO YOUR SCHOOL/DISTRICT].

Yes! I DO want school officials to share information from my Application for Free and Reduced-Price School Meals with [NAME OF PROGRAM SPECIFIC TO YOUR SCHOOL/DISTRICT].

Yes! I DO want school officials to share information from my Application for Free and Reduced-Price School Meals with [NAME OF PROGRAM SPECIFIC TO YOUR SCHOOL/DISTRICT].

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

Child's Name: _____ School: _____
Child's Name: _____ School: _____
Child's Name: _____ School: _____
Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____
Printed Name: _____ Address: _____

For more information, you may call [NAME] at [PHONE] or e-mail at [E-MAIL ADDRESS].
Return this form to: [ADDRESS] by [DATE].

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Disclosing Information

- Do you have other grants or programs that ask for individual student eligibility?
- The LEA may disclose aggregate data to any program or individual when children cannot be identified.

Recipient of Information	What May be Disclosed	Requirements
Programs under the National School Lunch Act or Child Nutrition Act	All eligibility information	Prior notice and consent not required
Federal/State or local means tested nutrition programs with eligibility standards comparable to the NSLP	Eligibility status only	Prior notice and consent not required
Federal education programs	Eligibility status only	Prior notice and consent not required
State education programs administered by a State agency or local education agency	Eligibility status only	Prior notice and consent not required
Local education programs	NO eligibility information, unless parental consent is obtained	Parental consent
Medicaid or the State Children's Health Insurance Programs (SCHIP), administered by a State or local agency authorized under titles XIX or XXI of the Social Security Act to identify and enroll eligible children	All eligibility information unless parents elect not to have information disclosed	Must give prior notice to parents and opportunity for parents to decline to have their information disclosed
State health programs other than Medicaid/SCHIP, administered by a State agency or local education agency	Eligibility status only	Prior consent not required
Federal health programs other than Medicaid/SCHIP	NO eligibility information, unless parental consent is obtained	Parental consent
Local health program	NO eligibility information, unless parental consent is obtained	Parental consent
Comptroller General of the United States for purposes of audit and examination	All eligibility information	Prior notice and consent not required
Federal, State, or local law enforcement officials investigating alleged violations of any of the programs under the NSLA and CNA or investigating violations of any of the programs that are authorized to have access to names and eligibility status	All eligibility information	Prior notice and consent not required

Household Application

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

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

- NO! I DO NOT want information from my Application for Free and Reduced-Price School Meals shared with any of these programs.
- Yes! I DO want school officials to share information from my Application for Free and Reduced-Price School Meals with **[NAME OF PROGRAM SPECIFIC TO YOUR SCHOOL/DISTRICT]**.
- Yes! I DO want school officials to share information from my Application for Free and Reduced-Price School Meals with **[NAME OF PROGRAM SPECIFIC TO YOUR SCHOOL/DISTRICT]**.
- Yes! I DO want school officials to share information from my Application for Free and Reduced-Price School Meals with **[NAME OF PROGRAM SPECIFIC TO YOUR SCHOOL/DISTRICT]**.

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

Child's Name: _____ School: _____
Child's Name: _____ School: _____
Child's Name: _____ School: _____
Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____
Printed Name: _____ Address: _____

For more information, you may call **[NAME]** at **[PHONE]** or e-mail at **[E-MAIL ADDRESS]**.
Return this form to: **[ADDRESS]** by **[DATE]**.

OPTIONAL Children's Racial and Ethnic Identities

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FQPIR 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.

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

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

- NO! I DO NOT want information from my Application for Free and Reduced-Price School Meals shared with any of these programs.
- Yes! I DO want school officials to share information from my Application for Free and Reduced-Price School Meals with **[NAME OF PROGRAM SPECIFIC TO YOUR SCHOOL/DISTRICT]**.
- Yes! I DO want school officials to share information from my Application for Free and Reduced-Price School Meals with **[NAME OF PROGRAM SPECIFIC TO YOUR SCHOOL/DISTRICT]**.
- Yes! I DO want school officials to share information from my Application for Free and Reduced-Price School Meals with **[NAME OF PROGRAM SPECIFIC TO YOUR SCHOOL/DISTRICT]**.

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

Child's Name: _____ School: _____
Child's Name: _____ School: _____
Child's Name: _____ School: _____
Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____
Printed Name: _____ Address: _____

For more information, you may call **[NAME]** at **[PHONE]** or e-mail at **[E-MAIL ADDRESS]**.
Return this form to: **[ADDRESS]** by **[DATE]**.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income as derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.asc.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (865) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or e-mail at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (toll-free).

USDA is an equal opportunity provider and employer.

*You may choose to delete this section if you do not need it.

**Revise your application instructions as needed

Household Application

- Requires same information from households
- Changes:
 - Total household members
 - “Check if no income” box no longer required
 - Removed yearly income frequency

Application for Free and Reduced-Price School Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.

Child's First Name	MI	Child's Last Name	Check box if child is a student at (DISTRICT) SCHOOL (NAME)	Check box if child is a Foster Child or Runaway	Homeless, Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?
 SNAP TANF FDPIR Write only one case number in this space.
 If NO > Complete STEP 3. If YES > Check which program and write a case number here, then go to STEP 4 (Do not complete STEP 3) Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

Please read How to Apply for Free and Reduced-Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.
 Child income: \$ _____ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X X X X X Check if no SSN

STEP 4 Contact Information and Adult Signature

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.

Street Address (if available) _____ Apt. # _____ City _____ State _____ Zip _____ Daytime Phone and Email (optional) _____

Printed name of adult completing the form _____ Signature of adult completing the form _____ Today's date _____

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY
 Application is complete Determining Official's Signature: _____ Date: _____
 Selected for Verification Determined Eligibility: FREE REDUCED PAID ERROR-PRONE? Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-Up Official's Signature: _____ Date: _____
 NOTES: _____

Why did USDA change the application?

- Feedback and interviews
- Easier for families to provide accurate information
 - No income
 - Separating adults and non-adults
 - Household size
- Memo SP 22-2105

Use of Other Applications

If you aren't using ADE or USDA application:

- Must be approved by your NSLP Specialist
- On your sponsor application in CNP Web, you must mark:

- Household application provided by ADE
- Electronic/online household application
- Scannable household application
- Custom paper-based household application
- Form not required: Operating Special Assistance in a Non-Base Year, Community Eligibility Provision, RCCI without day students, or Juvenile Detention Center

Household Application: Income

- To be considered complete, the application must include:
 - Child's name
 - Names of all household members
 - All household members income and frequency
 - Total household members
 - Adult household member signature
 - Last 4 numbers of Social Security number of adult signer or "Check if no SSN" box checked

Reportable Income

- Income is any money received on a recurring basis, including gross earned income. Gross earned income means all money earned before such deductions as taxes. Income includes but is not limited to:
 - Earnings from work
 - Welfare/child support/alimony
 - Retirement/disability benefits
 - Any other income
- The earnings of a child who is a full-time or regular part-time employee, or who receives income from other sources such as Supplemental Security Income or Social Security, must be listed on the application as income.
 - Infrequent earnings, such as income from occasional baby-sitting or mowing lawns, are not counted as income and should not be listed on the application.

*Instructions for applying – Income information

Income Eligibility Guidelines (IEG)

- Used to determine benefits level for income applications
- Compare household size and income level to those listed on the IEG

(For School Determining Official's Use Only)

USDA CHILD NUTRITION PROGRAM INCOME GUIDELINES

July 1, 2015- June 30, 2016

<u>FREE</u>						<u>REDUCED</u>					
HOW OFTEN INCOME WAS RECEIVED						HOW OFTEN INCOME WAS RECEIVED					
Family Size:	Year	Month	Every			Family Size:	Year	Month	Every		
			Twice Per Month	Two Weeks (Bi-Weekly)	Week				Twice Per Month	Two Weeks (Bi-Weekly)	Week
1	\$15,301	1,276	638	589	295	1	\$21,775	1,815	908	838	419
2	20,709	1,726	863	797	399	2	29,471	2,456	1,228	1,134	567
3	26,117	2,177	1,089	1,005	503	3	37,167	3,098	1,549	1,430	715
4	31,525	2,628	1,314	1,213	607	4	44,863	3,739	1,870	1,726	863
5	36,933	3,078	1,539	1,421	711	5	52,559	4,380	2,190	2,022	1,011
6	42,341	3,529	1,765	1,629	815	6	60,255	5,022	2,511	2,318	1,159
7	47,749	3,980	1,990	1,837	919	7	67,951	5,663	2,832	2,614	1,307
8	53,157	4,430	2,215	2,045	1,023	8	75,647	6,304	3,152	2,910	1,455
Each Additional Member Add:	+5,408	+451	+226	+208	+104	Each Additional Member Add:	+7,696	+642	+321	+296	+148

Note:

Free, Reduced, or Paid?

Family Size = 2
Monthly Income = \$1,650

FREE

(For School Determining Official's Use Only)

USDA CHILD NUTRITION PROGRAM INCOME GUIDELINES

July 1, 2015- June 30, 2016

FREE

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Year	Month	HOW OFTEN INCOME WAS RECEIVED		
			Twice Per Month	Every Two Weeks (Bi-Weekly)	Week
1	\$15,301	1,276	638	589	295
2	20,709	1,726	863	797	399
3	26,117	2,177	1,089	1,005	503
4	31,525	2,628	1,314	1,213	607
5	36,933	3,078	1,539	1,421	711
6	42,341	3,529	1,765	1,629	815
7	47,749	3,980	1,990	1,837	919
8	53,157	4,430	2,215	2,045	1,023
Each Additional Member Add:	+5,408	+451	+226	+208	+104

REDUCED

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Year	Month	HOW OFTEN INCOME WAS RECEIVED		
			Twice Per Month	Every Two Weeks (Bi-Weekly)	Week
1	\$21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Each Additional Member Add:	+7,696	+642	+321	+296	+148

Free, Reduced, or Paid?

Family Size = 4
Yearly Income = \$40,000

REDUCED

(For School Determining Official's Use Only)

USDA CHILD NUTRITION PROGRAM INCOME GUIDELINES

July 1, 2015- June 30, 2016

FREE

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Year	Month	HOW OFTEN INCOME WAS RECEIVED		
			Twice Per Month	Every Two Weeks (Bi-Weekly)	Week
1	\$15,301	1,276	638	589	295
2	20,709	1,726	863	797	399
3	26,117	2,177	1,089	1,005	503
4	31,525	2,628	1,314	1,213	607
5	36,933	3,078	1,539	1,421	711
6	42,341	3,529	1,765	1,629	815
7	47,749	3,980	1,990	1,837	919
8	53,157	4,430	2,215	2,045	1,023
Each Additional Member Add:	+5,408	+451	+226	+208	+104

REDUCED

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Year	Month	HOW OFTEN INCOME WAS RECEIVED		
			Twice Per Month	Every Two Weeks (Bi-Weekly)	Week
1	\$21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Each Additional Member Add:	+7,696	+642	+321	+296	+148

Free, Reduced, or Paid?

Family Size = 5
Bi-Weekly = \$2,100

PAID

(For School Determining Official's Use Only)

USDA CHILD NUTRITION PROGRAM INCOME GUIDELINES

July 1, 2015- June 30, 2016

FREE

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Year	Month	Twice Per Month	Every Two Weeks (Bi-Weekly)	Week
1	\$15,301	1,276	638	589	295
2	20,709	1,726	863	797	399
3	26,117	2,177	1,089	1,005	503
4	31,525	2,628	1,314	1,213	607
5	36,933	3,078	1,539	1,421	711
6	42,341	3,529	1,765	1,629	815
7	47,749	3,980	1,990	1,837	919
8	53,157	4,430	2,215	2,045	1,023
Each Additional Member Add:	+5,408	+451	+226	+208	+104

REDUCED

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Year	Month	Twice Per Month	Every Two Weeks (Bi-Weekly)	Week
1	\$21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Each Additional Member Add:	+7,696	+642	+321	+296	+148

Error-Prone Applications



- These are income applications that will be flagged because the reported amount of income falls between the error-prone guidelines.
 - \$100 per month of income guidelines
- Best Practice: Determine Error-Prone applications during the certification process.
 - This will help you during verification.

Error-Prone for FREE Eligible Applications -- July 1, 2015 - June 30, 2016

Family Size:	HOW OFTEN INCOME WAS RECEIVED				
	Yearly Error-Prone	Monthly Error-Prone	Twice Per Month Error-Prone	Every Two Weeks (Bi-Weekly) Error-Prone	Weekly Error-Prone
1	15,301 to 14,101	1,278 to 1,178	838 to 588	588 to 542.85	295 to 271.93
2	20,709 to 19,609	1,726 to 1,626	963 to 813	707 to 750.85	399 to 375.93
3	26,117 to 24,917	2,177 to 2,077	1,089 to 1,039	1,005 to 958.85	503 to 479.93
4	31,526 to 30,326	2,628 to 2,528	1,314 to 1,264	1,215 to 1,168.85	607 to 583.93
5	36,933 to 35,733	3,079 to 2,979	1,539 to 1,489	1,421 to 1,374.85	711 to 687.93
6	42,341 to 41,141	3,529 to 3,429	1,765 to 1,715	1,626 to 1,582.85	815 to 791.93
7	47,749 to 46,549	3,980 to 3,880	1,990 to 1,940	1,837 to 1,790.85	919 to 895.93
8	53,157 to 51,957	4,430 to 4,330	2,215 to 2,165	2,045 to 1,998.85	1,023 to 999.93

Error-Prone for REDUCED Eligible Applications -- July 1, 2015 - June 30, 2016

Family Size:	HOW OFTEN INCOME WAS RECEIVED				
	Yearly Error-Prone	Monthly Error-Prone	Twice Per Month Error-Prone	Every Two Weeks (Bi-Weekly) Error-Prone	Weekly Error-Prone
1	21,775 to 20,575	1,815 to 1,715	908 to 858	838 to 791.85	419 to 395.93
2	29,471 to 28,271	2,458 to 2,358	1,228 to 1,178	1,134 to 1,087.85	567 to 543.93
3	37,167 to 35,967	3,098 to 2,998	1,549 to 1,499	1,430 to 1,383.85	715 to 691.93
4	44,863 to 43,663	3,738 to 3,638	1,870 to 1,820	1,726 to 1,679.85	863 to 839.93
5	52,559 to 51,359	4,380 to 4,280	2,190 to 2,140	2,022 to 1,975.85	1,011 to 987.93
6	60,255 to 59,055	5,022 to 4,922	2,511 to 2,461	2,318 to 2,271.85	1,159 to 1,135.93
7	67,951 to 66,751	5,663 to 5,563	2,832 to 2,782	2,614 to 2,567.85	1,307 to 1,283.93
8	75,647 to 74,447	6,304 to 6,204	3,152 to 3,102	2,910 to 2,863.85	1,455 to 1,431.93

Error-Prone Applications	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
Yearly	Error-prone applications are those applications where income falls between the income eligibility limits and \$1200 of the income eligibility limits for Yearly income.				
Monthly	Error-prone applications are those applications where income falls between the income eligibility limits and \$100 of the income eligibility limits for Monthly income.				
Twice Per Month	Error-prone applications are those applications where income falls between the income eligibility limits and \$50 of the income eligibility limits for Twice Per Month income.				
Every Two Weeks	Error-prone applications are those applications where income falls between the income eligibility limits and \$46.15 of the income eligibility limits for Every Two Weeks income.				
Weekly	Error-prone applications are those applications where income falls between the income eligibility limits and \$23.07 of the income eligibility limits for Weekly income.				

Error-Prone Guidelines

Error-Prone for FREE Eligible Applications -- July 1, 2015 - June 30, 2016

Family Size:	HOW OFTEN INCOME WAS RECEIVED				
	Yearly Error-Prone	Monthly Error-Prone	Twice Per Month Error-Prone	Every Two Weeks (Bi-Weekly) Error-Prone	Weekly Error-Prone
1	15,301 to 14,101	1,276 to 1,176	638 to 588	589 to 542.85	295 to 271.93
2	20,709 to 19,509	1,726 to 1,626	863 to 813	797 to 750.85	399 to 375.93
3	26,117 to 24,917	2,177 to 2,077	1,089 to 1,039	1,005 to 958.85	503 to 479.93
4	31,525 to 30,325	2,628 to 2,528	1,314 to 1,264	1,213 to 1,166.85	607 to 583.93
5	36,933 to 35,733	3,078 to 2,978	1,539 to 1,489	1,421 to 1,374.85	711 to 687.93
6	42,341 to 41,141	3,529 to 3,429	1,765 to 1,715	1,629 to 1,582.85	815 to 791.93
7	47,749 to 46,549	3,980 to 3,880	1,990 to 1,940	1,837 to 1,790.85	919 to 895.93
8	53,157 to 51,957	4,430 to 4,330	2,215 to 2,165	2,045 to 1,998.85	1,023 to 999.93

Error-Prone for REDUCED Eligible Applications -- July 1, 2015 - June 30, 2016

Family Size:	HOW OFTEN INCOME WAS RECEIVED				
	Yearly Error-Prone	Monthly Error-Prone	Twice Per Month Error-Prone	Every Two Weeks (Bi-Weekly) Error-Prone	Weekly Error-Prone
1	21,775 to 20,575	1,815 to 1,715	908 to 858	838 to 791.85	419 to 395.93
2	29,471 to 28,271	2,456 to 2,356	1,228 to 1,178	1,134 to 1,087.85	567 to 543.93
3	37,167 to 35,967	3,098 to 2,998	1,549 to 1,499	1,430 to 1,383.85	715 to 691.93
4	44,863 to 43,663	3,739 to 3,639	1,870 to 1,820	1,726 to 1,679.85	863 to 839.93
5	52,559 to 51,359	4,380 to 4,280	2,190 to 2,140	2,022 to 1,975.85	1,011 to 987.93
6	60,255 to 59,055	5,022 to 4,922	2,511 to 2,461	2,318 to 2,271.85	1,159 to 1,135.93
7	67,951 to 66,751	5,663 to 5,563	2,832 to 2,782	2,614 to 2,567.85	1,307 to 1,283.93
8	75,647 to 74,447	6,304 to 6,204	3,152 to 3,102	2,910 to 2,863.85	1,455 to 1,431.93

Error-Prone or Not?

Not Error-Prone

Application = Reduced
 Family Size = 4
 Yearly Income = \$40,000

Error-Prone for FREE Eligible Applications -- July 1, 2015 - June 30, 2016

Family Size:	HOW OFTEN INCOME WAS RECEIVED				
	Yearly Error-Prone	Monthly Error-Prone	Twice Per Month Error-Prone	Every Two Weeks (Bi-Weekly) Error-Prone	Weekly Error-Prone
1	15,301 to 14,101	1,276 to 1,176	638 to 588	589 to 542.85	295 to 271.93
2	20,709 to 19,509	1,726 to 1,626	863 to 813	797 to 750.85	399 to 375.93
3	26,117 to 24,917	2,177 to 2,077	1,089 to 1,039	1,005 to 958.85	503 to 479.93
4	31,525 to 30,325	2,628 to 2,528	1,314 to 1,264	1,213 to 1,166.85	607 to 583.93
5	36,933 to 35,733	3,078 to 2,978	1,539 to 1,489	1,421 to 1,374.85	711 to 687.93
6	42,341 to 41,141	3,529 to 3,429	1,765 to 1,715	1,629 to 1,582.85	815 to 791.93
7	47,749 to 46,549	3,980 to 3,880	1,990 to 1,940	1,837 to 1,790.85	919 to 895.93
8	53,157 to 51,957	4,430 to 4,330	2,215 to 2,165	2,045 to 1,998.85	1,023 to 999.93

Error-Prone for REDUCED Eligible Applications -- July 1, 2015 - June 30, 2016

Family Size:	HOW OFTEN INCOME WAS RECEIVED				
	Yearly Error-Prone	Monthly Error-Prone	Twice Per Month Error-Prone	Every Two Weeks (Bi-Weekly) Error-Prone	Weekly Error-Prone
1	21,775 to 20,575	1,815 to 1,715	908 to 858	838 to 791.85	419 to 395.93
2	29,471 to 28,271	2,456 to 2,356	1,228 to 1,178	1,134 to 1,087.85	567 to 543.93
3	37,167 to 35,967	3,098 to 2,998	1,549 to 1,499	1,430 to 1,383.85	715 to 691.93
4	44,863 to 43,663	3,739 to 3,639	1,870 to 1,820	1,726 to 1,679.85	863 to 839.93
5	52,559 to 51,359	4,380 to 4,280	2,190 to 2,140	2,022 to 1,975.85	1,011 to 987.93
6	60,255 to 59,055	5,022 to 4,922	2,511 to 2,461	2,318 to 2,271.85	1,159 to 1,135.93
7	67,951 to 66,751	5,663 to 5,563	2,832 to 2,782	2,614 to 2,567.85	1,307 to 1,283.93
8	75,647 to 74,447	6,304 to 6,204	3,152 to 3,102	2,910 to 2,863.85	1,455 to 1,431.93

Error-Prone or Not?

Error-Prone

Application = Free
 Family Size = 2
 Monthly = \$1,650

Error-Prone for FREE Eligible Applications -- July 1, 2015 - June 30, 2016

Family Size:	HOW OFTEN INCOME WAS RECEIVED				
	Yearly Error-Prone	Monthly Error-Prone	Twice Per Month Error-Prone	Every Two Weeks (Bi-Weekly) Error-Prone	Weekly Error-Prone
1	15,301 to 14,101	1,276 to 1,176	638 to 588	589 to 542.85	295 to 271.93
2	20,709 to 19,509	1,726 to 1,626	863 to 813	797 to 750.85	399 to 375.93
3	26,117 to 24,917	2,177 to 2,077	1,089 to 1,039	1,005 to 958.85	503 to 479.93
4	31,525 to 30,325	2,628 to 2,528	1,314 to 1,264	1,213 to 1,166.85	607 to 583.93
5	36,933 to 35,733	3,078 to 2,978	1,539 to 1,489	1,421 to 1,374.85	711 to 687.93
6	42,341 to 41,141	3,529 to 3,429	1,765 to 1,715	1,629 to 1,582.85	815 to 791.93
7	47,749 to 46,549	3,980 to 3,880	1,990 to 1,940	1,837 to 1,790.85	919 to 895.93
8	53,157 to 51,957	4,430 to 4,330	2,215 to 2,165	2,045 to 1,998.85	1,023 to 999.93

Error-Prone for REDUCED Eligible Applications -- July 1, 2015 - June 30, 2016

Family Size:	HOW OFTEN INCOME WAS RECEIVED				
	Yearly Error-Prone	Monthly Error-Prone	Twice Per Month Error-Prone	Every Two Weeks (Bi-Weekly) Error-Prone	Weekly Error-Prone
1	21,775 to 20,575	1,815 to 1,715	908 to 858	838 to 791.85	419 to 395.93
2	29,471 to 28,271	2,456 to 2,356	1,228 to 1,178	1,134 to 1,087.85	567 to 543.93
3	37,167 to 35,967	3,098 to 2,998	1,549 to 1,499	1,430 to 1,383.85	715 to 691.93
4	44,863 to 43,663	3,739 to 3,639	1,870 to 1,820	1,726 to 1,679.85	863 to 839.93
5	52,559 to 51,359	4,380 to 4,280	2,190 to 2,140	2,022 to 1,975.85	1,011 to 987.93
6	60,255 to 59,055	5,022 to 4,922	2,511 to 2,461	2,318 to 2,271.85	1,159 to 1,135.93
7	67,951 to 66,751	5,663 to 5,563	2,832 to 2,782	2,614 to 2,567.85	1,307 to 1,283.93
8	75,647 to 74,447	6,304 to 6,204	3,152 to 3,102	2,910 to 2,863.85	1,455 to 1,431.93

Income Applications: Frequency

- If the frequency is the same, you can add the amounts together and compare with the associated column on the IEGs.
- If the frequency is not the same, convert the amounts to annual income.

If family reports income sources from more than one schedule

Example: alimony = \$100-month & pension = \$300-week

Income MUST be converted to yearly.

Yearly Income = Monthly	x 12
Yearly Income = Twice Per Month	x 24
Yearly Income = Every Two Weeks (Bi-Weekly)	x 26
Yearly Income = Week	x 52

Practice Certifying

- Determine completeness
- Determine eligibility
- Determine if error-prone
- Convert income if necessary

Application for Free and Reduced-Price School Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.

Child's First Name	MI	Child's Last Name	Check box if child is a student at (DISTRICT SCHOOL NAME)	Check box if child is a Foster Child or Homeless, Migrant, or Runaway	Homeless, Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY

Application is complete Determining Official's Signature: _____ Date: _____
 Determined Eligibility: FREE REDUCED PAID ERROR-PRONE?
 Selected for Verification Confirming Official's Signature: _____ Date: _____
 Follow-Up Official's Signature: _____ Date: _____

NOTES: _____

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

SNAP TANF FDPIR Write only one case number in this space.

If NO > Complete STEP 3. If YES > Check which program and write a case number here, then go to STEP 4 (Do not complete STEP 3) Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced-Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child Income: \$ _____

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/Child Support/Alimony	How often?				Pensions/Retirement/All Other Income	How often?			
		Weekly	B-Weekly	2x Month	Monthly		Weekly	B-Weekly	2x Month	Monthly		Weekly	B-Weekly	2x Month	Monthly
	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X X X _____ Check if no SSN

STEP 4 Contact Information and Adult Signature

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.

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (optional) _____

Printed name of adult completing the form _____ Signature of adult completing the form _____ Today's date _____

Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY
 Application is complete
 Determined Eligibility: FREE REDUCED PAID ERROR-PRONE?
 Selected for Verification
 Confirming Official's Signature: _____ Date: _____
 Follow-Up Official's Signature: _____ Date: _____

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12

(if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
 Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.

Child's First Name	MI	Child's Last Name	Homeless, Migrant, Runaway	Foster Child
Judy		Jetson	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eiray		Jetson	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Check box if child is a student at Cactus School
 Check box if child is a Foster Child or is Homeless, Migrant, or Runaway

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

SNAP TANF FDPIR Write only one case number in this space.
 If NO > Complete STEP 3. If YES > Check which program and write a case number here, then go to STEP 4 (Do not complete STEP 3) Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced-Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income
 Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.
 Child income \$ _____ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/Child Support/Alimony	How often?				Pensions/Retirement/All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
George Jetson	\$ 750	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jane Jetson	\$ 200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Total Household Members (Children and Adults) 4 Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X X Check if no SSN

STEP 4 Contact Information and Adult Signature

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.

Street Address (if available) Apt # City State Zip Daytime Phone and Email (optional)
 Printed name of adult completing the form Signature of adult completing the form Today's date

750 x 24 = 18,000
 200 x 52 = 10,400
 10,400 + 18,000 = \$28,400 Annually
 Free Error-prone? No

Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.

Child's First Name	MI	Child's Last Name	Check box if child is a student at Cactus School		Check box if child is a Foster Child or is Homeless, Migrant, or Runaway		Homeless, Migrant, Runaway	
Kelly		Bundy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bud		Bundy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY
 Application is complete Determined Eligibility: FREE REDUCED PAID ERROR-PRONE?
 Selected for Verification Confirming Official's Signature: _____ Date: _____
 Follow-Up Official's Signature: _____ Date: _____
 NOTES: _____

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

SNAP TANF FDPIR Write only one case number in this space.
 If NO > Complete STEP 3. If YES > Check which program and write a case number here, then go to STEP 4 (Do not complete STEP 3) Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced-Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income
 Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.
 Child income \$ _____ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/Child Support/Alimony	How often?				Pensions/Retirement/All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
Al Bundy	\$ 1650	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peggy Bundy	\$ 930	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Total Household Members (Children and Adults) 4 Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X 1 2 3 4 Check if no SSN

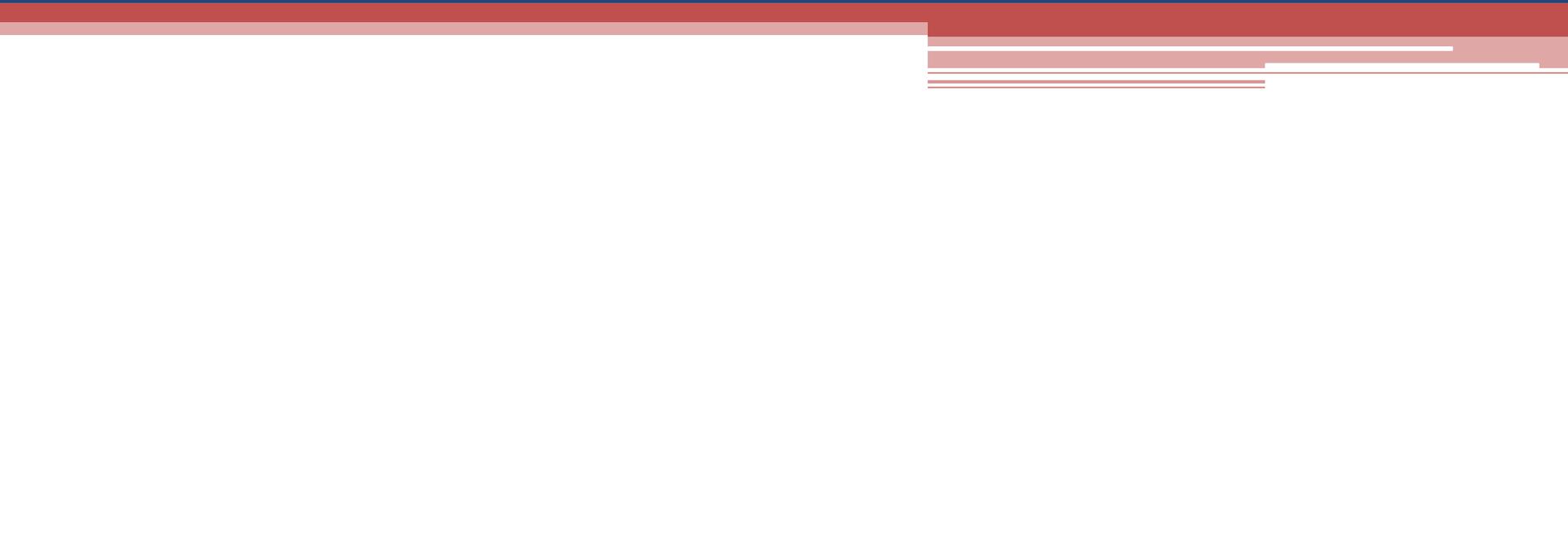
STEP 4 Contact Information and Adult Signature

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.*

Street Address (if available) Apt # City State Zip Daytime Phone and Email (optional)
 Printed name of adult completing the form Signature of adult completing the form Today's date

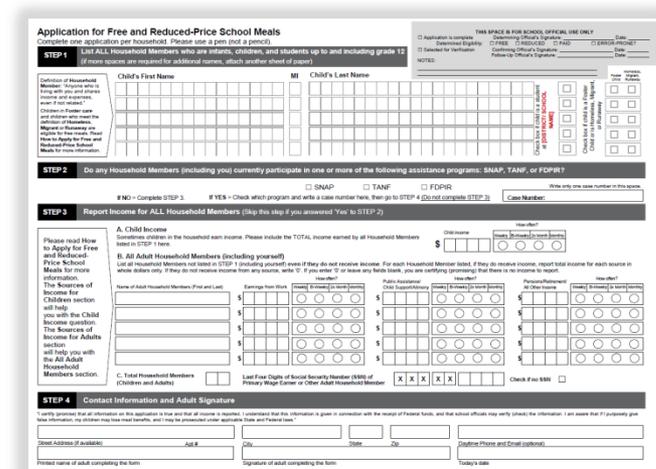
1650 x 12 = 19,800
 930 x 26 = 24,180
 19,800 + 24,180 = \$43,980 Annually
 Reduced Error-prone? Yes

Break

The slide features a solid dark blue background. The word "Break" is written in a large, white, sans-serif font on the left side. A horizontal red bar spans the width of the slide, positioned below the text. On the right side of this bar, there are several overlapping horizontal lines in shades of red and white, creating a layered, graphic effect.

Household Applications: Case Number

- SNAP, TANF, FDPIR.
- To be considered complete, the application must include:
 - Child's name
 - Case number for anyone in the household
 - Adult household member signature
- Case number application is free.



The image shows a form titled "Application for Free and Reduced-Price School Meals". The form is divided into several sections:

- STEP 1:** Requires the child's first and last name. It includes a grid for entering the name and checkboxes for "Child's name is a child in the household" and "Child's name is a foster child in the household".
- STEP 2:** Asks if any household members currently participate in assistance programs: SNAP, TANF, or FDPIR. It includes checkboxes for each program and a field for the "Case Number".
- STEP 3:** "Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)". It is divided into three parts:
 - A. Child Income:** A section for reporting the child's total annual income.
 - B. All Adult Household Members (Including yourself):** A table for reporting income for each adult household member. The table has columns for "Name of Adult Household Member (First and Last)", "Earnings from Work", "Federal Government Income", "Public Assistance", "Other Income", and "Personal/Retirement All Other Income". Each row has a grid of circles for reporting income.
 - C. Total Household Members (Children and Adults):** A section for reporting the total number of household members.
- STEP 4:** "Contact Information and Adult Signature". It includes fields for "Street Address (if available)", "City", "State", "Zip", "County (Phone and Email optional)", and "Printed name of adult completing the form". It also has a line for the "Signature of adult completing the form" and a "Today's date" field.

Household Applications: Case Number

What to look for in a case number:

- SNAP or TANF
 - 8 digits or less
- FDPIR
 - <http://www.fns.usda.gov/fdd/contacts/fdpir-contacts.htm>

Indian Tribal Organization	Case Number Format
White Mountain Apache Tribe, Navajo Nation, Tohono O'odham Nation, Quechan Indian Tribe, San Carlos Apache Tribe	Head of Household's Social Security Number (ex. 123456)
Colorado River Indian Tribes	4 digits
Gila River Indian Community	A letter plus a number 1-7 plus the last four numbers of the head of household's SSN – (ex.D61234)



What would you do if you received an application that appears to have an invalid case number?

Required Items: Foster Application

Step 1:
Name(s) of student who is the foster child.

Box checked for "Foster Child".

*Foster Children are automatically eligible for free meals. A foster child's eligibility status for free meals does not extend to other children in the household. LEAs must determine the eligibility status of other children listed on the application based on household size and income or case number. The foster child may be included on the application (at the household's discretion) as a household member along with any personal income s/he may have.

Step 4:
Signature of adult completing the form.

Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.

Child's First Name	MI	Child's Last Name																		

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY

Application is complete: FREE REDUCED PAID ERROR-PRONE?

Determined Eligibility: Confirmed Official's Signature: _____ Date: _____

Selected for Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

NOTES: _____

Check box if child is a student at (DISTRICT/ SCHOOL NAME)

Check box if child is a Foster Child or is Homeless, Migrant, or Runaway

Foster Care Homeless Migrant Runaway

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

SNAP TANF FDIPIR

Write only one case number in this space.

If NO > Complete STEP 3. If YES > Check which program and write a case number here, then go to STEP 4 (Do not complete STEP 3)

Case Number:

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read **How to Apply for Free and Reduced-Price School Meals** for more information. The **Sources of Income for Children** section will help you with the **Child Income** question. The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child Income: \$ Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input style="width: 100%;" type="text"/>	\$ <input style="width: 30px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 30px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 30px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	\$ <input style="width: 30px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 30px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 30px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	\$ <input style="width: 30px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 30px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 30px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	\$ <input style="width: 30px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 30px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 30px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:

Check if no SSN

STEP 4 Contact Information and Adult Signature

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.

Street Address (if available) Apt #

City State Zip

Daytime Phone and Email (optional)

Printed name of adult completing the form

Signature of adult completing the form

Today's date

Household Applications: Foster Children & Non-Foster Children

- To determine eligibility for the remainder of the household, use household income.
 - A foster child's eligibility does not extend to the rest of the household
- Households with foster and non-foster children may include the foster child as a household member on an income application
- A foster child's *personal* income must be listed and used to determine eligibility for the household if determining eligibility of non-foster children
- Foster payments received by the family from the placing agency are not considered income

Household Applications: Homeless / Migrant / Runaway

- To be considered complete, the application must include:
 - *Child's name*
 - *Homeless / migrant / runaway box checked*
 - *Adult signature*
- LEA must verify the status via proper documentation obtained from the homeless / migrant / runaway liaisons

Incomplete Applications

- You may call and ask family for missing information.
 - Note and date changes
 - Initial changes
- Signature still required by family

Review of Household Application Certification Process

LEA has ***10 operating days*** to process applications

Utilize “Date Stamp”

Check application for completeness

Certify Application-

Process income applications using *USDA Income Eligibility Guidelines (IEG)*

Notify family of Eligibility determination

Notification Letter

Free and Reduced benefits

- LEAs may notify households of their children's eligibility by letter, email, phone, or an automated system (which must assure accuracy of information and confidentiality).

Denied

- The household must always be notified in writing by mail or an email.

NOTIFICATION LETTER FOR SCHOOL MEALS

Dear Parent/Guardian,

This letter is a notification of meal benefits for the child(ren) listed below.

Name of Child	Name of School

Your child(ren) has been:

Approved	Denied
<input type="checkbox"/> Approved for free meals	<input type="checkbox"/> Income over the allowable amount
<input type="checkbox"/> Approved for reduced-price meals at _____cents for lunch and _____cents for breakfast	<input type="checkbox"/> SNAP/TANF/FDPIR case # invalid
	<input type="checkbox"/> Incomplete application. The following is missing: _____
	<input type="checkbox"/> Other: _____

 If you do not agree with the decision you may discuss it with the school official. You also have the right to a fair hearing. This can be done by contacting the following official:

_____	_____	_____
Name	Address	Phone

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, or have an increase in household size, you may fill out another application at that time.

This notification may qualify your child for other benefits such as educational scholarships, fee waivers and specific educational programs. Take this letter to the district office for more information on these benefits.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)
If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov.
Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).
USDA is an equal opportunity provider and employer.

Activity

- Practice certifying applications
 - Date stamp
 - Check for completeness – note if anything is missing
 - Convert income, if necessary
 - Determine eligibility
 - Determine if error-prone
 - Sign and date

Adams Application

Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.

Child's First Name	MI	Child's Last Name	Check box if child is a student at Dry Desert		Check box if child is a Foster Child or is Homeless, Migrant or Runaway		Homeless, Foster Child, Migrant, Runaway	
Justin		Adams	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abigail		Adams	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jenny		Adams	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eliza		Adams	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY

Application is complete
 Determined Eligibility
 Selected for Verification

Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-Up Official's Signature: _____ Date: _____

NOTES: _____

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

SNAP TANF FDIPIR

If NO > Complete STEP 3. If YES > Check which program and write a case number here, then go to STEP 4 (Do not complete STEP 3)

Write only one case number in this space. Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced-Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income
 Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child income: \$ _____ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
Rachel Adams	\$ 700	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Josh Adams	\$ 700	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	\$ 600	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X 1 2 3 4 Check if no SSN

Total Income
 700+700+600 =
 2,000 monthly

Family of 6

Incomplete

Free

STEP 4 Contact Information and Adult Signature

"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."

Street Address (if available) Apt # City State Zip Daytime Phone and Email (optional)

Printed name of adult completing the form Signature of adult completing the form Today's date

Hayes Application

Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.

Child's First Name	MI	Child's Last Name	Homeless, Foster Care, Migrant, Runaway
Chris		Hayes	<input checked="" type="checkbox"/>
Carol		Hayes	<input checked="" type="checkbox"/>
Rose		Hayes	<input type="checkbox"/>

Check box if child is a student at Dry Desert
Check box if child is a Foster Child or is Homeless, Migrant or Runaway

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY

Application is complete
 Determined Eligibility:
 Selected for Verification

Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-Up Official's Signature: _____ Date: _____

NOTES: _____

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

SNAP TANF FDIPIR

If NO > Complete STEP 3. If YES > Check which program and write a case number here, then go to STEP 4 (Do not complete STEP 3)

Write only one case number in this space. Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced-Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child income \$ _____ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
Lucy Hayes	\$ 375	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bob Hayes	\$ 700	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Total Household Members 5 Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X 1 2 3 4 Check if no SSN

Total Income
 $375 \times 52 = 19,500$
 $700 \times 24 = 16,800$
 36,300 annually
 Family of 5
Free
Error-prone

STEP 4 Contact Information and Adult Signature

"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."

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (optional) _____

Printed name of adult completing the form _____ Signature of adult completing the form _____ Today's date _____

Jackson Application

Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY

Application is complete
 Selected for Verification

Determining Official's Signature: _____ Date: _____
 Confirmed Eligibility: FREE REDUCED PAID ERROR-PRONE?
 Confirming Official's Signature: _____ Date: _____
 Follow-Up Official's Signature: _____ Date: _____

NOTES: _____

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
 Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.

Child's First Name	MI	Child's Last Name	Check box if child is a student at Prickly Pear	Check box if child is a Foster Child or is Homeless, Migrant, or Runaway	Foster Child	Homeless, Migrant, Runaway
Oliver		Jackson	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

SNAP TANF FDIPIR

If NO > Complete STEP 3. If YES > Check which program and write a case number here, then go to STEP 4 (Do not complete STEP 3)

Write only one case number in this space. Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced-Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income
 Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child Income: \$ _____

B. All Adult Household Members (including yourself)
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/Child Support/Alimony	How often?				Pensions/Retirement/All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Total Household Members Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: Check if no SSN

Homeless

Confirm with liaison list?

STEP 4 Contact Information and Adult Signature

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.

Street Address (if available) Apt # City State Zip Daytime Phone and Email (optional)

Printed name of adult completing the form: _____ Signature of adult completing the form: Mary Smith Today's date: _____

James Application

Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.

Child's First Name	MI	Child's Last Name	Homeless, Migrant, Runaway
Henry		James	<input type="checkbox"/>
Hannah		James	<input type="checkbox"/>
			<input type="checkbox"/>

Check box if child is a student at **Pokay Cactus**
 Check box if child is a Foster Child or is Homeless, Migrant, or Runaway

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY

Application is complete
 Selected for Verification

Determined Eligibility: FREE REDUCED PAID ERROR-PRONE?

Confirming Official's Signature: _____ Date: _____
 Follow-Up Official's Signature: _____ Date: _____

Notes: _____

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

SNAP TANF FDPIR

Write only one case number in this space. Case Number: _____

If NO > Complete STEP 3. If YES > Check which program and write a case number here, then go to STEP 4 (Do not complete STEP 3)

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
 Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child income: \$ _____ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
Debbie James	\$ 1200	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mark James	\$ 600	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Total Household Members (Children and Adults) 4

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X 1234 Check if no SSN

Total Income
 1200 + 600 =
 1800 Bi-weekly

Family of 4

Paid

STEP 4 Contact Information and Adult Signature

"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."

Street Address (if available) _____ Apt# _____ City _____ State _____ Zip _____ Day/Time Phone and Email (optional) _____

Printed name of adult completing the form _____ Signature of adult completing the form Mark James Today's date _____

Johnson Application

Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.

Child's First Name	MI	Child's Last Name	Check box if child is a student at Pokey Cactus		Check box if child is a Foster Child or is Homeless, Migrant, or Runaway	
Marcus		Johnson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toby		Johnson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garrit		Williams	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY

Application is complete
 Selected for Verification

Determining Official's Signature: _____ Date: _____
 Confirmed Eligibility: FREE REDUCED PAID ERROR-PRONE?
 Confirming Official's Signature: _____ Date: _____
 Follow-Up Official's Signature: _____ Date: _____

NOTES: _____

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

SNAP TANF FDPIR

If NO > Complete STEP 3. If YES > Check which program and write a case number here, then go to STEP 4 (Do not complete STEP 3)

Write only one case number in this space. Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced-Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL Income earned by all Household Members listed in STEP 1 here.

Child income: \$ _____ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/Child Support/Alimony	How often?				Pensions/Retirement/All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
Jordan Johnson	\$ 500	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sally Johnson	\$ 2500	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Total Household Members (Children and Adults) 5

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X 1 2 3 4 Check if no SSN

Total Income
 $500 \times 52 = 26,000$
 $2500 \times 12 = 30,000$
 $30,000 + 26,000 = 56,000$ Annually

Family of 5

Foster & Paid

STEP 4 Contact Information and Adult Signature

"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."

Street Address (if available) _____ Apt. # _____ City _____ State _____ Zip _____ Daytime Phone and Email (optional) _____

Printed name of adult completing the form _____ Signature of adult completing the form: Jordan Johnson Today's date _____

Jones Application

Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY

Application is complete
 Selected for Verification

Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-Up Official's Signature: _____ Date: _____

NOTES: _____

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
 Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.

Child's First Name	MI	Child's Last Name	Homeless, Migrant, Runaway
Tom		Jones	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Check box if child is a student at Dry Desert
 Check box if child is a Foster Child or is Homeless, Migrant, or Runaway

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

SNAP TANF FDPIR

If NO > Complete STEP 3. If YES > Check which program and write a case number here, then go to STEP 4 (Do not complete STEP 3)

Write only one case number in this space. Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced-Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income
 Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child income: \$ _____ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
Mary Jones	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Total Household Members (Children and Adults) **2**

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X X X _____

Check if no SSN

Zero Income
Free

STEP 4 Contact Information and Adult Signature

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.

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (optional) _____

Printed name of adult completing the form: _____ Signature of adult completing the form: Mary Jones Today's date: _____

Kermit Application

Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY

Application is complete
 Determined Eligibility: FREE REDUCED PAID
 Selected for Verification

Deetermining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-Up Official's Signature: _____ Date: _____

NOTES: _____

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
 Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.

Child's First Name	MI	Child's Last Name	Homeless, Foster Child, Migrant, Runaway
Ella		Kermit	<input type="checkbox"/>
George		Kermit	<input type="checkbox"/>

Check box if child is a student at Dry Desert
 Check box if child is a Foster Child or is Homeless, Migrant, or Runaway

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

SNAP TANF FDPIR

If NO > Complete STEP 3. If YES > Check which program and write a case number here, then go to STEP 4 (Do not complete STEP 3)

Write only one case number in this space. Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
 Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child income: \$ 300 (Weekly) (Bi-Weekly) (2x Month) (Monthly)

B. All Adult Household Members (including yourself)
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
John Kermit	\$ 600	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 900	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Jane Kermit	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edith Kermit	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Total Household Members (Children and Adults) 5

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X 234 Check if no SSN

Total Income
 300 + 600 + 900 =
 1800

Family of 5

Free

STEP 4 Contact Information and Adult Signature

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.

Street Address (if available) _____ Apt# _____ City _____ State _____ Zip _____

Daytime Phone and Email (optional) _____

Printed name of adult completing the form: John Kermit
 Signature of adult completing the form: _____
 Today's date: _____

Potter Application

Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.

Child's First Name	MI	Child's Last Name		
Harry		Potter		

Check box if child is a student at Dry Desert

Check box if child is a Foster Child or is Homeless, Migrant, or Runaway

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY

Application is complete
 Determined Eligibility: FREE REDUCED PAID ERROR-PRONE?
 Selected for Verification

Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-Up Official's Signature: _____ Date: _____

NOTES: _____

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

SNAP TANF FDPIR

Write only one case number in this space. Case Number: _____

If NO > Complete STEP 3. If YES > Check which program and write a case number here, then go to STEP 4 (Do not complete STEP 3)

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced-Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child income \$ _____ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

STEP 4 Contact Information and Adult Signature

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.

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (optional) _____

Printed name of adult completing the form _____ Signature of adult completing the form Sirius Black Today's date _____

Foster

Free

Smith Application

Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY

Application is complete
 Determined Eligibility: FREE REDUCED PAID ERROR-PRONE?
 Selected for Verification
 Confirming Official's Signature: _____ Date: _____
 Follow-Up Official's Signature: _____ Date: _____

NOSES: _____

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
 Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.

Child's First Name	MI	Child's Last Name	Homeless, Foster Care, Migrant, Runaway
Susie		Smith	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Check box if child is a student at Pokey Cactus

Check box if child is a Foster Child or is Homeless, Migrant, or Runaway

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

SNAP TANF FDIPIR Write only one case number in this space.

If NO > Complete STEP 3. If YES > Check which program and write a case number here, then go to STEP 4 (Do not complete STEP 3)

Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced-Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income
 Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child income: \$ _____

B. All Adult Household Members (including yourself)
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/Child Support/Alimony	How often?				Pensions/Retirement/All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
Laura Smith	\$ 400	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 400	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fred Smith	\$ 800	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Total Household Members (Children and Adults) 3

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X X _____

Check if no SSN

Total Income
 800+400
 =1200 Bi-weekly

Family of 3

Incomplete

Reduced

STEP 4 Contact Information and Adult Signature

"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."

Street Address (if available) _____ Apt # _____

City _____ State _____ Zip _____

Daytime Phone and Email (optional) _____

Printed name of adult completing the form _____

Signature of adult completing the form: Laura Smith

Today's date _____

Underwood Application

Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY

Application is complete
 Selected for Verification

Determining Official's Signature: _____ Date: _____
 Confirmed Eligibility: FREE REDUCED PAID ERROR-PRONE?
 Confirming Official's Signature: _____ Date: _____
 Follow-Up Official's Signature: _____ Date: _____

NOTES: _____

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
 Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.

Child's First Name	MI	Child's Last Name	Homeless, Foster Child, Migrant, Runaway
Carrie		Underwood	<input checked="" type="checkbox"/>
Megan		Underwood	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Check box if child is a student at Prickly Pear
 Check box if child is a Foster Child or is Homeless, Migrant, or Runaway

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

SNAP TANF FDPIR

If NO > Complete STEP 3. If YES > Check which program and write a case number here, then go to STEP 4 (Do not complete STEP 3)

Write only one case number in this space. Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced-Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income
 Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child income \$ _____ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/Child Support/Alimony	How often?				Pensions/Retirement/All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
Frances Underwood	\$ 600	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grover Underwood	\$ 1100	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Total Household Members (Children and Adults) 4 Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X 1 2 3 4 Check if no SSN

Total Income
 600+1100
 =1700 Bi-weekly
 Family of 4
Reduced
Error-prone

STEP 4 Contact Information and Adult Signature

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.

Street Address (if available) _____ Apt # _____
 City _____ State _____ Zip _____
 Daytime Phone and Email (optional) _____

Printed name of adult completing the form _____
 Signature of adult completing the form _____
 Today's date _____

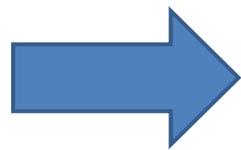
Flow of Household Applications



FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

PART 1 - ALL HOUSEHOLD MEMBERS

NAME	DOB	SEX	RELATIONSHIP TO APPLICANT	ETHNICITY	STATUS	DATE OF BIRTH	DATE OF DEATH	DATE OF ENTRY INTO HOUSEHOLD	DATE OF LEAVING HOUSEHOLD
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									



[INSERT SCHOOL DISTRICT LETTERHEAD]

Dear Parent/Guardian:

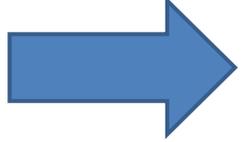
We are pleased to inform you that all children attending [Name of School] will receive meals at no charge during school year [Enter school year] unless otherwise notified. Providing meals to children is a growing challenge and requires our taking advantage of all available funding resources. One of these resources is the reimbursement program for free and reduced price meals provided from the United States Department of Agriculture (USDA). So that we can keep our costs low and provide excellent food service for children, we need some information for USDA reimbursement purposes. Your cooperation is appreciated. Please answer all questions on the income application form. An income application which does not contain the requested information cannot be processed by the school.

- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free or reduced price meals. Do not fill out a reduced price meal application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all requested information. Before the completed application to [insert address, phone number].
- WHO CAN GET FREE MEALS?** All children in households receiving benefits from SNAP, the Food Distribution Program on Indian Reservations or TANF and most foster children can get free meals regardless of their income. Also, your children can get free meals if your household's gross income is within the free limits in the Federal Income Guidelines.
- CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** Yes. You haven't been told your children will get free meals, please call or e-mail [school, homeless liaison or migrant coordinator information] to see if they qualify.
- WHO CAN GET REDUCED PRICE MEALS?** Your children can get reduced price meals if your household income is within the reduced price limits.
- SHOULD I FILL OUT AN APPLICATION IF I RECEIVE A LETTER THIS YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you get carefully and follow the instructions. Call the school at [insert number].

FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

PART 2 - ALL HOUSEHOLD MEMBERS

NAME	DOB	SEX	RELATIONSHIP TO APPLICANT	ETHNICITY	STATUS	DATE OF BIRTH	DATE OF DEATH	DATE OF ENTRY INTO HOUSEHOLD	DATE OF LEAVING HOUSEHOLD
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									



FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

Part 3 - Income Guidelines

Year	Month	Pa	Mo	Pa	Mo	Pa	Mo	Pa	Mo
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

INCOME GUIDELINES
July 1, 2013 - June 30, 2014

FREE					REDUCED				
Family Size	Year	Month	Pa	Mo	Family Size	Year	Month	Pa	Mo
1	2013	7	1,250	1,445	1	2013	7	1,250	1,445
2	2013	7	1,500	1,740	2	2013	7	1,500	1,740
3	2013	7	1,750	2,035	3	2013	7	1,750	2,035
4	2013	7	2,000	2,330	4	2013	7	2,000	2,330
5	2013	7	2,250	2,625	5	2013	7	2,250	2,625
6	2013	7	2,500	2,920	6	2013	7	2,500	2,920
7	2013	7	2,750	3,215	7	2013	7	2,750	3,215
8	2013	7	3,000	3,510	8	2013	7	3,000	3,510
9	2013	7	3,250	3,805	9	2013	7	3,250	3,805
10	2013	7	3,500	4,100	10	2013	7	3,500	4,100
11	2013	7	3,750	4,395	11	2013	7	3,750	4,395
12	2013	7	4,000	4,690	12	2013	7	4,000	4,690
13	2013	7	4,250	4,985	13	2013	7	4,250	4,985
14	2013	7	4,500	5,280	14	2013	7	4,500	5,280
15	2013	7	4,750	5,575	15	2013	7	4,750	5,575
16	2013	7	5,000	5,870	16	2013	7	5,000	5,870
17	2013	7	5,250	6,165	17	2013	7	5,250	6,165
18	2013	7	5,500	6,460	18	2013	7	5,500	6,460
19	2013	7	5,750	6,755	19	2013	7	5,750	6,755
20	2013	7	6,000	7,050	20	2013	7	6,000	7,050

Household Application completed and sent back to school. School DATE STAMPS

Household Application and Parent Letter to all students who are not DC Match

INCOME GUIDELINES
July 1, 2013 - June 30, 2014

FREE					REDUCED				
Family Size	Year	Month	Pa	Mo	Family Size	Year	Month	Pa	Mo
1	2013	7	1,250	1,445	1	2013	7	1,250	1,445
2	2013	7	1,500	1,740	2	2013	7	1,500	1,740
3	2013	7	1,750	2,035	3	2013	7	1,750	2,035
4	2013	7	2,000	2,330	4	2013	7	2,000	2,330
5	2013	7	2,250	2,625	5	2013	7	2,250	2,625
6	2013	7	2,500	2,920	6	2013	7	2,500	2,920
7	2013	7	2,750	3,215	7	2013	7	2,750	3,215
8	2013	7	3,000	3,510	8	2013	7	3,000	3,510
9	2013	7	3,250	3,805	9	2013	7	3,250	3,805
10	2013	7	3,500	4,100	10	2013	7	3,500	4,100
11	2013	7	3,750	4,395	11	2013	7	3,750	4,395
12	2013	7	4,000	4,690	12	2013	7	4,000	4,690
13	2013	7	4,250	4,985	13	2013	7	4,250	4,985
14	2013	7	4,500	5,280	14	2013	7	4,500	5,280
15	2013	7	4,750	5,575	15	2013	7	4,750	5,575
16	2013	7	5,000	5,870	16	2013	7	5,000	5,870
17	2013	7	5,250	6,165	17	2013	7	5,250	6,165
18	2013	7	5,500	6,460	18	2013	7	5,500	6,460
19	2013	7	5,750	6,755	19	2013	7	5,750	6,755
20	2013	7	6,000	7,050	20	2013	7	6,000	7,050

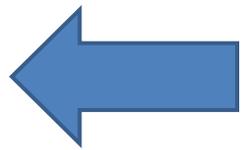
NOTIFICATION LETTER FOR SCHOOL MEALS

Your household is notified that your child(ren) is/are eligible for free and reduced price school meals.

Approved for free meals () Income over the allowable amount
 Approved for reduced price meals () TANF/CAPTOP cases & results
 Approved for reduced price meals () Homeless application. This housing is interim.
 Other ()

Name: _____ Address: _____

Send Notification Letter to Household.



Using the Income Eligibility Guidelines and Error Prone Guidelines, determine Free, Reduced, Paid and flag Error Prone. Must complete within 10 operating days.



What do you do before sending out household applications?

Run Direct Certification

Lunch Break



Student Eligibility: ABC

Direct Certification

Direct Certification (DC)

- Direct Certification is a process of determining which children are eligible for free meal benefits based on documentation obtained directly from the appropriate State or local agency.
 - In most situations this should not involve the household.
 - No application is necessary if eligibility is determined through the direct certification process.
 - Eligibility is for the entire school year.



DC Computer Matching

Student information is uploaded to CNP Direct Certification in Common Logon



The system looks for matching student information in the DES database



The system generates a report outlining which students match and for which assistance program they match in.



Compare



Results

Match/No Match

Record Number	SSN	First Name	Last Name	Birthdate	DES Results	DES Decision Date	SNAP	TANF	MA	FOSTER	Upload Message
1	11101123			01/01/1900	No Match						
2	20145678			01/01/1900	No Match						
3	51120416			01/01/1900	No Match						

What are the benefits of DC?

- School
 - Increase number of children eligible for free meals
 - Increase participation in the school lunch and breakfast programs
 - Increase in federal dollars that come to the schools for meal reimbursement
 - Reduction in paperwork associated with certifying children
 - Reduction in amount of families that would be subject to the verification process
- Student/Family
 - Automatic eligibility for free meals
 - Reduced burden to provide supporting documentation to support free eligibility
 - Reduced need to complete school forms
 - Eliminates the possibility of losing forms
 - Improved readiness to learn through better nutrition

Where do I go to run Direct Certification?

Common Logon → CNPDirectCertification → Choose your search method



Standard Information (First Name, Last Name, Birthdate)

Search Input

Record Number	First Name	Last Name	Birthdate
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Click here to submit your search:

SAIS Information

Search Input

Record Number	SAIS ID
1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>
6	<input type="text"/>
7	<input type="text"/>
8	<input type="text"/>
9	<input type="text"/>
10	<input type="text"/>

Click here to submit your search:

Social Security Number Information

Search Input

Record Number	SSN
1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>
6	<input type="text"/>
7	<input type="text"/>
8	<input type="text"/>
9	<input type="text"/>
10	<input type="text"/>

Click here to submit your search:

File Upload

- Use this page to check the eligibility of a large number of students by uploading (or sending) a file to ADE.
- The file upload must match one of the 4 upload formats (see the [Help](#) for more information), which defines the type of upload you are performing.
- If you are unsure how to save a ".csv" file please refer to the Direct Certification Manual or contact your specialist at (602) 542-8700 for more information.
- THE DIRECT VERIFICATION FUNCTIONALITY IS NOT AVAILABLE AT THIS TIME. Note: Direct Verification will become available on 10/1/2015.
- The "Case Number Format" upload is only available when Direct Verification is available.
- You may download the results as a ".csv" file (compatible with Microsoft Excel) by clicking on the "Download" button.
- The results for files containing more than 10,000 students will be available as a download only.

File Upload

Select a File to Upload

Click here to upload your file:

Options

Show these students in the results:

Check all that apply:

- Students that Match
- Students that Don't Match
- Students with Upload Messages

Check here to do a Direct Verification search

- If you choose File Upload you will need to create your own spreadsheet using the exact format
- You can use this method for your entire student population
- You can use: Standard Format, SAIS, SS#

File Upload

	A	B	C	D
1	Standard			
2	1 John	Smith	10/23/2001	
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

	A	B	C	D
1	Standard			
2	1 John	Smith	10/23/01	
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

File Upload

- Must be saved as CSV

File Upload

Select a File to Upload

 C:\Users\lcler\Documents\eligibility\ABC\Standard Format File Upload.xlsx

Click here to upload your file:



File Upload

Select a File to Upload

 C:\Users\lcler\Documents\eligibility\ABC\Standard Format File Upload.csv

Click here to upload your file:



State Match

- Use this method to check the eligibility of all students for a selected sponsor and/or site by comparing the SAIS data to the DES data.
- The sponsor(s) you are authorized for are listed or displayed in the "Sponsor Selection" area.
- The site(s) you are authorized for are listed in the "Site Selection" drop down. Select "All Sites" to check all students for a selected sponsor at once.
- Select the "Options" as desired and click the "Submit" button to view the results for the selected sponsor on this page.
- You may download the results as a ".csv" file (compatible with Microsoft Excel) by clicking on the "Download" button.
- If the sponsor or site you select has more than 5000 students your search results will only be available in download format.

Search Criteria

Sponsor Selection

A & A COTTAGES INC (072745000) 

Site Selection

All Sites 

Click here to process your State Match: 

Options

Show these students in the display:

- All students
- Students that Match
- Students that Don't Match

Provide my results as:

- On-screen Display only
- Download only
- On-screen Display AND Download

- If your site reports SAIS information to ADE you can select your name and run a report on all of your students

Student Accountability Information Services ID (SAIS IDs)

- SAIS
 - All public and charter schools are required to submit enrollment information to ADE each school year
 - Up to 2 week delay from when data is submitted to ADE to CNP Web
 - If you haven't submitted your SAIS information to ADE you will not get any matches
 - State Match, File Upload using SAIS IDs and Individual Student Look Up using SAIS IDs.
 - Sites that aren't a "legal entity" of the Sponsor will not show up in State Match

Who is the SAIS coordinator at your site?

ADE SAIS: <http://www.azed.gov/student-accountability/>

SAIS Support Center:

Phone: 602-542-7378

Toll Free: 1-866-577-9636

Email: ADESupport@azed.gov

Individual Student Lookup

- Use this method to check the eligibility of up to 10 students at a time.
- Starting with the first row, enter each student's First Name, Last Name, and Birthdate (enter the Birthdate as 'mm/dd/yyyy').
- When you are finished entering the data, click the "Submit" button. The list of students and their eligibility will be displayed.
- THE DIRECT VERIFICATION FUNCTIONALITY IS NOT AVAILABLE AT THIS TIME. Note: Direct Verification will become available on 10/1/2015.
- The "Case Number Format" search option is only available when Direct Verification is available.
- You may download the results as a ".csv" file (compatible with Microsoft Excel) by clicking on the "Download" button.

Search Input

Record Number	First Name	Last Name	Birthdate
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>

Click here to submit your search:

Options

- Search using this format:**
- Standard Format (First and Last Name, Birthdate)
 - SAIS ID Format
 - SSN Format
 - Case Number Format (DES SNAP/TANF Case Number)
- Show these students in the display:**
- Check all that apply:
- Students that Match
 - Students that Don't Match
 - Students with Upload Messages
- Check here to do a Direct Verification search

- You can search for up to 10 students at a time
- You must choose which format to use: Standard, SAIS, SS#
- *Case number is only available during verification

How-To-Guides

You are here: [Home](#) / National School Lunch & School Breakfast Program

National School Lunch & School Breakfast Program



Mission:

To safeguard the health and well-being of the nation's children by establishing good eating habits and providing adequate food for the children.



Manuals, Guides, and Memos

Available with detailed information on requirements regarding verification, eligibility, special dietary needs and all aspects of operating child nutrition programs.

Manuals, Guides, and Memos

Web-based *Step by Step Instruction* How-To-Guides

Direct Certification:

- [How to Conduct Direct Certification \(Introduction\)](#)
 - [How to Conduct Direct Certification using File Upload: SAIS IDs](#)
 - [How to Conduct Direct Certification using File Upload: Social Security Numbers \(SSN\)](#)
 - [How to Conduct Direct Certification using File Upload: Standard Format](#)
 - [How to Conduct Direct Certification using Individual Student Look Up](#)
 - [How to Conduct Direct Certification using State Match](#)
- [How To Conduct Direct Certification using Other Documentation](#)

Direct Certification Results

Results

Processed as:	Standard		
Prepared by:	Lindsey Cler	Date Prepared:	9/1/2015 10:22 AM
Direct Verification:	No	Displaying:	Matches , Non-Matches
Records Processed:	4	Validation Errors Found:	0
Matches Found:	2	Non-Matches Found:	2
SNAP Matches:	1	MA Matches:	0
TANF Matches:	1	Foster Matches:	0
BIA Matches:	0	Migrant Matches:	0

Click here to download your results: 

Record Number ^	First Name	Last Name	Birthdate	DES Results	DES Decision Date	SNAP	TANF	MA	FOSTER	FDPIR	MIG	Upload Message
1	George	Kermit	05/20/2007	Match		Y						
2	Ella	Kermit	02/15/2005	No Match								
3	Taylor	Swift	10/02/2001	Match			Y					
4	Selena	Gomez	08/24/2000	No Match								

- SNAP- Supplemental Nutrition Assistance Program
- TANF- Temporary Assistance for Needy Families
- MA- Medical Assistance (only used during verification)
- Foster- Foster child

New to DC:

- FDPIR – Food Distribution Program on Indian Reservations
- MIG – Migrant child

Direct Certification Results

Record Number ^	First Name	Last Name	Birthdate	DES Results	DES Decision Date	SNAP	TANF	MA	FOSTER	FDPIR	MIG	Upload Message
1	George	Kermit	05/20/2007	Match		Y						
2	Ella	Kermit	02/15/2005	No Match								
3	Taylor	Swift	10/02/2001	Match			Y					
4	Selena	Gomez	08/24/2000	No Match								

- A student can match in more than one column
- A match in any column means the student eats for free
- Match in SNAP, TANF, and/or FDPIR
 - Benefits extend to the other children in the household
- Match in Foster or Migrant
 - Benefits are only for that child and do not extend to other children in the household.

Direct Certification Sample

Results

Processed as:	Standard		
Prepared by:	Lindsey Cler	Date Prepared:	9/1/2015 10:22 AM
Direct Verification:	No	Displaying:	Matches , Non-Matches
Records Processed:	4	Validation Errors Found:	0
Matches Found:	2	Non-Matches Found:	2
SNAP Matches:	1	MA Matches:	0
TANF Matches:	1	Foster Matches:	0
BIA Matches:	0	Migrant Matches:	0

Click here to download your results: 

Record Number ^	First Name	Last Name	Birthdate	DES Results	DES Decision Date	SNAP	TANF	MA	FOSTER	FDPIR	MIG	Upload Message
1	George	Kermit	05/20/2007	Match		Y						
2	Ella	Kermit	02/15/2005	No Match								
3	Taylor	Swift	10/02/2001	Match			Y					
4	Selena	Gomez	08/24/2000	No Match								

*Date prepared is when benefits begin

What if....

You run direct certification and your results look like this:

SNAP	TANF	MA	FOSTER	FDPIR	MIG	Upload Message
Y						
					Y	
	Y		Y			
				Y		

Would the benefits extend to siblings for the student in the row noted?

NO

What if....

You run direct certification and your results look like this:

SNAP	TANF	MA	FOSTER	FDPIR	MIG	Upload Message
Y						
					Y	
	Y		Y			
				Y		

Would the benefits extend to siblings for the student in the row noted?

YES

What if....

You run direct certification and your results look like this:

SNAP	TANF	MA	FOSTER	FDPIR	MIG	Upload Message
Y						
					Y	
	Y		Y			
				Y		

Would the benefits extend to siblings for the student in the row noted?

YES

What if....

You run direct certification and your results look like this:

SNAP	TANF	MA	FOSTER	FDPIR	MIG	Upload Message
Y						
					Y	
	Y		Y			
				Y		

Would the benefits extend to siblings for the student in the row noted?

YES

What about the MA Column?

SNAP	TANF	MA	FOSTER	FDPIR	MIG	Upload Message
Y						
					Y	
	Y		Y			
				Y		

- You should not see anything in this column during Direct Certification.
- This column notes if a student is a match in a Medical Assistance program in Direct Verification.
 - This is only active during **verification** time, **and** if you check the Direct Verification Search box.

Options

Show these students in the results:

Check all that apply:

- Students that match DES
- Students that don't match DES
- File upload messages

Check here to do a Direct Verification search

Verification

- In 2013-14:
 - 7 billion meals were served (5 billion lunch, 2 billion breakfast)
 - \$15 billion were reimbursed (\$11.4 billion lunch, \$3.6 billion breakfast)
- Verification is a check and balance where 3% of the total applications are chosen and the household is asked to provide documentation supporting the information listed on the application.

*Drop-In Workshop: Preparing for Verification

- October 1, 7 – Phoenix
- October 8 – Tucson
- October 9 - Flagstaff

Activity

Direct Certification Activity

Record Number ^	First Name	Last Name	Birthdate	DES Results	DES Decision Date	SNAP	TANF	MA	FOSTER	FDPIR	MIG	Upload Message
1	Student	A	02/11/2000	Match			Y					
2	Student	B	08/03/2003	Match		Y						
3	Student	C	10/15/2005	Match							Y	
4	Student	D	09/23/2002	Match						Y		
5	Student	E	11/04/2005	No Match								
6	Student	F	04/22/2004	Match					Y	Y		
7	Student	G	08/12/2008	Match		Y	Y					
8	Student	H	03/17/2007	Match		Y						
9	Student	I	10/25/2006	Match					Y			
10	Student	J	12/01/2003	Match		Y			Y			

Using the Direct Certification results, determine if the benefits extend to other household members. Fill in the chart below with each student's benefit status (free, reduced, or paid) and whether or not the benefits extend.

Name	Benefit Status	Do benefits extend?
Student A		
Student B		
Student C		
Student D		
Student E		
Student F		
Student G		
Student H		
Student I		
Student J		

Record Number ^	First Name	Last Name	Birthdate	DES Results	DES Decision Date	SNAP	TANF	MA	FOSTER	FDPIR	MIG	Upload Message
1	Student	A	02/11/2000	Match			Y					
2	Student	B	08/03/2003	Match		Y						
3	Student	C	10/15/2005	Match							Y	
4	Student	D	09/23/2002	Match						Y		
5	Student	E	11/04/2005	No Match								
6	Student	F	04/22/2004	Match					Y	Y		
7	Student	G	08/12/2008	Match		Y	Y					
8	Student	H	03/17/2007	Match		Y						
9	Student	I	10/25/2006	Match					Y			
10	Student	J	12/01/2003	Match		Y			Y			

Name	Benefit Status	Do benefits extend?
Student A	Free	Yes
Student B	Free	Yes
Student C	Free	No
Student D	Free	Yes
Student E	Paid	No
Student F	Free	Yes
Student G	Free	Yes
Student H	Free	Yes
Student I	Free	No
Student J	Free	Yes

CNP Direct Certification Details



- CNP DC search must be performed for the **entire enrollment** for eligible children at **least 3 times per year.**
 - Initial Effort (before sending household applications)
 - 3 months after initial effort
 - 6 months after initial effort
 - May not be conducted prior to July 1st of the current school year

*Don't forget to save and/or print your results!

Eligibility lasts all year!



Notification of DC Benefits Letter

- Notify families within 10 days
- Modify the form as necessary
- Gives families the option to decline or notify you of other children in the household
- No need to send household application

NOTIFICATION LETTER FOR FREE SCHOOL MEALS DIRECT CERTIFICATION

Dear Parent/Guardian:

We want to let you know that the child(ren) listed below will receive free lunches, [breakfasts], and [snacks] at school because they receive [State SNAP] [FDPIR] or [State TANF].

Name of Child	Name of School

If there are other children in your household who aren't listed above, *they also qualify for free meals.*

Please contact the school your child/children attend in the following situations:

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

[name]

[phone number]

[e-mail address]

Sincerely,

[signature]

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Discussion

- At your table, discuss CNP Direct Certification practices at your site.
 - Who is in charge, how often you run it, which look up method you use, how/where you save your results, etc.

Direct Certification through other documentation

- School officials can receive agency documentation from households or through direct contacts with agency liaisons.
- These students will all receive free meals.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 NOTICE TO PROVIDER - EDUCATIONAL AND MEDICAL

DATE OF ISSUE: 01/01/2013

THIS NOTICE IS TO BE COMPLETED BY THE PROVIDER AND RETURNED TO THE ARIZONA DEPARTMENT OF ECONOMIC SECURITY (ADES) AT THE ADDRESS LISTED BELOW. THIS NOTICE IS TO BE COMPLETED BY THE PROVIDER AND RETURNED TO THE ADES AT THE ADDRESS LISTED BELOW. THIS NOTICE IS TO BE COMPLETED BY THE PROVIDER AND RETURNED TO THE ADES AT THE ADDRESS LISTED BELOW.

Liaison Lists

Liaison Lists

1. John Doe- 12/15/13
2. Susie Smith- 3/25/12

Official Signature

DEPARTMENT OF HEALTH & HUMAN SERVICES
 ADMINISTRATION FOR CHILDREN AND FAMILIES

October 6, 2013

Dear Client:

This letter represents the annual allocation for the fiscal year 2013 for the Child Care Development Fund. This letter represents the annual allocation for the fiscal year 2013 for the Child Care Development Fund. This letter represents the annual allocation for the fiscal year 2013 for the Child Care Development Fund.

Head Start Enrollment

1. John Smith
2. Jane Doe
3. Suzie Jones
4. Mark Johnson
5. Jimmy Jones
6. Wiley Coyote
7. Apple Annie
8. Melanie Mangro

Notice to Provider Form
 Foster Children

Liaison Lists
 Homeless Students
 Migrant Students
 Runaway Students

TANF or FDPIR Benefits Letters
 Students who receive benefits from these AZ agencies can provide a copy of the benefits letter.

Head Start Enrollment rosters
 Pre-K Students

Direct Certification

There are 2 methods LEAs can use to receive documentation from State or Local agencies regarding which students are automatically eligible for free meals (directly certified).

1. Computer matching through CNP Direct Certification:



2. Receipt of other documents that provide evidence the student falls into one of the categories that automatically qualify to receive free meals:



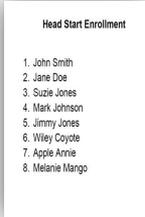
Notice to Provider Form



Liaison Lists



Benefits Letters



Enrollment rosters

Foster

When a child is in foster care in Arizona, the foster family will receive a **Notice to Provider Form**.

- Child eats for free
- Benefits don't extend to other household members

Foster Child: Child whose care and placement is the responsibility of the State or is *formally* placed by a court in a caretaker household, while the State retains legal custody of the child.

FC-069 (7-10) ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Administration for Children, Youth and Families

NOTICE TO PROVIDER - EDUCATIONAL AND MEDICAL

CHILD'S NAME (Last, First, M.I.)		BIRTHDATE	CHILD'S ID NO.
CPS SPECIALIST'S NAME (Print Name)	CPS SPECIALIST'S SIGNATURE		DATE
SUPERVISOR'S NAME			PHONE NO. ()
CPS SPECIALIST'S OFFICE ADDRESS (No., Street, City, State, ZIP)			

This notice serves to confirm that this child is in the care, custody and control of the Arizona Department of Economic Security. The child has been placed with the following authorized out-of-home care provider. 1) The whereabouts and information about this child is confidential. (El paradero e información sobre este niño(a) es confidencial.) 2) This notice confirms that the child is eligible for health coverage through CMDP. (Este aviso convalida que el niño(a) es elegible por seguro de salud mediante CMDP.) The school and medical provider need to make a copy of this form. (La escuela y proveedor deben hacer una copia de este formulario.)

OUT-OF-HOME CARE PROVIDER'S NAME (Last, First, M.I.)	PHONE NO. ()
OUT-OF-HOME CARE PROVIDER'S ADDRESS (No., Street, City, State, ZIP)	
NAME OF SCHOOL CHILD PREVIOUSLY ATTENDED	CURRENT GRADE
NAME OF SCHOOL DISTRICT WHERE THE PARENT(S) OF THE CHILD LIVED AT THE TIME THE CHILD WAS PLACED IN OUT-OF-HOME CARE	

THIS INDIVIDUAL IS:

Not permitted to have contact with the child.

Not permitted to remove the child from school.

Not permitted to have access to the child's medical records.

THIS INDIVIDUAL IS:

Not permitted to have contact with the child.

Not permitted to remove the child from school.

Not permitted to have access to the child's medical records.

THIS INDIVIDUAL IS:

Not permitted to have contact with the child.

Not permitted to remove the child from school.

Not permitted to have access to the child's medical records.

Concerns and notices of meetings regarding the special educational needs of the child should be addressed with the CPS specialist and IDEA parent. When the IDEA parent is not the foster parent, also include the foster parent.

SURROGATE PARENT(S) NAME (Last, First, M.I.)	<input type="checkbox"/> NA	PHONE NO. ()
SURROGATE PARENT(S) ADDRESS (No., Street, City, State, ZIP)		

See reverse side for CMDP information

PRIOR MEDICAL PROVIDER'S NAME	PHONE NO. ()
PRIOR MEDICAL PROVIDER'S ADDRESS (No., Street, City, State, ZIP)	

ROUTING: Original – Out-of-Home Care Provider; Copy – Permanent file

Homeless Liaison List

- A child is considered homeless if s/he is identified as lacking a fixed, regular, and adequate nighttime residence under the McKinney-Vento Homeless Assistance Act by the LEA liaison, or by the director of a homeless shelter.
- Acceptable documentation:
 - Child's name or a list of names
 - Effective date(s)
 - Signature of the LEA liaison or the director of the homeless shelter
- Child eats for free
- Benefits don't extend to other household members

Liaison Lists

1. John Doe- 12/15/13
2. Susie Smith- 3/25/12

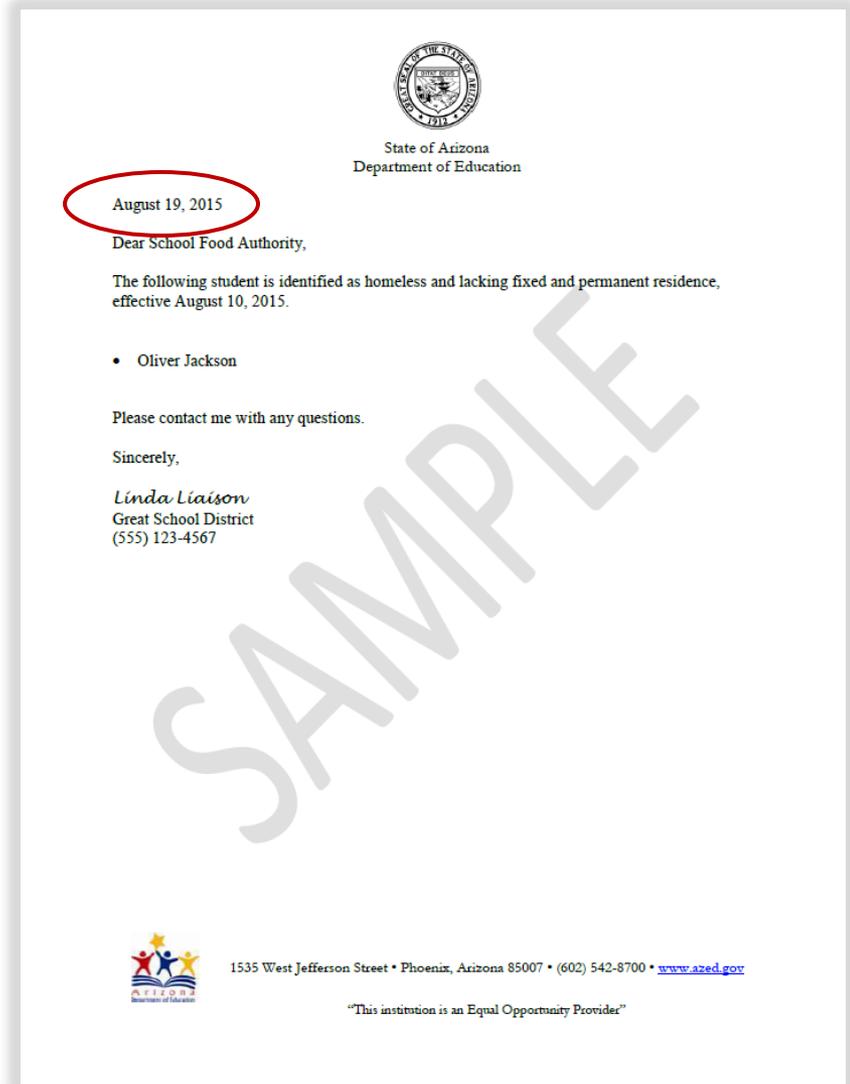
Official Signature

If you don't have a liaison....

- Only public and charter school are required to designate a homeless liaison.
 - Other schools are encouraged to establish a liaison.
- Other schools may use documentation obtained from shelter directors, a public school liaison, or the State Coordinator for Education of Homeless Children and Youth to determine a child's eligibility for free meals.

When do benefits begin?

- The date you receive the letter is when benefits begin.



Migrant

- A child who has moved across school district lines within the last three years in order to accompany or join a parent or guardian who has moved to seek or obtain temporary or seasonal work
- Acceptable documentation:
 - Child's name or a list of names
 - Effective date(s)
 - Signature of the State, regional, or local MEP director, coordinator, or local educational liaison
- Child eats for free
- Benefits don't extend to other household members

Liaison Lists

1. John Doe- 12/15/13
2. Susie Smith- 3/25/12

Official Signature

Runaway Liaison List

- A runaway child is identified as a runaway receiving assistance through a program under the Runaway and Homeless Youth Act (RYHA) by the local educational liaison.
 - Child's name or a list of names
 - Effective date(s)
 - Signature of the runaway/homeless liaison or other appropriate officials.
- Child eats for free
- Benefits don't extend to other household members

Liaison Lists

1. John Doe- 12/15/13
2. Susie Smith- 3/25/12

Official Signature

Liaison Coordinators

Make sure you know who yours is!

For more information about identifying and contacting your liaisons, contact:

Frank Migali at (602) 542-4963 (Homeless)

Mary Haluska at (602) 542-5169 (Migrant)

Homeless liaison for each LEA.

<http://www.azed.gov/populations-projects/home/homeless/>

Head Start

- Children enrolled in Federally-funded Head Start centers are eligible for free meals in the school meals.
- Acceptable documentation includes:
 - List of children enrolled in Head Start
- Child eats for free
- Benefits do not extend to other children in household

**Great Desert District
Heads Start Enrollment Roster|
School Year 2015-2016**

Student Name	Classroom
Alberts, Josie	Mrs. Smith
Benson, James	Mrs. Smith
Carson, Sally	Mrs. Smith
Daniels, Cora	Mrs. Smith
Farmer, Jordan	Mrs. Smith
Gonzales, Gretta	Mrs. Smith
Hanson, Tyler	Mrs. Smith
Johnson, Jessica	Mrs. Smith
Martinez, Scotty	Mrs. Smith
Olsen, Janet	Mrs. Jones
Peters, Alex	Mrs. Jones
Roberts, Suzie	Mrs. Jones
Smith, Meghan	Mrs. Jones
Tanner, Michelle	Mrs. Jones
Valenzuela, Zachary	Mrs. Jones
Wilson, Johnny	Mrs. Jones

TANF/FDPIR vs. SNAP Letters

- SNAP, TANF, FDPIR Letters:
 - Children eat for free
 - Benefits extend to other children in the household
- TANF/FDPIR letters are considered Directly Certified
- SNAP letters are **not** considered Directly Certified

TANF Letter

Temporary Assistance for Needy Families (TANF) provides families with cash assistance to care for children, and also assists with job preparation.

- The Department of Economic Security issues a letter to families who are approved to receive TANF assistance.
- All children in the household are directly certified for free meals.
- Families who provide a copy of their approval letter from do not need to turn in a household application.

Sample TANF Letter

Includes a case number

Includes family/student name

Indicates they are receiving CASH ASSISTANCE

Includes benefit information and time frame.

FAMILY ASSISTANCE ADMIN
ADDRESS

State of Arizona
Department of Economic Security
HTTP:// WWW.AZDES.GOV//FAA

OFFICE NUMBER:
CASE NUMBER:
NOTICE NUMBER:
MAILING DATE:

CUSTOMER NAME
ADDRESS

DEAR

Este aviso se refiere a la informacion importante acerca de sus beneficios, los plazos cortos para pedir una Audiencia y la manera de seguir recibiendo beneficios si usted esta en desacuerdo con nuestra decision. Llame de inmediato al DES al 1-855-432-7587 y DES le leeran esta aviso a usted en Espanol.

This Decision Is About Your Cash Assistance Application

CASH ASSISTANCE APPROVED: We APPROVED your Cash Assistance application received on 05/12/2015.

Benefit Amount

Starting 05/2015 you are eligible for \$xxxxxx. For the next month you are eligible for \$xxxxxx, and after that you are eligible for \$xxxxxx. Your benefit amount for the first month may be less than the monthly benefit amount that you are eligible for because your benefits started the day we received your application.

You are approved through 10/2015.

NOTE: You may get less in benefits if you have an ongoing overpayment and it is collected from your monthly benefits. Notices about overpayments are sent by the Office of Accounts Receivable and Collections.

Electronic Benefits Transfer (EBT)/Quest Card

For each month you are eligible, your benefits will go on your EBT card the first day of each month. The EBT card works like an ATM/debit card and may be used at retail stores where it is accepted. You can

FDPIR Letter

Food Distribution Program on Indian Reservations (FDPIR) provides food assistance to households residing on tribal land based on economic need.

FDPIR letters will vary in content depending on the tribal organization providing the assistance.

- Make sure you can connect your students to the family member listed
- Look for information indicating they are receiving benefits
- Look for a case number*
 - All children in the household are directly certified for free meals.
 - Families who provide a copy of their approval letter from do not need to turn in a household

*FDPIR case numbers will vary in format based on the tribal organization that issues the benefits. This chart shows the case number format for tribes in Arizona.

If a tribe is not listed below, they most likely do not participate in FDPIR.

Indian Tribal Organization	Case Number Format
White Mountain Apache Tribe, Navajo Nation, Tohono O'odham Nation, Quechan Indian Tribe, San Carlos Apache Tribe	Head of Household's Social Security Number (ex. 123456)
Colorado River Indian Tribes	Update: 4 digits, no preceding zero
Gila River Indian Community	A letter plus a number 1-7 plus the last four numbers of the head of household's SSN – (ex.D61234)

For additional information visit: <http://www.fns.usda.gov/fdpir/fdpir-contacts>

SNAP Letter Method

Supplemental Nutrition Assistance Program (SNAP) provides families with financial assistance for food. This is the program formerly referred to as food stamps.

- These families also receive an approval letter that looks very similar to a TANF letter. Be sure to look closely to see if the family is receiving SNAP or TANF.
- Per USDA guidance, these students are not considered directly certified.
 - These students still receive free meals
 - You can still extend eligibility to other students in the household

Sample SNAP Letter

**FAMILY ASSISTANCE ADMIN
ADDRESS**

State of Arizona
Department of Economic Security
HTTP:// WWW.AZDES.GOV//FAA

OFFICE NUMBER:
CASE NUMBER:
NOTICE NUMBER:
MAILING DATE:

Includes a case number →

Includes family/student name →

CUSTOMER NAME
ADDRESS

DEAR

Indicates they are receiving NUTRITION ASSISTANCE →

Este aviso se refiere a la informacion importante acerca de sus beneficios, los plazos cortos para pedir una Audiencia y la manera de seguir recibiendo beneficios si usted esta en desacuerdo con nuestra decision. Llame de inmediato al DES al 1-855-432-7587 y DES le leeran esta aviso a usted en Espanol.

This Decision Is About Your **Nutrition Assistance** Application

NUTRITION ASSISTANCE APPROVED: We APPROVED your Nutrition Assistance application received on 05/19/2015.

Includes name and birthdate for all persons receiving benefits. →

The following persons are included in your household. The income, resources, and expenses of these persons are used to determine if you are eligible for Nutrition Assistance benefits and the monthly amount you will get.

Name	Date of Birth
Name and Date of Birth for each person receiving benefits.	

Sample SNAP Letter

Benefit Amount

Starting 05/2015 you are eligible for \$xxxxxx. For the next month you are eligible for \$xxxxxx, and after that you are eligible for \$xxxxxx. Your benefit amount for the first month may be less than the monthly benefit amount that you are eligible for because your benefits started the day we received your application.

These amounts may change if there is a change in the number of people in your household, income and/or expenses for the 2nd and 3rd months. We will send you a separate notice if this is the case.

There are also certain households that meet the requirements of a

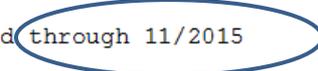
special household. These households may be eligible for the minimum allotment of \$16.00.

You are approved through 11/2015

NOTE: You may get less in benefits if you have an ongoing overpayment and it is collected from your monthly benefits. Notices about overpayments are sent by the Office of Accounts Receivable and Collections.

This amount may change without notice if you have a pending Cash Assistance application and it is approved.

Includes benefit amount and time frame.



SNAP Letter

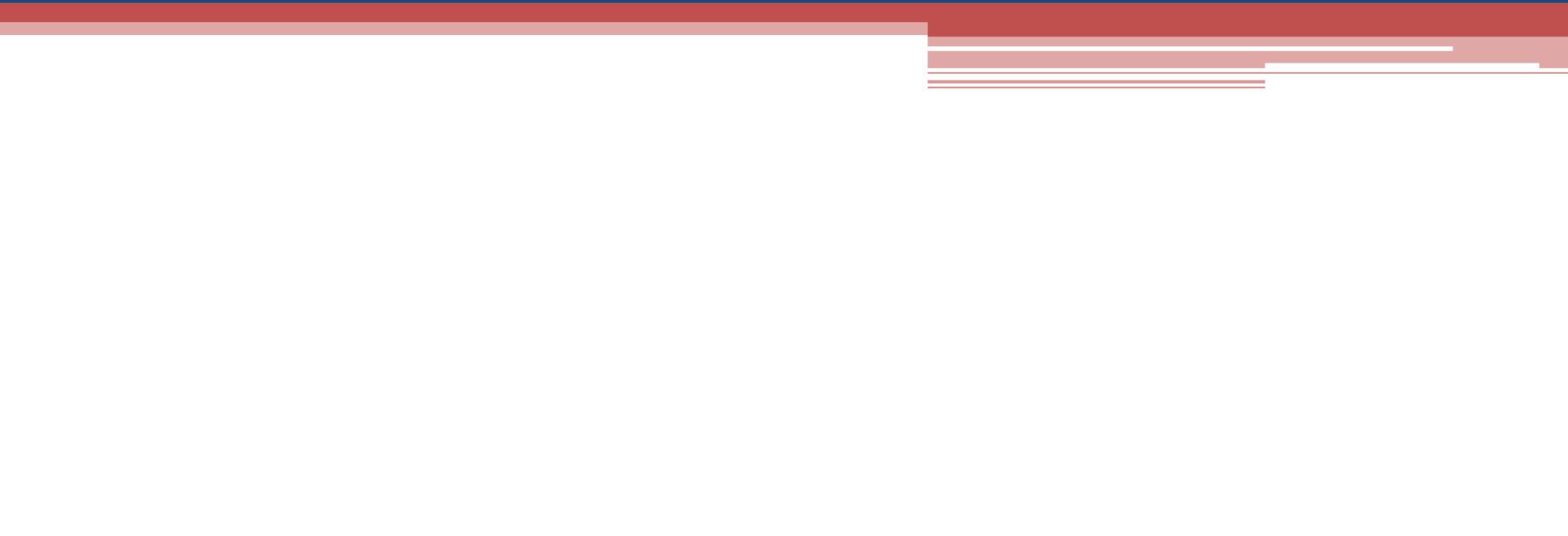
Zero Benefits Letter

- If a family provides a SNAP letter, the LEA official must carefully review the content.
- If the letter is from a SNAP agency and states that the family is “**eligible for zero benefits,**” the students in that household are **NOT** eligible for free meals. The household will need to submit an application with household size and income information.

Reminder:
Eligibility lasts all year
Families don't need an application



Break

The slide features a solid dark blue background. The word "Break" is written in a large, white, sans-serif font on the left side. A thick red horizontal bar spans the width of the slide, positioned below the text. On the right side of this bar, there are several thin, white horizontal lines of varying lengths, creating a decorative graphic element.

Student Eligibility: ABC

Benefit Issuance Document (BID)

Benefit Issuance Document (BID)

- The BID is a document that tracks which students are eligible for meal benefits, as well as when and how they were certified.

Importance of BID

- Student's eligibility should be tracked properly so they receive appropriate meals
- Submit accurate claims

You assigned each student an eligibility, then you create a BID.

Free
Students

Reduced
Students

Paid
Students



Creating a BID

- There is no right or wrong way to format your BID; it just needs to include the necessary information.
- Each LEAs BID will look different – whatever works best for you!
- Can include paid students
- Can be paper or electronic
 - *Recommend electronic so it's easier to update and filter
- You must have documentation on file to support everything in your BID.

Parts of the BID

At a minimum, the BID should include:

- Student's name
- School name (for multi-site SFA's)
- Benefit status (Free/Reduced/Paid)
- Method of certification
- Date of certification

Sample BID

Student Name	School Name	Benefits (F/R/P)	Method	Certified Date
Coyote, Wiley	Dry Desert High School	Free	Income App	8/1/15
Devil, Dusty	Dry Desert High School	Reduced	Income App	8/30/15
Granger, Hermione	Hogwarts High	Paid		7/16/15
Lee, Brock	Healthy High School	Free	DC TANF	8/5/15
Potter, Harry	Hogwarts High	Free	Foster App	9/3/15
Weasley, Ron	Hogwarts High	Free	DC SNAP	7/16/15
Weasley, Ginny	Hogwarts Middle School	Free	DC SNAP	7/16/15

Student's Name

- Include first and last name.
- Make sure there are no duplicates.
- It can be organized alphabetically, by grade, or by classroom.
- Do not group them by benefit status.

Student Name
Coyote, Wiley
Devil, Dusty
Granger, Hermione
Lee, Brock
Potter, Harry
Weasley, Ron
Weasley, Ginny

School Name

- If you are an SFA with more than one site, you should include the school name.

School Name
Dry Desert High School
Dry Desert High School
Hogwarts High
Healthy High School
Hogwarts High
Hogwarts High
Hogwarts Middle School

Benefits

- You need to know if the student meals will be claimed for free, reduced, or paid meals.
 - You may choose not to include paid students
- This is determined by the documentation you have on file.

Benefits (F/R/P)
Free
Reduced
Paid
Free
Free
Free
Free

Method

- The method of certification reflects the documentation you have on file to show the eligibility status of the student.

Method
Income App
Income App
DC TANF
Foster App
DC SNAP
DC SNAP

Certified Date

- This reflects the date you determined the eligibility status. This is the date when you would be able to claim student's meals based on their eligibility.
 - Certified household application
 - Ran Direct Certification
 - Received SNAP letter
 - Received notice to provider
 - Received homeless liaison list

Certified Date
8/1/15
8/30/15
7/16/15
8/5/15
9/3/15
7/16/15
7/16/15

Sample BID

- Ensure confidentiality

Student Name	School Name	Benefits (F/R/P)	Method	Certified Date
Coyote, Wiley	Dry Desert High School	Free	Income App	8/1/15
Devil, Dusty	Dry Desert High School	Reduced	Income App	8/30/15
Granger, Hermione	Hogwarts High	Paid		7/16/15
Lee, Brock	Healthy High School	Free	DC TANF	8/5/15
Potter, Harry	Hogwarts High	Free	Foster App	9/3/15
Weasley, Ron	Hogwarts High	Free	DC SNAP	7/16/15
Weasley, Ginny	Hogwarts Middle School	Free	DC SNAP	7/16/15

Coded BID

Student Name	School Name	Benefits (F/R/P)	Method	Certified Date
Coyote, Wiley	Dry Desert High School	Free	Income App	8/1/15
Devil, Dusty	Dry Desert High School	Reduced	Income App	8/30/15
Granger, Hermione	Hogwarts High	Paid		7/16/15
Lee, Brock	Healthy High School	Free	DC TANF	8/5/15
Potter, Harry	Hogwarts High	Free	Foster App	9/3/15
Weasley, Ron	Hogwarts High	Free	DC SNAP	7/16/15
Weasley, Ginny	Hogwarts Middle School	Free	DC SNAP	7/16/15

Category Code

01= Free - DC SNAP

02= Free - DC TANF/FDPIR

03 = Free - DC Foster /MIG

04= Free by Income App

05= Free by Case # App

06= Free by Foster App

07= Free by H/M/R

08= Reduced by Income

09= Paid/Denied

Coded BID

Student Name	School Name	Benefits (F/R/P)	Method	Certified Date
Coyote, Wiley	Dry Desert High School	Free	Income App	8/1/15
Devil, Dusty	Dry Desert High School	Reduced	Income App	8/30/15
Granger, Hermione	Hogwarts High	Paid		7/16/15
Lee, Brock	Healthy High School	Free	DC TANF	8/5/15
Potter, Harry	Hogwarts High	Free	Foster App	9/3/15
Weasley, Ron	Hogwarts High	Free	DC SNAP	7/16/15
Weasley, Ginny	Hogwarts Middle School	Free	DC SNAP	7/16/15

Category Code

01= Free - DC SNAP

02= Free - DC TANF/FDPIR

03 = Free - DC Foster/MIG

04= Free by Income App

05= Free by Case # App

06= Free by Foster App

07= Free by H/M/R

08= Reduced by Income

09= Paid/Denied

Coded BID

Student Name	School Name	Code	Certified Date
Coyote, Wiley	Dry Desert High School	04	8/1/15
Devil, Dusty	Dry Desert High School	08	8/30/15
Granger, Hermione	Hogwarts High	09	7/16/15
Lee, Brock	Healthy High School	02	8/5/15
Potter, Harry	Hogwarts High	06	9/3/15
Weasley, Ron	Hogwarts High	01	7/16/15
Weasley, Ginny	Hogwarts Middle School	01	7/16/15

Category Code

01= Free - DC SNAP
02= Free - DC TANF/FDPIR
03 = Free - DC Foster/MIG
04= Free by Income App
05= Free by Case # App
06= Free by Foster App
07= Free by H/M/R
08= Reduced by Income
09= Paid/Denied

The category code reflects the method and benefits.

BID Activity

Student Name	School Name	Benefits (F/R/P)	Method	Certified Date	Code
Gomez, Selena	Pokey Cactus	P		9/1/15	09
Hayes, Chris	Dry Desert	F	Income App	9/23/15	04
Hayes, Carol	Dry Desert	F	Income App	9/23/15	04
Jackson, Oliver	Prickly Pear	F	Homeless Liaison List	8/19/15	07
James, Henry	Pokey Cactus	P	Income App	9/23/15	09
Johnson, Marcus	Pokey Cactus	P	Income App	9/23/15	09
Jones, Tom	Dry Desert	F	Income App	9/23/15	04
Kermit, Ella	Dry Desert	F	DC SNAP (w/brother)	9/1/15	01
Kermit, George	Dry Desert	F	DC SNAP	9/1/15	01
Potter, Harry	Dry Desert	F	Foster App	9/23/15	06
Swift, Taylor	Prickly Pear	F	DC TANF	9/1/15	02
Thompson, Jane	Prickly Pear	F	Case # App	9/23/15	05
Underwood, Carrie	Prickly Pear	R	Income App	9/23/15	08
Underwood, Megan	Prickly Pear	R	Income App	9/23/15	08
Williams, Garrit	Pokey Cactus	F	Foster App	9/23/15	06

BID

There are various ways students can qualify for meal benefits. Each method has associated documentation:

Method	Documentation
CNP Direct Certification	DC Match Results – SNAP, TANF, FDPIR, Foster, Migrant
Household Application	Certified Application – Case Number, Income and Household Size, Foster
Homeless/Migrant/Runaway	Liaison Lists
Foster Child	Notice to Provider
Head Start	Enrollment List
SNAP, TANF, FDPIR	Letter from Agency

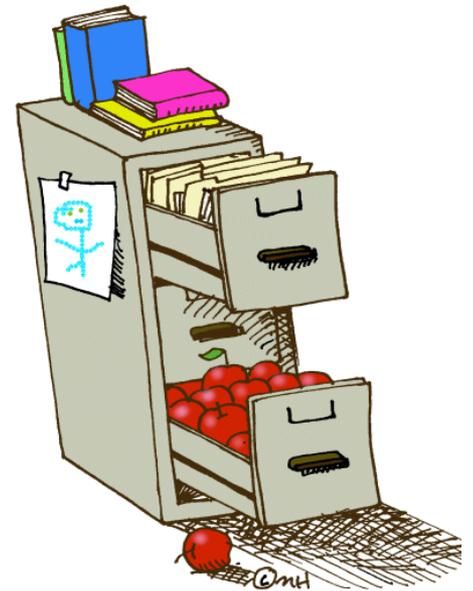


The BID summarizes all of this information in one document.

Paperwork

- Important to keep all paperwork on file that supports the BID
 - Household applications
 - Direct Certification matches
 - Liaison lists
 - Enrollment lists
 - SNAP, TANF, FDPIR letters
 - Notice to provider
 - Extended eligibility from DC match

*Keep files for 5 years



Updating the BID

- It's important to update your BID anytime there is a change in eligibility information.*
- Your BID at the point of service must match the BID you keep on file.
- Keeping an up-to-date BID helps ensure:
 - Students receive the correct meals benefits.
 - Your daily meal counts are accurate.

*This means it should be updated when new students enroll, when students withdraw, anytime you run direct certification, or anytime a family turns in an application that changes student eligibility status.



30 Day Rollover

- Before applications are processed for the new school year and up to the first 30 operating days, beginning with the first operating day of the school year, the LEA must carry-over eligibility and claim free and reduced price meals served to:
 - Children from households with approved documentation on file from the previous year.
 - Applications, DC Matches, Agency Letters, Liaison lists, Head start enrollment
 - Newly enrolled children from households with children who were approved for benefits in the LEA the previous year.
 - Previously approved children who transfer from one school to another under the jurisdiction of the same LEA.
- Operating days - The days on which a meal or milk is provided.

BID Documentation Activity

Using the information in the BID, determine what documentation you would expect the school to have on file to support the eligibility benefits.

Name	School	Benefits (F/R/P)	Certification Method	Date Certified	Documentation on File
Kelly Taylor	Beverly Hills	R	Income App	8/12/15	Income application certified as reduced
Steve Sanders	Beverly Hills	F	DC - SNAP	8/1/15	
David Silver	Beverly Hills	F	Foster	8/7/15	
Donna Martin	Beverly Hills	F	Income App	8/12/15	
Brandon Walsh	Beverly Hills	F	DC - TANF	8/1/15	
Brenda Walsh	Beverly Hills	F	DC w/brother	8/1/15	
Dylan Mckay	Beverly Hills	P			
Andrea Zuckerman	Beverly Hills	F	Homeless	8/3/15	
Zack Morris	Bayside	F	Case # App	8/10/15	
AC Slater	Bayside	R F	Income App DC - SNAP	8/10/15 9/1/15	
Screech Powers	Bayside	F	DC – Foster	9/1/15	
Lisa Turtle	Bayside	P	Income App	8/8/15	
Kelly Kapowski	Bayside	F	DC – SNAP	8/1/15	
Jessie Spano	Bayside	F	Case # App	8/5/15	

BID Documentation Activity - Answers

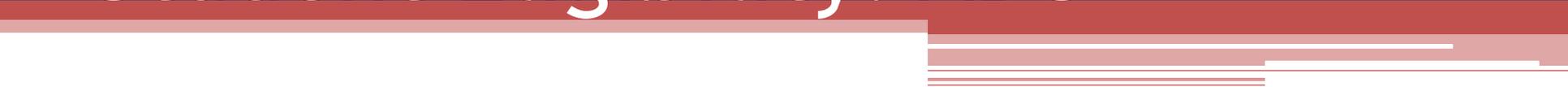
Using the information in the BID, determine what documentation you would expect the school to have on file to support the eligibility benefits.

Name	School	Benefits (F/R/P)	Certification Method	Date Certified	Documentation on File
Kelly Taylor	Beverly Hills	R	Income App	8/12/15	Income application certified as reduced
Steve Sanders	Beverly Hills	F	DC - SNAP	8/1/15	DC match results
David Silver	Beverly Hills	F	Foster	8/7/15	Foster application or notice to provider
Donna Martin	Beverly Hills	F	Income App	8/12/15	Income application certified as free
Brandon Walsh	Beverly Hills	F	DC - TANF	8/1/15	DC match results or TANF Letter
Brenda Walsh	Beverly Hills	F	DC w/brother	8/1/15	Copy of DC match results or TANF Letter
Dylan Mckay	Beverly Hills	P			Nothing or denied application
Andrea Zuckerman	Beverly Hills	F	Homeless	8/3/15	List from homeless liaison
Zack Morris	Bayside	F	Case # App	8/10/15	Complete case number application
AC Slater	Bayside	R F	Income App DC - SNAP	8/10/15 9/1/15	DC match results (with income application)
Screech Powers	Bayside	F	DC – Foster	9/1/15	DC match results or notice to provider
Lisa Turtle	Bayside	P	Income App	8/8/15	Income application denied
Kelly Kapowski	Bayside	F	DC – SNAP	8/1/15	DC match results
Jessie Spano	Bayside	F	Case # App	8/5/15	Complete case number application

Activity - Eligibility Review

- Choose an orange slip of paper
- Take turns describing the word on your paper
- 30 seconds each

Student Eligibility: ABC



Additional forms related to eligibility

Media Release

- Near the beginning of each school year, the public must be notified that school meal programs are available in the school or school district.
- It must be provided to the local news media, the unemployment office, and any major employers who are contemplating large layoffs in the attendance area of the school.
- Could include the parent letter
- Customizable sample letter on website

PRESS (MEDIA) RELEASE

SENT TO (NAMES OF NEWS/MEDIA OUTLETS AND MAJOR EMPLOYERS CONTEMPLATING LAYOFFS)

(Make appropriate changes as applicable to reflect the programs operated)

(Local school food authority) announced its policy for providing free and reduced-price meals for children served under the (insert National School Lunch Program, USDA School Foods Program and/or School Breakfast Program). [Name of School] offers healthy meals every school day. Breakfast costs [\$]; lunch costs [\$]. Your children may qualify for free meals or for reduced price meals. Reduced price is [\$] for breakfast and [\$] for lunch.

To apply for free or reduced-price meals, households may fill out the application and return it to the school unless your children qualify for free benefits (see below). Application forms are being distributed to all households with a letter informing households of the availability of free and reduced-price meals for their children and what is required to complete on the application. Applications also are available (insert locations where the applications are available, i.e. at the principal's office in each school, on the school's website). The information households provide on the application will be used for the purpose of determining eligibility and verification of data. Applications may be verified at any time during the school year by school or other program officials. An application for free or reduced price benefits cannot be approved unless it contains complete eligibility information as indicated on the application and instructions.

The household size and income criteria will be used to determine eligibility for free and reduced-price benefits. Children from households whose income is at or below the guidelines are eligible for free or reduced-price meals.

Your children may qualify for free meal benefits if the household receives benefits and/or if your child meets a categorical requirement:

- The Supplemental Nutrition Assistance Program (SNAP)
- The Temporary Assistance for Needy Families (TANF); or
- The Food Distribution Program on Indian Reservations (FDPIR)
- Homeless, migrant or runaway as defined by law; or
- Enrolled in an eligible Head Start, Even Start or pre-kindergarten class as defined in by law
- Foster children that are the legal responsibility of a welfare agency or court regardless of the income of the household with whom they reside

For any child not listed on the eligibility notice, the households should contact the school about any child also eligible under one of these programs or should submit an income application for other children.

If households/children receive benefits under Assistance Programs or other source programs are not notified by the school of their free meal benefits, the parent/guardian should contact their school.

Free and Reduced-price Policy Statement

- Each Local Educational Agency (LEA) must have an approved free and reduced-price policy statement on file with the Arizona Department of Education (ADE) that accurately describes its current free and reduced-price policies. This is a permanent document but must be updated if an LEA makes any major changes.

- New ADE template
- Customize to describe your practices
- Working document
- **Due October 15** to your NSLP Specialist

ARIZONA DEPARTMENT OF EDUCATION
Health and Nutrition Services
2500 West McDowell Street
Phoenix, Arizona 85007

Free and Reduced-Price Policy Statement
Revised Summer 2023

Introduction

In accordance with 7 CFR 245.10, each Local Educational Agency (LEA) participating in the National School Lunch Program (NSLP), School Breakfast Program (SBP), and/or the Special Milk Program (SMP) with the Free and Reduced-price Policy Statement on file with the Arizona Department of Education (ADE) that accurately describes its current free and reduced-price policies. LEAs just beginning participation in the NSLP, SBP, or SMP must submit their policy statement to ADE for approval as part of the new sponsor application process. Once approved, the policy statement becomes a permanent document, but must be amended when the LEA makes a substantive change to its free and reduced-price policy. Amendments must be submitted for approval by ADE by October 15 each year; amendments must be approved by ADE prior to implementation.

Policy Statement

Sponsor Name: _____

This statement applies to the programs in which the sponsor will be participating as indicated on the application and agreement.

In fulfilling its responsibilities to implement a policy that conforms to United States Department of Agriculture (USDA) regulations regarding determination of children's eligibility for free and reduced-price benefits, Sponsor Name applies to ADE the following:

A. Sponsor Name's Child Welfare Sponsor Application will be updated each school year to reflect the following:

- a. The household application, application letter, and verification letters provided to households applying for benefits will be those provided by ADE.
- b. And/or authorized household application, application letter, and verification letters have been developed and will be provided to households applying for benefits. Customized applications and letters must be reviewed and approved by ADE prior to use.

K. Sponsor Name will maintain a description of the verification activities as required by 7 CFR 245.10(d)(3).

L. Sponsor Name will submit to ADE a summary report of verification activities performed as required by 7 CFR 245.10(d)(4) by February 1 of each year.

M. The following measures have been taken to prevent disclosure of confidential free and reduced-price eligibility information, as is required by 7 CFR 245.10(d):

- a. Their measures taken were: _____

N. Sponsor Name has implemented the following policies per the regarding meal charges:

- LEA official that has been designated to make eligibility determinations. _____
- Verification procedures have been implemented. _____
- Verification procedures here: _____
- For accepting applications for benefits have been implemented: _____
- Verification procedures here: _____
- In accordance with the current Income Eligibility Guidelines (IEG): _____
- Legally eligible for free meals. A foster child may be included as a member of a foster family chosen to also apply for benefits for other children in the household and/or as household members can help other children in the household and/or as household members can help other children in the household and/or as household members can help other children in the household and/or as household members can help other children in the household.
- Not present foster child from receiving free meal benefits.
- Who are categorically eligible under Other Income Categories Eligible (ICE) to contact the school for assistance in receiving benefits and to mark the application to indicate their status.
- It will ensure there are no barriers for participation in the NSLP, SBP, and/or SMP.
- If a household ICE (benefits) will communicate with parents and guardians or understand throughout the certification and verification processes.
- By the hearing procedure set forth in 7 CFR 245.7 and nondiscrimination 7 CFR 245.6.
- Approved free and reduced-price applications by November 15 each year.
- ICE using the following procedures: _____
- Verification procedures here: _____

K. Sponsor Name will maintain a description of the verification activities as required by 7 CFR 245.10(d)(3).

L. Sponsor Name will submit to ADE a summary report of verification activities performed as required by 7 CFR 245.10(d)(4) by February 1 of each year.

M. The following measures have been taken to prevent disclosure of confidential free and reduced-price eligibility information, as is required by 7 CFR 245.10(d):

- a. Their measures taken were: _____

N. Sponsor Name has implemented the following policies per the regarding meal charges:

- LEA official that has been designated to make eligibility determinations. _____
- Verification procedures have been implemented. _____
- Verification procedures here: _____
- For accepting applications for benefits have been implemented: _____
- Verification procedures here: _____
- In accordance with the current Income Eligibility Guidelines (IEG): _____
- Legally eligible for free meals. A foster child may be included as a member of a foster family chosen to also apply for benefits for other children in the household and/or as household members can help other children in the household and/or as household members can help other children in the household and/or as household members can help other children in the household.
- Not present foster child from receiving free meal benefits.
- Who are categorically eligible under Other Income Categories Eligible (ICE) to contact the school for assistance in receiving benefits and to mark the application to indicate their status.
- It will ensure there are no barriers for participation in the NSLP, SBP, and/or SMP.
- If a household ICE (benefits) will communicate with parents and guardians or understand throughout the certification and verification processes.
- By the hearing procedure set forth in 7 CFR 245.7 and nondiscrimination 7 CFR 245.6.
- Approved free and reduced-price applications by November 15 each year.
- ICE using the following procedures: _____
- Verification procedures here: _____

_____ regarding meal charges, including specific number of meals that may be _____

_____ benefit, or type of work or effort which meets the requirements of 7 _____

_____ eligible for free or reduced-price benefits will have the _____

_____ and will be available to other children who are not eligible for free _____

_____ prevent overt discrimination of children receiving free or reduced-price meals, _____

_____ of eating prepared from children using the full or reduced-price of the _____

_____ implemented _____

_____ following a meal service, the following practices will be implemented _____

_____ of the children receiving free or reduced-price meals _____

_____ implemented here: _____

_____ the public through a public/ready release which will be provided to _____

_____, unemployment offices, and major employers concerning large layoffs in _____

_____ of its school. The release will include the names of the children approved to _____

_____ SBP, and/or SMP in CDF meals, Income Eligibility Guidelines (IEG) for free and _____

_____ and other information required to be submitted to the other to households, a _____

_____ release which will be used is attached to this statement _____

Free and Reduced-price Policy Statement

C. The following direct certification procedures have been implemented:

D. The following procedures for accepting applications for benefits have been implemented:

M. The following measures have been taken to prevent disclosure of confidential free and reduced-price eligibility information, as is required by 7 CFR 245.6(f-k):

N. (Sponsor Name) has implemented the following policies per site regarding meal charges:

O. When more than one lunch, breakfast, or type of milk is offered which meets the requirements of 7 CFR parts 210.10, 220.8 or 215.2, children eligible for free or reduced-price benefits will have the same choice of meals and/or milk that is available to those children who pay the full price for their meals and/or milk. To prevent overt discrimination of children receiving free or reduced-price meals, the following methods of collecting payment from children paying the full- or reduced-price of the meal will/will NOT be implemented:

P. When selling competitive foods during a meal service, the following practices will be implemented to prevent overt identification of the children receiving free or reduced-price meals:

Q. Media Release - A copy of the public/media release which will be used is attached to this statement.

Activity - Scavenger Hunt

Eligibility Manual Scavenger Hunt

Use the Eligibility Manual for School Meals to answer the questions below.



1. Go to page 46 and write down the required frequency for running Direct Certification:
2. In which section would you find more information about determining if an application is complete or not?
3. What is the difference between operating days and working days?
4. What page is the disclosure chart found on?
5. Where can you find more information on what is considered reportable income?
6. Using the *Special Situation for Determining Current Household Income* chart, what would be considered an infrequent earning for a child's income?
7. What page can you find more information on the media release?
8. Under key terms, what is the definition of a "household"?
9. Using the *Special Situation for Determining Household Composition* chart, would a child away at college be considered part of the total household size?
10. In which section would you find more information about the verification process?

Eligibility Manual

<http://www.azed.gov/health-nutrition/files/2015/07/2015-eligibility-manual-for-school-meals.pdf>



Answer Key

1. Go to page 46 and write down the required frequency for running Direct Certification:

At or around the beginning of the school year, July 1; Three months after the beginning of the school year; and Six months after the beginning of the school year.

2. In which section would you find more information about determining if an application is complete or not?

Chapter 3, part A (p.49)

3. What is the difference between operating days and working days?

Working Days: The days when school is open and teachers or school administration are on-site, but the reimbursable meal service is not in operation. (p.12)

Operating Days: The days on which a meal or milk is provided. (p.10)

4. What page is the disclosure chart found on?

Page 83

5. Where can you find more information on what is considered reportable income?

Chapter 3, page 31

6. Using the *Special Situation for Determining Current Household Income* chart, what would be considered an infrequent earning for a child's income?

Occasional babysitting and mowing lawns (p.35)

7. What page can you find more information on the media release?

Page 15

8. Under key terms, what is the definition of a "household"?

A group of related or nonrelated individuals who are living as one economic unit. (p.9)

9. Using the *Special Situation for Determining Household Composition* chart, would a child away at college be considered part of the total household size?

Yes. A child who is temporarily away at school (e.g., attending boarding school or college) is included as a member of the household. (p.29)

10. In which section would you find more information about the verification process?

Chapter 4

Website

The screenshot shows the Arizona Department of Education website. At the top left is the logo with three stylized figures and the text "Arizona Department of Education". To the right are social media icons for Facebook and Twitter, a search bar, and the "AZ.GOV" logo. A navigation menu includes links for HOME, ALL PROGRAMS, STAFF DIRECTORY, CONTACT ADE, FAQ, SCHOOL REPORT CARDS, COMMON LOGON, and ADECONNECT. A large banner reads "HEALTH & NUTRITION SERVICES". Below this is a breadcrumb trail: Home | Child/ Adult Nutrition Programs | School Nutrition Programs | School Health Programs | School Food Programs | Memos | % Free/ Reduced. The main content area features a sidebar with "HNS PROGRAMS" and a list of links. The main text area is titled "National School Lunch & School Breakfast Program" and includes a "Mission" statement, a "How to Apply" button, and a "Manuals, Guides, and Memos" section. A right-hand sidebar contains several yellow buttons: "Hot Topics", "Event Registration", "Financial Info", "FAQ", "Civil Rights", and "Contact Us".

Arizona Department of Education

Font+ | Font-

AZ.GOV
Arizona's Official Web Site

SEARCH

HOME | ALL PROGRAMS | STAFF DIRECTORY | CONTACT ADE | FAQ | SCHOOL REPORT CARDS | COMMON LOGON | ADECONNECT

HEALTH & NUTRITION SERVICES

Home | Child/ Adult Nutrition Programs | School Nutrition Programs | School Health Programs | School Food Programs | Memos | % Free/ Reduced |

You are here: Home / National School Lunch & School Breakfast Program

National School Lunch & School Breakfast Program

Hot Topics

Event Registration

Financial Info

FAQ

Civil Rights

Contact Us

HNS PROGRAMS

- Home
- Child/ Adult Nutrition Programs
- School Nutrition Programs
- School Health Programs
- School Food Programs
- Memos
- % Free/ Reduced

Mission:

To safeguard the health and well-being of the nation's children by establishing good eating habits and providing adequate food for the children.

How to Apply

Operating the National School Lunch and School Breakfast Programs

Manuals, Guides, and Memos

Available with detailed information on requirements regarding verification, eligibility, special dietary needs and all aspects of operating child nutrition programs.

Click for a list of **ALL** programs

<http://www.azed.gov/health-nutrition/nslp/>

Questions?



Receiving your Certificate of Completion

- ADE has moved to a new event registration system: Calendar of Events
 - Event registration
 - Attendance tracking
 - Conducting evaluation
 - Printing certificates from your school/site

Accessing the Evaluation and Certificate

<https://ems.azed.gov/Home/Calendar>



Event Management System
Arizona Department of Education

Search

Calendar of Events

Program Areas: -All-
Audience: -All-
Grades: None selected

Meeting Webinar Conference Workshop/Training Online Course

Calendar View List View

Today September, 2015

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
31 Teaching Strategies Teacher Training Making Sense of TILPs and	01 GOLD - Two Day 2015 Adult Education and Instructional Leader	02 2015 Adult Education Services Services Summer Institute - Administrator	03 2015 Adult Education Services Institute - Administrator	04 FY16 ESEA Application and	05	06
07	08 Director's Track: Learning the NSLD K-2 Writing Foundations Webinar	09 EDISA Workshops - Writing to Learn Mathematics Grades	10 EDISA 1 - Session 1 - ELL Coordinator Boot Camp	11 MyFoundationsLab - Early to Early Coaching Actions that Strengthen	12 "Can't You See Me?" or Social Emotional Standard Module	13
14 Arizona Early Learning Standards Let's Talk: Engaging Children in	15 EDISA Workshops - TUCSON "Can't You See Me?" or	16 EDISA 1 - Session 1 - PHOENIX	17 Argument Literacy - September 17, 2015	18 MyFoundationsLab - Early to Early Arizona Early Learning Standards	19 "Can't You See Me?" or	20

New Events

- Webinar: Making Sense of Student Work - Mental Models Grades
On November 18th, 2015
Research, Information, and Writing Fluency: Developing Independent and Engaged Researchers and Writers
On December 1st, 2015
Webinar: Overview of Cognitively Guided Instruction (CGI) K-3
On November 10th, 2015
Webinar: 3-Part Rhetorical Grammar Series
On December 9th, 2015
Webinar: Research and Information Fluency
On September 21st, 2015
Webinar: Student

Accessing the Evaluation and Certificate

- You can also access this webpage from your Federated Student Information System.
 - Log in to your student information system.
 - Click on the Calendar of Events from your system.
 - Click on the orange bars and click Log in.

Accessing the Evaluation and Certificate

- If you do not have a Federated Student Information System (RCCIs, BIE/BIA schools, Private schools), you will need to create an ADEConnect Account using the email address used to register for training.

<https://ems.azed.gov/Home/Calendar>

Thank you!

Contact:

Lindsey Cler

lindsey.cler@azed.gov

602-364-1625

