

Boost Your Eligibility Ability

WEBINAR

June 30, 2020

Professional Standards Learning Codes: 3110, 3120





Arizona Department of Education (ADE)

This training was developed by the Arizona Department of Education (ADE) Health and Nutrition Services Division (HNS).

Intended Audience

This training is intended for **School Food Authorities (SFAs) operating the National School Lunch Program (NSLP)**. All regulations are specific to operating the NSLP under the direction of ADE

Professional Standards

Information to include when documenting this training for Professional Standards:

Training Title: Boost Your Eligibility Ability

Key Area: 3000-Administration

Learning Codes: 3110, 3120

Length: 1.5 hour



Kim Ruiz, RDN

School Nutrition Programs Specialist

Thank you for joining me today!

Overview

Today's Objective: Review steps to certifying students for meal benefits and learn about the resources available to you to be ready for the school year!

- Timeline of Eligibility Tasks (Jul-Sept)
- Direct Certification (DC)
- Certifying Household Applications
- Creating a Benefit Issuance Document (BID)
- Student Eligibility Resources

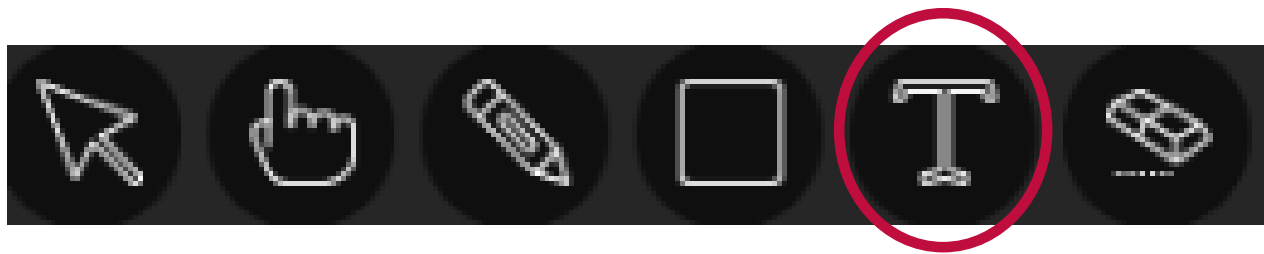
We will have activities, comprehension checks, and opportunities for questions throughout the training. Please address any questions in the chat bar on the right and they will be answered at a designated time.



Quick Icebreaker!

Type Your Answer in the Whiteboard

What is your favorite season, and why?



Item 1:

Timeline of Eligibility Tasks

A Step-by-Step Look.



Verification Phase 1: Prepare

Student Eligibility Checklist

Use this checklist to ensure your procedures for providing meal benefits are in compliance to help you prepare for Verification activities.

Verification Phase 1: Prepare

Student Eligibility Checklist

Use this checklist to ensure your procedures for providing meal benefits are in compliance to help you prepare for Verification activities.

1. At least one person in our organization has access to ADEConnect and can use CNP Direct Certification/Direct Verification.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Ran CNP Direct Certification for our entire enrollment. Search method used:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. Our site only extended eligibility benefits to siblings of students who matched on SNAP, TANF and/or FDIPIR.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Our site did not extend eligibility benefits to siblings of students who matched on foster, migrant or homeless.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Printed or saved the CNP Direct Certification Match results.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Collected and reviewed documentation about which students are enrolled in the Head Start Program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Reviewed Notice to Provider document that was submitted for Foster children.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Reviewed documentation submitted for children from a liaison for homeless, migrant or runaway status.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Reviewed SNAP, TANF and/or FDIPIR letters submitted by the household for children receiving assistance programs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Processed all applications checking for completeness:			
a. We utilized a date stamp to indicate when applications were received.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. We ensured all case numbers were validated for assistance programs in Arizona (SNAP/TANF being 8 digits or less or FDIPIR based on Indian Tribal Organizations).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. We ensured the <i>total household members</i> box was filled out and that there was Social Security Number information on all income applications.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. We ensured all applications contained an adult signature.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e. We have only certified homeless, migrant, and runaway applications for free meal benefits if we received confirmation from the liaison.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
f. We marked which applications were error-prone.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9. Entered all case numbers listed on case number applications through CNP Direct Certification.			

10. Notified households of eligibility status with notification letter.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Household applications and methods of	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Case number, free by	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Students who are Direct Certified separately.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Students who have withdrawn.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ID)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Notification for each	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Approval/effective date of	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Eligibility status from the current school year for no	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did child's eligibility from current school year for no	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Want a closer look at Eligibility tasks?



Check out the **Student Eligibility Checklist** located on the ADE **Verification** webpage at: <https://www.azed.gov/hns/nslp/verification/>

1 Review / Update Direct Certification

All children who...

- Participate in SNAP, TANF, FDPIR and/or Foster, Homeless or Migrant will be directly certified as free
 - These students will be identified using a matching system called **CNP Direct Certification** in ADEConnect.

2 Certify Household Applications

Children who do not match in CNP Direct Certification...

- May become eligible for free or reduced-price meal benefits by submitting a household application
- These students will be certified by household income using the **Income Eligibility Guidelines**, or by submitting a **case number, foster, homeless, migrant, or runaway application**.

3 Create a Benefit Issuance Document (BID)

Keep track of students with meal benefits...

- By listing all certified students' names along with:
 - Free or Reduced Price Meal Benefit
 - Benefit start date
 - Method that supports their eligibility (i.e. SNAP or household income)
- This document should be kept on file and updated as frequently as needed.

Item 2

Direct Certification

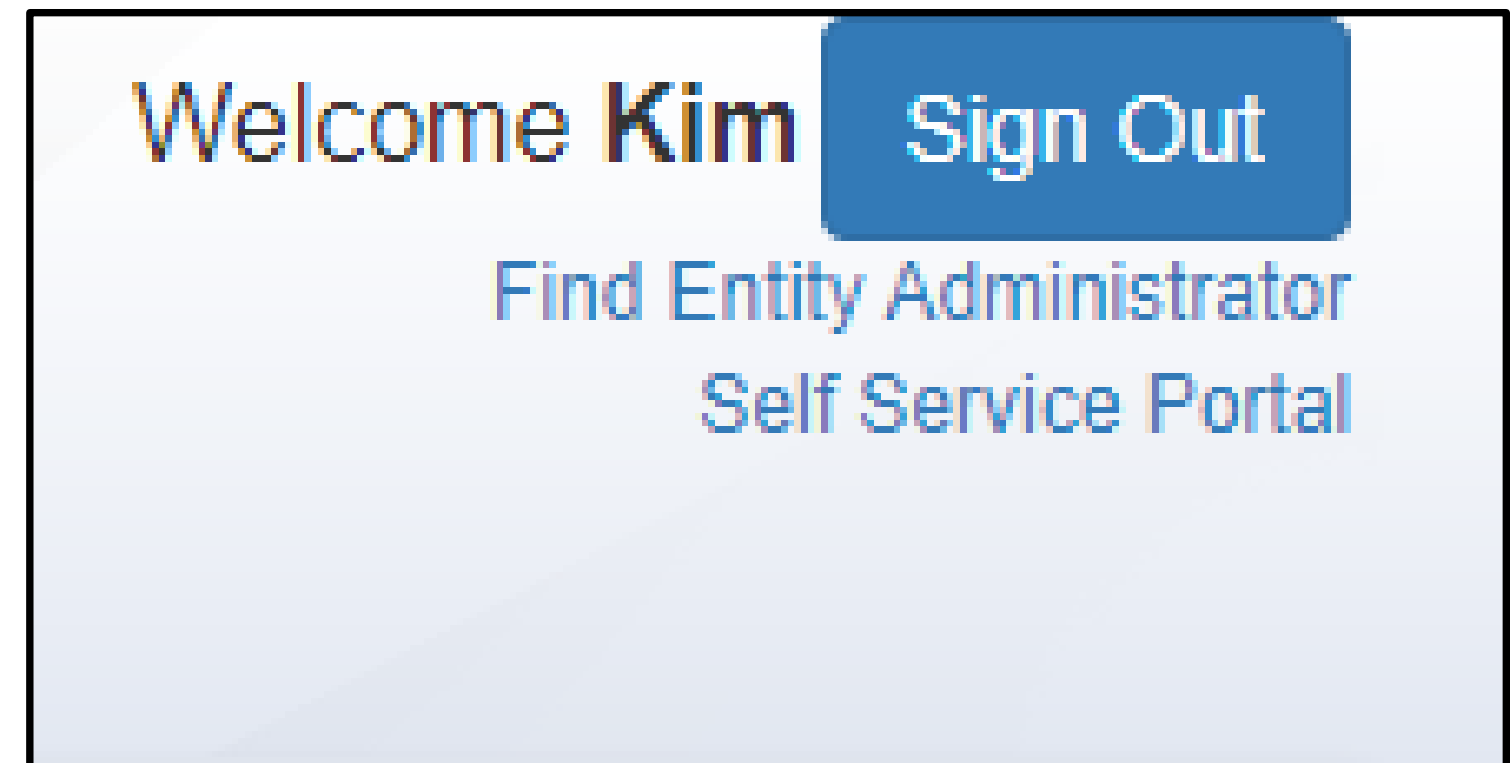
Complete the following tasks to directly certify students as free with CNP Direct Certification.



First Thing's First!

Please make sure...

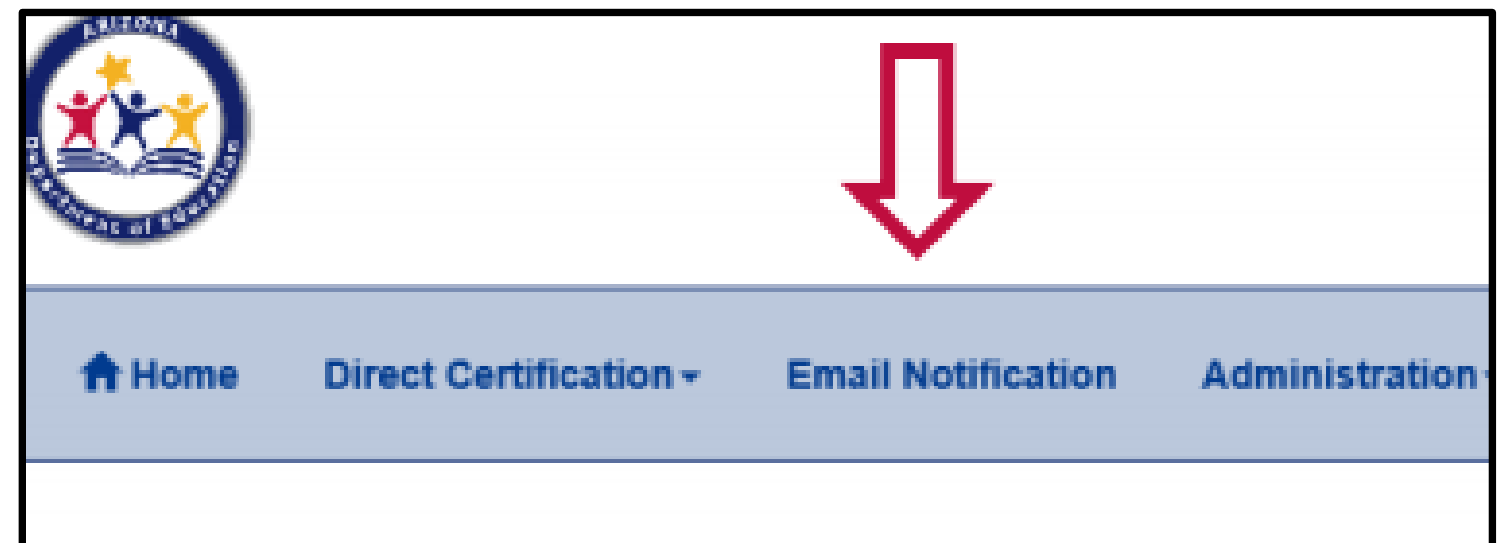
- At least one person in your organization has access to the required application(s) in ADEConnect
- Users may request access to CNP Direct Certification by contacting their LEA's Entity Administrator.
- To find your LEA's Entity Administrator users can log into ADEConnect and click **Find Entity Administrator**.



Be in the Know!

Sign-up For Email Notification

- Users may opt-in at any time to receive “Match” and “Partial Match” email notifications.
- CNP Direct Certification will automatically email the user that a match has been found.
- To opt-in to email notification, login to CNP Direct Certification and click “**Email Notification**” as shown below:



How CNP Direct Certification Works



Enter Student Information

- File Upload
- Individual Student Lookup
- State Match



Database Search (Agency Records)

All students are searched within the CNP Direct Certification Database



Match Report

- SNAP
- TANF
- FDPIR
- Homeless, Foster, Runaway
- MEP (Migrant Education Program)



Choose the Search Method

There are 3 different Methods to Choose From

- State Match- Student is pulled from a pre-populated enrollment **information via AzEDS** and compared to the assistance program database using State Student ID
 - Use only if you use AzEDS to send information to ADE
 - For large # of students
- File Upload- User creates and saves, and uploads an **Excel file** that contains a list of student data to CNP Direct Certification
 - For large # of students
- Individual Student Lookup- User **types student data** directly into the table in CNP Direct Certification
 - For small # of students
- Use one search type consistently throughout the year.

Reviewing Search Methods

*State Student ID is the recommended search type for not only State Match, but also for File Upload and Individual Student Lookup.

SEARCH METHOD		SEARCH TYPE
STATE MATCH	Find your organization within a drop down, enrollment is pre-populated	<ul style="list-style-type: none">• System Automated
FILE UPLOAD	Create a list of student data to upload into the search bar	<ul style="list-style-type: none">• Name/Birthdate;• SSN;• State Student ID* or;• Case Number
INDIVIDUAL STUDENT LOOKUP	Type student data directly into the search table	<ul style="list-style-type: none">• Name/Birthdate;• SSN;• State Student ID* or;• Case Number

Comprehension Check



Which of the following is not a valid search type of data format you can enter into the CNP Direct Certification system?

- A) Standard (first name, last name, birthdate)
- B) State Student IDs
- C) Home address
- D) Social Security Number (SSN)

Comprehension Check



Which of the following is not a valid search type of data format you can enter into the CNP Direct Certification system?

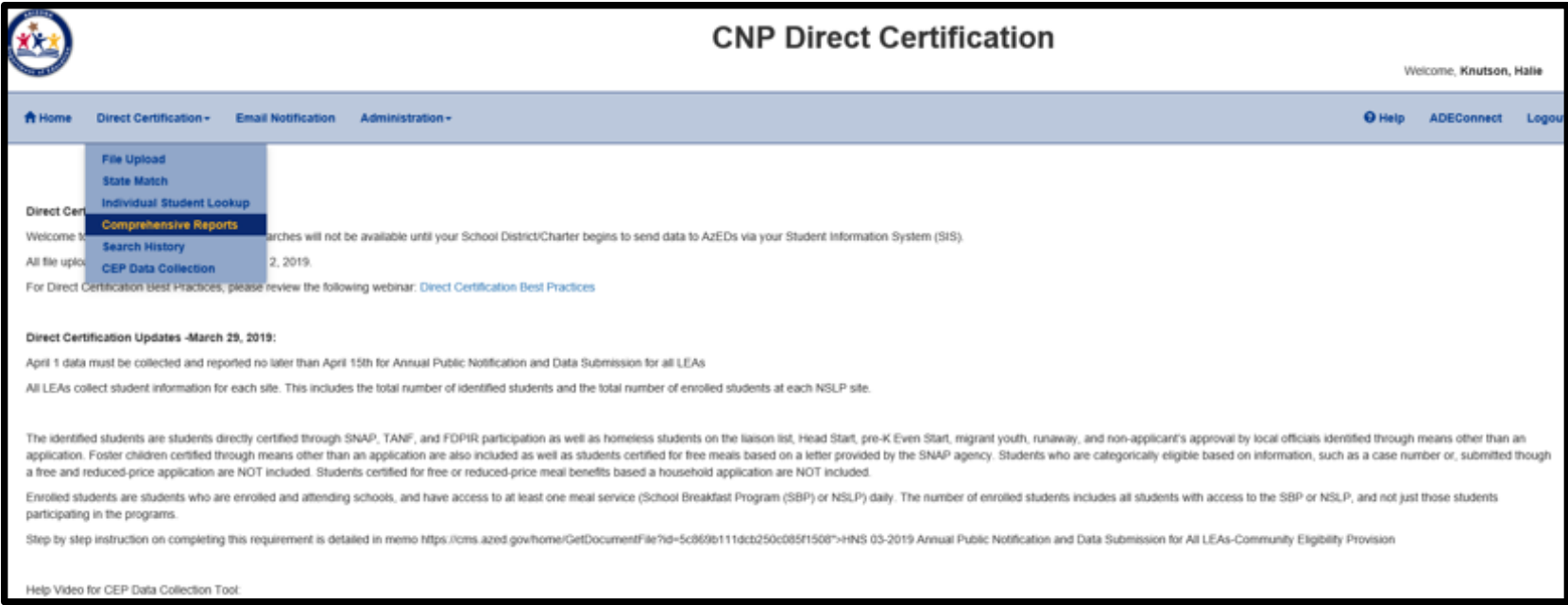
- A) Standard (first name, last name, birthdate)**
- B) State Student IDs**
- C) Home address**
- D) Social Security Number (SSN)**

The CNP Direct Certification system does not have capabilities to search for home addresses. You are only able to use the identifiers such as student names and birthdates, State Student ID numbers, or Social Security Numbers in order to search in CNP Direct Certification.

Run CNP Direct Certification for Entire Enrollment

District/Charter School

Review direct certification comprehensive report for new matches



Non-Public School

Run direct certification searches via file upload or individual student lookup



Direct Certification Match Results

Match Results Details

- The results page includes a summary box that displays:
 - The date and time DC was conducted
 - Name of person who conducted the search
 - Number of records processed

CNP Direct Certification & Direct Verification

Welcome, User, HNS

Home Direct Certification Direct Verification Help ADEConnect Logout

[Back to Summary](#)

Search Results

Download: ☐ Check here to include NO MATCH results

Search Type	Search Date	Searched By	Entity Name	Total Records	Matches	Partial Matches	No Matches	SNAP	TANF	Foster	FOPR	MEP	Homeless
State Match	3/15/2018 11:11:28 AM	User, HNS	Api Unified District	498	187	17	294	182		5			

Result: All

Show 10 entries

State Student ID	District Student ID	Withdrawn	School Name	First Name	Last Name	Birth Date	Result	Result Date	Decision Date	Eligibility Type
1000650				Jody	Walker	04/15/2003	No Match			
1015230				Johnathan	Tandoy	04/03/2013	Match	03/29/2018		FOSTER
1019358				Matthew	Groch	12/30/2014	No Match			
1030266				Deshi	Long-Cuevaraso	05/17/1993	Match	03/29/2018	09/09/2014	SNAP
1031648				Jacob	Villa Long	04/18/2000	Match	03/29/2018	02/06/2018	SNAP
1032107				Julia	Gonzalez	06/01/2005	Match	03/29/2018	12/09/2016	SNAP
1034877				George	Lane	10/30/1995	Match	03/29/2018	09/29/2017	SNAP
1035306				Shane	Lane	02/08/2001	No Match			
1050655				Carla	Cardena	06/10/2013	No Match			
1055180				Lucas	Arellano	01/22/2017	No Match			

Showing 1 to 10 of 498 entries

Previous 1 2 3 4 5 ... 50 Next

Direct Certification Match Results

Match

- When a student is found in one of the agency records, the word **"Match"** will be listed next to the student's name.
- For purposes of certifying students, disregard Decision date and record the Date Direct Certification was conducted.

Partial Match

- The system uses an algorithm to identify differences in names from AzEDS/DES databases. If there is a possible match, the search result will display **"Partial Match."**
- It is required for all partial matches to be designated as either match or no match by the SFA.

No Match

- When a student is not found in any agency records, **"No Match"** will be displayed next to the student's birth date.
- These students may qualify in another way, such as a household application.

Certifying a Partial Match

Partial Matching

- The Partial Match link will be shown in the “**Result**” column once the DC search has been conducted.
- If SFA confirms that the partially-matched student is the student shown in CNP DC, the user will certify student as a Match.
- If SFA confirms that the partially-matched student is not the student shown, the user will declare the student as a No Match.

First Name	Last Name	Birth Date	Result
Jody	Walker	04/15/2003	No Match
Johnathan	Tandoy	04/03/2013	Match
Matthew	Green	12/30/2014	No Match
Dimitri	Long-Guevaraso	05/17/1993	Partial Match
Jacob	Villa Long	04/18/2000	Partial Match
Julia	Gonzalos	06/01/2005	Match
George	Lane	10/30/1995	Match
Shane	Lane	02/08/2001	No Match
Cara	Cardena	09/10/2013	No Match
Lucas	Arellanos	01/22/2017	No Match

Certifying a Partial Match

The user should compare...

- The school records of student's first name, last name, address, birthdate, and Primary Informant's (PI's) first and last name with the DES records provided

Partial Match Records

Student First Name: Jacob Student Last Name: VillaLong DOB: 04/18/2000

First Name	Last Name	Student DOB	Address	PI First Name	PI Last Name	Record Type	Selected Match
Jacob	VILLA	4/18/2000	8425 E HEE BLVD AJO AZ 00871	NORA	Long	SNAP	<input type="radio"/>
No Eligible Match							<input checked="" type="radio"/>

Update Match Result

Cancel

Comprehension Check



True or False: Partial Matches are a bonus to the CNP Direct Certification system and are not required to be certified throughout the year.

- A) True
- B) False

Comprehension Check



True or False: Partial Matches are a bonus to the CNP Direct Certification system and are not required to be certified throughout the year.

A) True

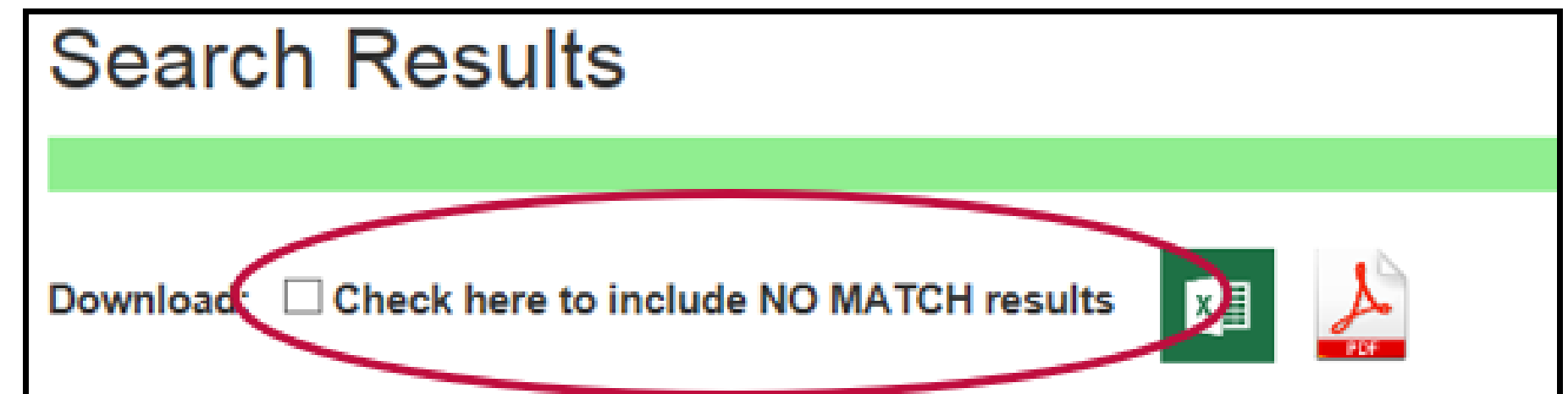
B) False

False. Partial Matches are required to be determined as a part of the direct certification process. Failure to certify all Partial Matches could result in students not receiving their entitled free meal benefits.

Save and Print Match Results

Saving and Printing Search Results

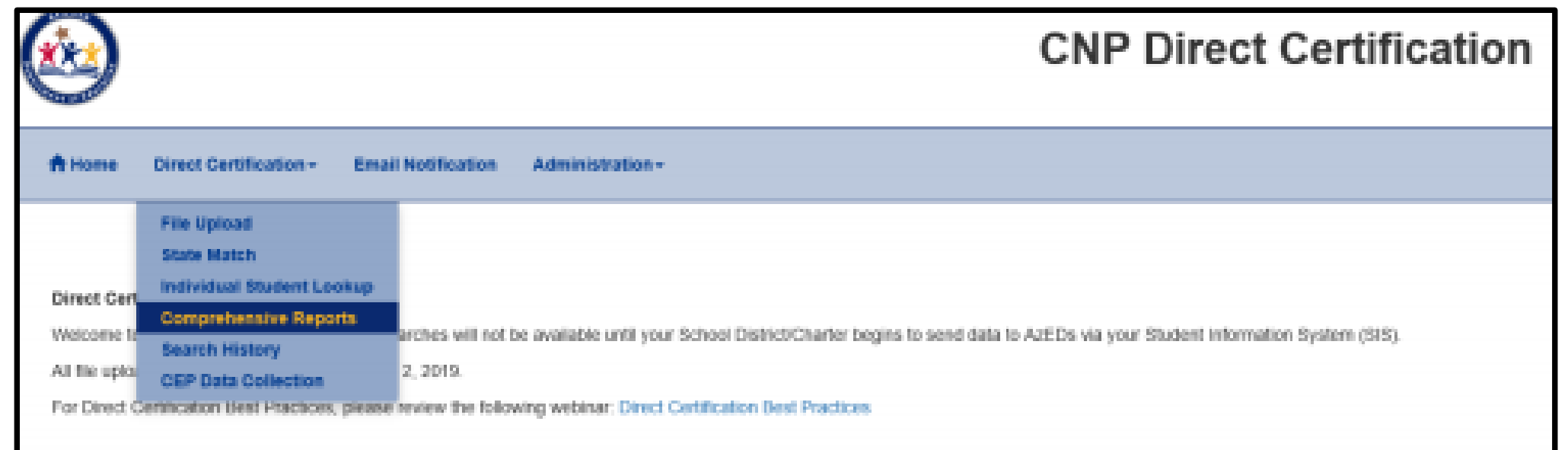
- There are icons for both Excel and PDF. Click on the icon for the type of file you want to download/print.
- To print a report that includes both Matches and No Matches:
 - Click the box in the left hand corner saying "Check here to include NO MATCH results."
- Follow normal printing method
- Once window is closed, you will not be able to access the results unless you search again.



Comprehensive Match Report

Viewing Reports

- Once a DC search is conducted, a **Comprehensive Match Report** will be saved.
- Partial matches can be designated in this report
- Comprehensive Match Reports can be located in the Comprehensive Reports tab at the top left hand side in the drop-down titled, Direct Certification, as shown below:



Extending Eligibility Benefits

Site only extended eligibility benefits to siblings of students who matched on SNAP, TANF and/or FDPIR

- A student with a match in SNAP, TANF, and/or FDPIR will qualify him/herself and will also qualify all enrolled household members for free meal benefits.
- This is referred to as **extending eligibility**.

Site did not extend eligibility benefits to siblings of students who matched on foster, migrant or homeless

- A match in Foster, MEP, or HOM does not extend free meal benefits to other household members.

Comprehension Check



Joanne lives with David who is a Foster child. David qualifies for free meals via Direct Certification - Foster. Can David's free meal benefits be extended to Joanne?

A) Yes, because Joanne is in the same household as David, and David matched in CNP Direct Certification, Joanne also qualifies for free meal benefits.

B) No, because David is a foster child, his free meal benefits cannot be extended to other household members.

Comprehension Check



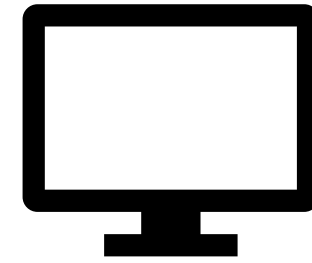
Joanne lives with David who is a Foster child. David qualifies for free meals via CNP Direct Certification - Foster. Can David's free meal benefits be extended to Joanne?

A) Yes, because Joanne is in the same household as David, and David matched in CNP Direct Certification, Joanne also qualifies for free meal benefits.

B) No, because David is a foster child, his free meal benefits cannot be extend to other household members.

A Direct Certification match in Foster, MEP, or HOM does not extend free meal benefits to other household members.

Online Resources for Direct Certification



ADE Online Training Library

- Step-By-Step Instruction: Introduction to CNP Direct Certification in CNP Direct Certification/Direct Verification
- Step-by-Step Instruction: How to Directly Certify a Partial Match
- Step-by-Step Instruction: How to Conduct Direct Certification Using State Match
- Step-by-Step Instruction: How to Conduct Direct Certification Using File Upload
- Step-by-Step Instruction: How to Conduct Direct Certification Using Individual Student Lookup
- Webinar: Direct Certification Best Practices

Direct Certification

Categorical Eligibility

Complete the following tasks to directly certify students as free with other documentation.



Certifying Head Start & Foster Students

Collected and reviewed documentation about which students are enrolled in the Head Start Program

- Students in Head Start may be directly certified to receive free meals.
- Review the enrolled student information/roster, certify students listed, and save a copy of the roster.

Reviewed Notice to Provider document that was submitted for Foster children

- Foster students may be directly certified to receive free meals.
- To certify a foster student, obtain a copy of the **Notice to Provider Form**. The child listed is automatically eligible for free meals.

Certifying Homeless, Migrant, Runaway Students

Reviewed documentation submitted for children from a liaison for homeless, migrant or runaway status

- A designated district liaison will be responsible for providing a list of names of all students determined to be homeless migrant or runaway, the effective date, and the liaison's signature.
- Use this list to determine eligible students.
- Save a copy of this list for each student.

Certifying SNAP, TANF, FDPIR letters

Reviewed SNAP, TANF and/or FDPIR letters submitted by the household for children receiving assistance programs

- Review letters and verify dates, cash assistance type, and case numbers are all valid.
 - SNAP/TANF: 8 digits or less
 - FDPIR: vary in format based on the tribal organization
- Save a copy of this letter for each student.
- Families that provide a copy of their approval letter do not need to fill out a household application.
- Per USDA guidance, students that submit a SNAP letter are eligible for free meals, but are NOT CONSIDERED directly certified.

Online Resources for Categorical Eligibility



ADE Online Training Library

- Step-By-Step Instruction: How to Conduct Direct Certification Using Other Documentation

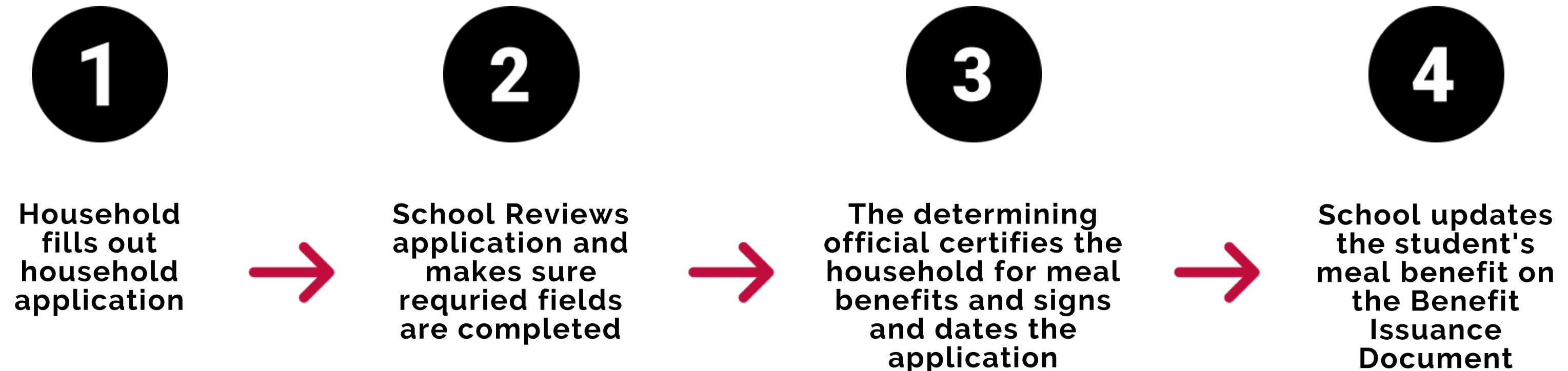
Item 3

Household Applications

Complete all tasks to correctly
certify students with household
income applications.



Flow of Processing Applications



Determining Official: An LEA official responsible for determining children's eligibility for free or reduced-price benefits.

Certification: The process of assigning meal benefits to a child based on obtained documentation.

Benefit Issuance Document (BID): A list of all students and their assigned meal benefits based on eligibility documentation collected.

Introduction to Household Applications

Required Fields

- Step 1: List ALL infants, children, and students up to and including grade 12 in your household
- Step 2: Do any Household Members currently participate in one or more of the following? (SNAP, TANF, FDPIR)
- Step 3: Report Income for ALL Household Members
- Step 4: Contact information and adult signature

2020-2021 Application for Free and Reduced Price School Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (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.

Child's First Name MI Child's Last Name School Name Foster Child 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 FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: Write only one case number in this space.

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 GROSS income earned by all Children Household Members listed in STEP 1 here.

Child GROSS Income: Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself) List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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) GROSS Earnings from Work Public Assistance/Child Support/Alimony Pensions/Retirement/All Other Income

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 Mail Completed Form to: INSERT SCHOOL/DISTRICT MAILING ADDRESS

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.

Signature of adult completing the form Today's date

Printed name of adult completing the form Daytime Phone and Email (optional)

Street Address (if available) Apt# City State Zip

OFFICE USE ONLY

Eligibility: Free Reduced Denied Error Prone

Determining Official's Signature: Date:

Case # Application Foster Application Directly Certified: Date of Disregard:

Income Application Household Size: Per: Week Bi-Weekly (Every 2 Weeks) 2x Month Monthly Annual

Selected For Verification: Confirming Official's Signature: Date:

Follow-Up Official's Signature: Date:

Introduction to Household Applications

Optional Fields

- In step 1, the field: **School Name**
- All fields in step 4, except the field: **Signature of the adult completing the form**
- On the back of the application the section titled: **Children's Racial and Ethnic Identities**

[illegible]

Sources of Income for Children		Sources of Income for Adults		
Type of Income	Examples	Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
Earnings from work	A child has a job where they earn a salary or wages.	- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad retirement and black lung benefits)
Social Security - Disability payments	A child is blind or disabled and receives Social Security benefits.	- Net income from self-employment (farm or business)	- Workers Compensation	- Private Pensions or trusts
- Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.	If you are in the U.S. Military: - Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowances)	- Supplemental Security Income (SSI)	- Regular income from disability or estates
Income from persons <u>outside</u> the household	A friend or extended family member <u>regularly</u> gives a child spending money.	- Allowances for off-base housing, food and clothing	- Cash Assistance from State or local government	- Annuities
Income from any other source	A child receives income from a private pension fund, annuity or trust.		- Alimony payments	- Investment Income
			- Child support payments	- Earned Interest
			- Veteran's benefits	- Rental Income
			- Strike benefits	- Regular cash payments from outside household

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 child'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

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.

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

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.aspc.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide the letter to the local office of the information requested in the form. To request a copy of the complaint form, call (866) 632-6992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-6410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Introduction to Household Applications

Information Reported on Applications

- Determining officials are to take the information reported at face value when processing Income, Case Number, or Foster applications.
- Determining officials are to confirm the child's status when processing a Homeless, Migrant, or Runaway application.

Questionable Applications and Information

- SFAs are obligated to seek clarification in a timely manner on questionable/incomplete information on household applications.
- If seeking clarification was unsuccessful, the determining official should approve the application, if complete, and then may verify for cause.
- Guidance on Verification for Cause is available in the [USDA Eligibility Manual for School Meals](#) pg. 99.

Household Applications

Steps to Complete an Application



4 Steps To Complete an Application

1

Determine if the income application is complete.

2

Calculate income levels.

3

Use the correct school year's Income Eligibility Guidelines (IEGs) to determine meal benefits.

4

Assign free, reduced-price, or paid meal benefits for all enrolled students within the household; date and sign as determining official.

Determine if the Application is Complete

What is a complete income application?

- Households are instructed to complete steps 1, 3, and 4 of the household application. A complete income application must provide:
 - Names and total number of all household members
 - Amount, source, and frequency of current income for each household member
 - Last four digits of the Social Security Number of the household's primary wage earner or another adult household member, or an indication that the household member does not have a Social Security Number
 - Signature of an adult household member

Determine if the Application is Complete

Utilized a date stamp to indicate when applications were received

- Applications must be reviewed in a timely manner
- LEAs must process applications within 10 operating days of the receipt of the application.
- As a best practice, applications should be date stamped to indicate the date they were received and processed immediately.

Determine if the Application is Complete

Ensured all case numbers were validated for assistance programs in Arizona (SNAP/TANF being 8 digits or less or FDPIR based on Indian Tribal Organizations)

- The determining official must ensure that the Assistance Program case number listed on the application is valid in the state of Arizona.
- Only the case number assigned by the Assistance Program may be used to determine eligibility.
 - SNAP and TANF valid case numbers are 8 digits or less.
 - FDPIR case numbers are valid based on the Indian Tribal Organization.

Determine if the Application is Complete

Ensured the total household members box was filled out and that there was Social Security Number information on all income applications

- Application is incomplete if the field Total Household Members in STEP 3 is left blank, or if the number of household members does not equal the number of names provided.
 - The adult signer in STEP 4 is also considered a household member.
 - Last 4 digits, or “Check if no SSN: must be completed for Primary Wage Earner

The diagram shows a multi-step application form. Red arrows point to the following areas:

- STEP 1:** A table for listing children. The arrow points to the 'Child's First Name' column. A definition of a household member is provided on the left. On the right, there are checkboxes for 'Seasonal Child' and 'Homeless, Migrant, Runaway'.
- STEP 3:** A section titled 'B. All Adult Household Members (including yourself)'. The arrow points to the 'Name of Adult Household Members (First and Last)' column. This section includes tables for reporting income: 'GROSS Earnings from Work', 'Public Assistance/Child Support/Alimony', and 'Pensions/Retirement/All Other Income'. Each table has columns for 'How often?' (Weekly, Bi-Weekly, Bi-Monthly, Monthly) and dollar amounts.
- STEP 4:** A section for contact information. The arrow points to the 'C. Total Household Members (Children and Adults)' field, the 'Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member' field, and the 'Check if no SSN' checkbox.

Reported Gross Income

- | STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------------|------------|------------|-----------|----------|---|------------|-----------|----------|---------|--|------------|-----------|--------------------|---------|----|--|------------|--|--|--|--------|-----------|----------|---------|--------|-----------|----------|---------|----|----|----|----|---|---|---|---|--|-------|--------------------|------------|--|--|--|---|------------|--|--|--|--|------------|--|--|--|--------|-----------|----------|---------|--------|-----------|----------|---------|--------|-----------|----------|---------|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| <p>Are you unsure what income to include here?</p> <p>Flip to the back of this application and review the charts titled "Sources of Income" for more information.</p> <p>The "Sources of Income for Children" chart will help you with the Child Income Section.</p> <p>The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.</p> | <div style="margin-bottom: 20px;"> A. Child Income
 Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here. <div style="float: right; margin-top: 10px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left;">Child GROSS income</th> <th colspan="4" style="text-align: left;">How often?</th> </tr> <tr> <th style="width: 25%;">Weekly</th> <th style="width: 25%;">2x Weekly</th> <th style="width: 25%;">2x Month</th> <th style="width: 25%;">Monthly</th> <th style="width: 25%;">Weekly</th> <th style="width: 25%;">2x Weekly</th> <th style="width: 25%;">2x Month</th> <th style="width: 25%;">Monthly</th> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> </tr> </table> </div> </div> <div> B. All Adult Household Members (including yourself)
 List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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. </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2" style="width: 25%;">Name of Adult Household Members (First and Last)</th> <th rowspan="2" style="width: 5%;">GROSS</th> <th rowspan="2" style="width: 5%;">Earnings from Work</th> <th colspan="4" style="width: 20%;">How often?</th> <th rowspan="2" style="width: 5%;">Public Assistance/
Child Support/Alimony</th> <th colspan="4" style="width: 20%;">How often?</th> <th rowspan="2" style="width: 5%;">Pensions/Retirement/
All Other Income</th> <th colspan="4" style="width: 20%;">How often?</th> </tr> <tr> <th>Weekly</th> <th>2x Weekly</th> <th>2x Month</th> <th>Monthly</th> <th>Weekly</th> <th>2x Weekly</th> <th>2x Month</th> <th>Monthly</th> <th>Weekly</th> <th>2x Weekly</th> <th>2x Month</th> <th>Monthly</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td>\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="height: 40px;"></td> <td>\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="height: 40px;"></td> <td>\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="height: 40px;"></td> <td>\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table> | | | | | | | | | | | | | | Child GROSS income | | | | How often? | | | | Weekly | 2x Weekly | 2x Month | Monthly | Weekly | 2x Weekly | 2x Month | Monthly | \$ | \$ | \$ | \$ | ○ | ○ | ○ | ○ | Name of Adult Household Members (First and Last) | GROSS | Earnings from Work | How often? | | | | Public Assistance/
Child Support/Alimony | How often? | | | | Pensions/Retirement/
All Other Income | How often? | | | | Weekly | 2x Weekly | 2x Month | Monthly | Weekly | 2x Weekly | 2x Month | Monthly | Weekly | 2x Weekly | 2x Month | Monthly | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Child GROSS income | | | | How often? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weekly | 2x Weekly | 2x Month | Monthly | Weekly | 2x Weekly | 2x Month | Monthly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | \$ | \$ | \$ | ○ | ○ | ○ | ○ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Adult Household Members (First and Last) | GROSS | Earnings from Work | How often? | | | | Public Assistance/
Child Support/Alimony | How often? | | | | Pensions/Retirement/
All Other Income | How often? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Weekly | 2x Weekly | 2x Month | Monthly | | Weekly | 2x Weekly | 2x Month | Monthly | | Weekly | 2x Weekly | 2x Month | Monthly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
- C. Total Household Members**

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 ☐

All adult income and frequency

Determine if the Application is Complete

Reported Income

- The household must provide their current income, based on the most recent information available.
 - Current month
 - Amount projected for the month
 - Month prior
- If the household's current income is not a reflection of income that will be available over the school year, the SFA should determine the amount and frequency of income available during the school year for households.
- Guidance on Annual Income/Special Situations is available in the [USDA Eligibility Manual for School Meals](#) pg. 25 as well as memo SP 19-2017.

Determine if the Application is Complete


Reported No Income

- When no income is reported for any of the household members, the application is still considered complete.
 - May also be indicated by writing in zero, no income, or \$0
- Application must communicate to households that any income field left blank is a positive indication that there is no income to report.
- If you believe a household has intentionally misreported its income by leaving the income fields blank, the SFA must verify the household's application for cause.
- Guidance on Verification for Cause for Indication of No Income is available in the [USDA Eligibility Manual for School Meals](#) pg. 25.

Determine if the Application is Complete

Ensured all applications contained an adult signature

- Regardless if the application is Case Number, Income or Foster, every application needs an adult signature.



STEP 4 Contact information and adult signature		Mail Completed Form to: INSERT SCHOOL/DISTRICT MAILING ADDRESS	
<p>"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."</p>		OFFICE USE ONLY	
<div>Signature of adult completing the form</div>		<div>Eligibility: Free___ Reduced___ Denied___</div>	
<div>Today's date</div>		<div>Determining Official's Signature: _____ Date: _____</div>	
<div>Printed name of adult completing the form</div>		<div><input type="checkbox"/> Case # Application <input type="checkbox"/> Foster Application <input type="checkbox"/> Directly Certified: Date of Disregard: _____</div>	
<div>Daytime Phone and Email (optional)</div>		<div><input type="checkbox"/> Income Application</div>	
<div>Household Size: _____</div>		<div>Total Income: _____ Per: <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly (Every 2 Weeks) <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual</div>	
<div>Street Address (if available)</div>		<div><input type="checkbox"/> Selected For Verification: Confirming Official's Signature: _____ Date: _____</div>	
<div>Apt#</div>	<div>City</div>	<div>State</div>	<div>Zip</div>
<div>Follow-Up Official's Signature: _____</div>		<div>Date: _____</div>	

A) No, income levels are not listed.

B) No, total household members is incorrect.

C) Yes, all required parts of the application are completed.

Comprehension Check



Based on the following, is the household application complete?

A) No, income levels are not listed.

B) No, total household members is incorrect.

C) Yes, all required parts of the application are completed.

Mary Goodwin signed the application, however she is not listed in step 3 and is not included in the reported total household members.

Income Level Frequencies

- STEP 3**

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

Are you unsure what income to include here?

Flip to the back of this application and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income Section.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

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

Child GROSS Income

				How often?			
				Weekly	Bi-Weekly	2x Month	Monthly
\$				○	○	○	○

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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)	GROSS 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
<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	\$ <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	○	○	○	○	\$ <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	○	○	○	○	\$ <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	○	○	○	○
<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	\$ <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	○	○	○	○	\$ <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	○	○	○	○	\$ <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	○	○	○	○
<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	\$ <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	○	○	○	○	\$ <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	○	○	○	○	\$ <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	○	○	○	○
<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	\$ <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	○	○	○	○	\$ <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	○	○	○	○	\$ <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	○	○	○	○

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

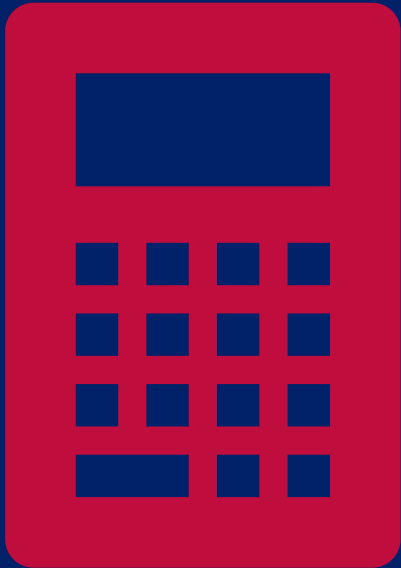
Check if no SSN ☐

Calculate Income Levels

Calculating Income Levels

- If a household lists the same income frequency, you will add together all income levels provided.
- If a household lists multiple income frequencies, convert all frequencies to annual income before adding them together.
 - Weekly income by 52
 - Bi-weekly income by 26
 - Twice per month income by 24
 - Monthly income by 12
- SFAs can use conversion factors to convert income frequencies to annual only in the situation where there are multiple income sources with different frequencies.
 - If there is only one frequency, no need to convert. - Doing more work than you need to!

Comprehension Activity



What is the total income for this application?

On the application, find the income and frequency reported for the children and for each adult.

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

Are you unsure what income to include here?

Flip to the back of this application and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income Section.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

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

Child GROSS income

How often?

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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.

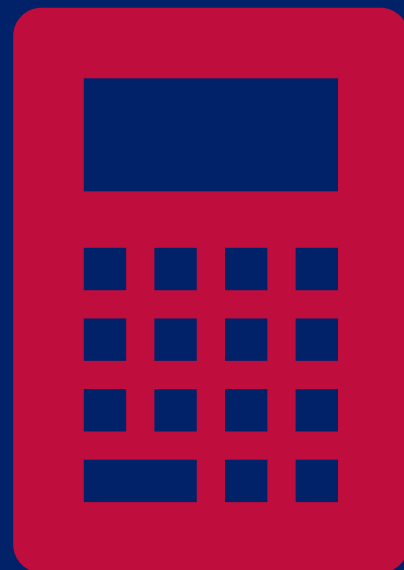
Name of Adult Household Members (First and Last)	GROSS Earnings from Work	How often?				Public Assistance/Child Support/Alimony	How often?				Pensions/Retirement/All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
John Smith	\$ 200	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ 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"/>
Emma Smith	\$ 500	<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"/>

← Combined children income and frequency

← All adult income and frequency

- Children: No income
- Adults:
 - John Smith: \$200 weekly and \$500 weekly
 - Emma Smith: \$500 bi-weekly

Comprehension Activity



What is the total income for this application?

Let's convert each household's member to annual income.

Annual Income Conversion for Multiple Reported Incomes:			
If a household reports only one income or multiple incomes with the same frequency, <u>do not</u> convert to annual income. If a household reports multiple income sources with <u>different</u> frequencies (e.g., 1 income is received weekly, another income is received monthly), convert all reported incomes to annual using the conversion factors below. Then, add the income together and compare it to the annual income guidelines to make a determination.			
Weekly Income x 52	Bi-Weekly Income x 26	2x Month Income x 24	Monthly Income x 12

- John Smith: \$200 weekly and \$500 weekly (\$700 weekly)
 - $\$700 \times 52 = 36,400$
- Emma Smith: \$500 bi-weekly
 - $\$500 \times 26 = 13,000$
- Add both annual incomes together: $\$36,400 + 13,000 = \$49,400$ annual*

Use Income Eligibility Guidelines to Determine Meal Benefits

Income Eligibility Guidelines

- In order to determine if the household is eligible for free or reduced-priced meal benefits, SFAs will use the Income Eligibility Guidelines (IEGs).

Child Nutrition Programs										
Income Guidelines										
Effective July 1, 2020 – June 30, 2021										
The following are the income guidelines to be used by child nutrition program operators when processing meal benefit income eligibility forms using reported income.										
Effective July 1, 2020 – June 30, 2021										
For Determining Official's Use Only										
Household Size ¹ :	How often income was received:									
	Weekly		Bi-Weekly		2x Month		Monthly		Annually	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$319	\$454	\$638	\$908	\$692	\$984	\$1,383	\$1,968	\$16,588	\$23,606
2	\$431	\$614	\$862	\$1,227	\$934	\$1,329	\$1,868	\$2,658	\$22,412	\$31,894
3	\$543	\$773	\$1,086	\$1,545	\$1,177	\$1,675	\$2,353	\$3,349	\$28,236	\$40,182
4	\$655	\$933	\$1,310	\$1,865	\$1,420	\$2,020	\$2,839	\$4,040	\$34,060	\$48,470
5	\$767	\$1,092	\$1,534	\$2,183	\$1,662	\$2,365	\$3,324	\$4,730	\$39,884	\$56,758
6	\$879	\$1,251	\$1,758	\$2,502	\$1,905	\$2,711	\$3,809	\$5,421	\$45,708	\$65,046
7	\$991	\$1,411	\$1,982	\$2,821	\$2,148	\$3,056	\$4,295	\$6,112	\$51,532	\$73,334
8	\$1,103	\$1,570	\$2,206	\$3,140	\$2,390	\$3,401	\$4,780	\$6,802	\$57,356	\$81,622
Additional members, add:	\$112	\$160	\$224	\$319	\$243	\$346	\$486	\$691	\$5,824	\$8,288

¹Household size must be supported by the number of names listed on the meal benefit income eligibility form.

Annual Income Conversion for Multiple Reported Incomes:

If a household reports only one income or multiple incomes with the same frequency, do not convert to annual income. If a household reports multiple income sources with different frequencies (e.g., 1 income is received weekly, another income is received monthly), convert all reported incomes to annual using the conversion factors below. Then, add the income together and compare it to the annual income guidelines to make a determination.

Weekly Income x 52	Bi-Weekly Income x 26	2x Month Income x 24	Monthly Income x 12
--------------------	-----------------------	----------------------	---------------------

Example: A household has returned their meal benefit income eligibility form. The enrolled individuals are not categorically eligible so they must be categorized based on income. On their application, they reported two incomes: \$175 weekly and \$2,856 monthly. To determine their eligibility status, their incomes must be converted to annual income.

\$175 weekly x Weekly Income Conversion → \$175 x 52 = \$9,100 Total Annual Income

\$2,856 monthly x Monthly Income Conversion → \$2,856 x 12 = \$34,272 Total Annual Income

The incomes are then added together to determine total annual income. Total Income: \$9,100 + \$34,272 = \$43,372

There are four listed names on their meal benefit income eligibility form – demonstrating a household's size of four. The annual income cap for a household of four to be free is \$34,060 and reduced is \$48,470. This household's annual income is \$43,372 – greater than \$34,060, less than \$48,470. Therefore, this household qualifies for reduced-price meals.

Enrollment errors can be very costly. For assistance making determinations, please don't hesitate to contact your assigned program specialist or the specialist of the day at (602) 542-8700, press 1 for Community Nutrition Programs (CACFP, SFSP), press 2 for School Nutrition Programs (NSLP, SBP, FFVP).

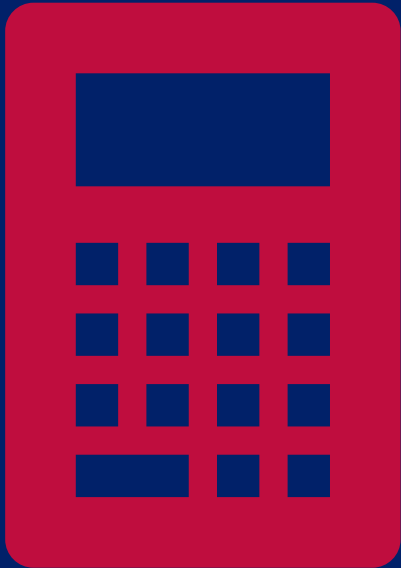
Income Guidelines | May 2020 | Arizona Department of Education | This institution is an equal opportunity provider.

Use Income Eligibility Guidelines to Determine Meal Benefits

Income Eligibility Guidelines (IEGs)

- One table with two columns for free/reduced-price under each frequency
- Has a set of income limits based on the size of the household and frequency of household income
 - If the income calculated based on its reported household size is less than the amount listed for FREE, the family qualifies for free meal benefits.
 - If the income is higher than the amount listed for FREE, the determining official will want to compare the income and household size that is listed for REDUCED.
 - If the income calculated is less than the amount listed for REDUCED, the household qualifies for reduced-price meal benefits.

Comprehension Activity

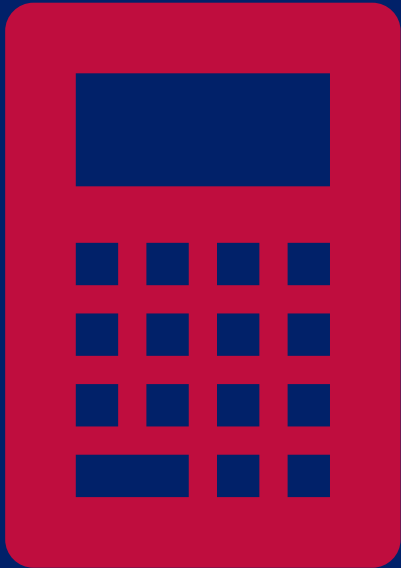


Using the Income Eligibility Guidelines, does this household qualify for free or reduced-price benefits?

The household application indicates 4 household members with total income of \$49,400 annually.

How often income was received:										
Household Size ¹ :	Weekly		Bi-Weekly		2x Month		Monthly		Annually	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$319	\$454	\$638	\$908	\$692	\$984	\$1,383	\$1,968	\$16,588	\$23,606
2	\$431	\$614	\$862	\$1,227	\$934	\$1,329	\$1,868	\$2,658	\$22,412	\$31,894
3	\$543	\$773	\$1,086	\$1,546	\$1,177	\$1,675	\$2,353	\$3,349	\$28,236	\$40,182
4	\$655	\$933	\$1,310	\$1,865	\$1,420	\$2,020	\$2,839	\$4,040	\$34,060	\$48,470
5	\$767	\$1,092	\$1,534	\$2,183	\$1,662	\$2,365	\$3,324	\$4,730	\$39,884	\$56,758
6	\$879	\$1,251	\$1,758	\$2,502	\$1,905	\$2,711	\$3,809	\$5,421	\$45,708	\$65,046
7	\$991	\$1,411	\$1,982	\$2,821	\$2,148	\$3,056	\$4,295	\$6,112	\$51,532	\$73,334
8	\$1,103	\$1,570	\$2,206	\$3,140	\$2,390	\$3,401	\$4,780	\$6,802	\$57,356	\$81,622
Additional members, add:	\$112	\$160	\$224	\$319	\$243	\$346	\$486	\$691	\$5,824	\$8,288

Comprehension Activity



Using the Income Eligibility Guidelines, does this household qualify for free or reduced-price benefits?

- 1.) On the IEGs, determine the free income levels for a household size of 4 with income received annually. Income received annually must be less than (\$34,060) to qualify for free meals.
- 2.) The household's income is above the free income guidelines (\$49,400 is greater than \$34,060).
- 3.) On the IEGs, determine the income levels for a household size of 4 with income received annually. Income received annually must be less than (\$48,470) to qualify for reduced-price meals.
- 4.) The household's income of \$49,400 is greater than \$48,470.

Household Size ¹ :	How often income was received:									
	Weekly		Bi-Weekly		2x Month		Monthly		Annually	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$319	\$454	\$638	\$908	\$692	\$984	\$1,383	\$1,968	\$16,588	\$23,606
2	\$431	\$614	\$862	\$1,227	\$934	\$1,329	\$1,868	\$2,658	\$22,412	\$31,894
3	\$543	\$773	\$1,086	\$1,546	\$1,177	\$1,675	\$2,353	\$3,349	\$28,236	\$40,182
4	\$655	\$933	\$1,310	\$1,865	\$1,420	\$2,020	\$2,839	\$4,040	\$34,060	\$48,470
5	\$767	\$1,092	\$1,534	\$2,183	\$1,662	\$2,365	\$3,324	\$4,730	\$39,884	\$56,758
6	\$879	\$1,251	\$1,758	\$2,502	\$1,905	\$2,711	\$3,809	\$5,421	\$45,708	\$65,046
7	\$991	\$1,411	\$1,982	\$2,821	\$2,148	\$3,056	\$4,295	\$6,112	\$51,532	\$73,334
8	\$1,103	\$1,570	\$2,206	\$3,140	\$2,390	\$3,401	\$4,780	\$6,802	\$57,356	\$81,622
Additional members, add:	\$112	\$160	\$224	\$319	\$243	\$346	\$486	\$691	\$5,824	\$8,288

No, the household does not qualify for meal benefits

Sign and Date as Determining Official

As Determining Official...

- You will fill out the appropriate fields in the gray box titled OFFICE USE ONLY.
- For Date, record the date when the application was processed
 - The date of disregard should be completed if all children listed on the application are determined eligible through direct certification.
- Identify the type of application and the household size and income used with the IEGs.

OFFICE USE ONLY		<input type="checkbox"/> Error Prone
Eligibility: Free ___ Reduced ___ Denied <input checked="" type="checkbox"/>		
Determining Official's Signature: <u>Mona Randle</u>	Date: <u>9/5/20</u>	
<input type="checkbox"/> Case # Application <input type="checkbox"/> Foster Application <input type="checkbox"/> Directly Certified: Date of Disregard: _____		
<input checked="" type="checkbox"/> Income Application		
Household Size: <u>4</u>		
Total Income: <u>\$49,400</u> Per: <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly (Every 2 Weeks) <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annual		
<input type="checkbox"/> Selected For Verification: Confirming Official's Signature: _____	Date: _____	
Follow-Up Official's Signature: _____	Date: _____	

2020-2021 Application for Free and Reduced Price School Meals

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

Comprehension Check

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (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.

Child's First Name	MI	Child's Last Name	School Name	
Sophia		Barb		Foster Care <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 FDIPI? Circle one: Yes / No

If you answered NO > Complete STEP 3 If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) **Case Number:**

Write only one case number in this space.

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 GROSS Income earned by all Children Household Members listed in STEP 1 here.

Child GROSS income	Weekly	Bi-weekly	2x Monthly	Monthly
\$ 100	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. All Adult Household Members (including yourself)
 List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (an amount before taxes and deductions) 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)	GROSS Earnings from Work	How often?				Public Assistance/Child Support/Alimony	How often?				Pensions/Retirement/All Other Income	How often?			
		Weekly	Bi-weekly	2x Monthly	Monthly		Weekly	Bi-weekly	2x Monthly	Monthly		Weekly	Bi-weekly	2x Monthly	Monthly
Joe Barb	\$ 400	<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"/>
Karen Barb	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ 100	<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"/>

C. Total Household Members 3 (Children and Adults)

X X X X X X Check if no SSN ☒

STEP 4 Contact information and adult signature Mail Completed Form to: INSERT SCHOOL/DISTRICT MAILING ADDRESS

"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."

Karen Barb

Signature of a adult completing the form

Printed name of a adult completing the form

Street Address (if available)

09/22/20

Today's date

Daytime Phone and Email (optional)

City

OFFICE USE ONLY

Eligibility: Free Reduced Denied

Determining Official's Signature: _____ Date: _____

Case # Application Foster Application Directly Certified: Date of Disregard: _____

Household Size: _____

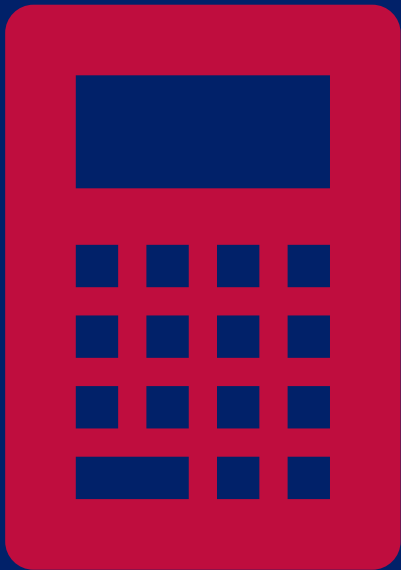
Total Income: _____ Per: ☐ Weekly ☒ Bi-weekly (Every 2 Weeks) ☐ 2x Monthly ☐ Monthly ☐ Annual

☒ Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow Up Official's Signature: _____ Date: _____

		How often income was received:									
		Weekly		Bi-Weekly		2x Month		Monthly		Annually	
Household Size ¹ :		Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1		\$319	\$454	\$638	\$908	\$692	\$984	\$1,383	\$1,968	\$16,588	\$23,606
2		\$431	\$614	\$862	\$1,227	\$934	\$1,329	\$1,868	\$2,658	\$22,412	\$31,894
3		\$543	\$773	\$1,086	\$1,546	\$1,177	\$1,675	\$2,353	\$3,349	\$28,236	\$40,182
4		\$655	\$933	\$1,310	\$1,865	\$1,420	\$2,020	\$2,839	\$4,040	\$34,060	\$48,470
5		\$767	\$1,092	\$1,534	\$2,183	\$1,662	\$2,365	\$3,324	\$4,730	\$39,884	\$56,758
6		\$879	\$1,251	\$1,758	\$2,502	\$1,905	\$2,711	\$3,809	\$5,421	\$45,708	\$65,046
7		\$991	\$1,411	\$1,982	\$2,821	\$2,148	\$3,056	\$4,295	\$6,112	\$51,532	\$73,334
8		\$1,103	\$1,570	\$2,206	\$3,140	\$2,390	\$3,401	\$4,780	\$6,802	\$57,356	\$81,622
Additional members, add:		\$112	\$160	\$224	\$319	\$243	\$346	\$486	\$691	\$5,824	\$8,288

Comprehension Activity



How would you certify this income application?

- 1.) The household's income is \$600 weekly (\$500 adult income + \$100 child income)
- 2.) No conversion is needed since all frequencies were weekly.
- 3.) On the IEGs, income received weekly must be less than \$543 to qualify for free meals. The household's income of \$600 is higher than that, so they do not qualify for free meals.
- 4.) However, the household's income must be less than \$773 to qualify for reduced-price meals. The household's income of \$600 is less than \$773. The household qualifies for reduced-price meal benefits.

		How often income was received:									
		Weekly		Bi-Weekly		2x Month		Monthly		Annually	
Household Size ¹ :		Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1		\$319	\$454	\$638	\$908	\$692	\$984	\$1,383	\$1,968	\$16,588	\$23,606
2		\$431	\$614	\$862	\$1,227	\$934	\$1,329	\$1,868	\$2,658	\$22,412	\$31,894
3		\$543	\$773	\$1,086	\$1,546	\$1,177	\$1,675	\$2,353	\$3,349	\$28,236	\$40,182

Reduced, based on income of \$600 per week, household of 3.

Online Resources for Household Applications

ADE Online Training Library

- Step by Step Instruction: How to Process Household Applications
- Step by Step Instruction: How to Identify Household Applications That Are Error-Prone

USDA Guidance (Can be found on ADE Webpage)

- Eligibility Manual for School Meals Determining and Verifying Eligibility

Household Applications

Case Number Applications



Processing Case Number Applications

- A complete case number application must provide:
 - Names of all child household members
 - A **valid** case number from one of the assistance programs (SNAP, FDPIR, TANF)
 - Signature of an adult household member
- Assign free meal benefits for all enrolled students within the household; date and sign as determining official.

2020-2021 Application for Free and Reduced Price School Meals

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

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

Child's First Name	MI	Child's Last Name	School Name	Foster Child	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"/>

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.

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: _____

Write only one case number in this space.

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

Are you unsure what income to include here?

Flip to the back of this application and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income Section.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

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

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

B. All Adult Household Members (including yourself)
List only the Adult Household Members (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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)	GROSS 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
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	\$ 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	\$ 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	\$ 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	\$ 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Total Household Members 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 Mail Completed Form to: INSERT SCHOOL/DISTRICT MAILING ADDRESS

"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."

Printed name of adult completing the form

Daytime Phone and Email (optional)

Street Address (if available)
Apt #
City
State
Zip

Today's date

OFFICE USE ONLY Error Prone ☐

Eligibility: Free ☐ Reduced ☐ Denied ☐

Determining Official's Signature: _____ Date: _____

☐ Case # Application ☐ Foster Application ☐ Directly Certified: Date of Disregard: _____

☐ Income Application

Household Size: _____

Total Income: _____ Per: ☐ Week ☐ Bi-Weekly (Every 2 Weeks) ☐ 2x Month ☐ Monthly <

Processing Case Number Applications

Entered all case numbers listed on case number applications through CNP Direct Certification

- The LEA may search for the case number as an attempt to directly certify all students on the application only after the case number application has been deemed complete and the household is provided free meal benefits.
 - Can use File Upload or Individual Student Lookup
 - If a case number is not found, it will result in **No Match**
 - This does not change the household's eligibility to paid
 - Application is not considered directly certified
 - Household given opportunity to provide a case number for any household member to convey free meal benefits to all children
 - Create tracker with Case numbers

Household Applications

Foster



Applications



Processing Foster Applications

Steps for Processing Foster Applications

- A complete foster application must provide:
 - Name(s) of the foster child
 - Indication of the child's foster care status
 - Signature of an adult household member
- Determine if the foster application is complete.
- Assign free meal benefits for all enrolled students within the household; date and sign as determining official.



2020-2021 Application for Free and Reduced Price School Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (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.

Child's First Name MI Child's Last Name School Name Foster Child Homeless, Migrant, Runaway

Check all that apply: ☐ Foster Child ☐ 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 FDIPI? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > 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)

Are you unsure what income to include here? Flip to the back of this application and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income Section.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

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

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

B. All Adult Household Members (including yourself)
List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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) GROSS Earnings from Work Public Assistance/Child Support/Alimony Pensions/Retirement/All Other Income

C. Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

STEP 4 Contact information and adult signature Mail Completed Form to: INSERT SCHOOL/DISTRICT MAILING ADDRESS

"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."

Today's date _____

Printed name of adult completing the form _____ Daytime Phone and Email (optional) _____

Street Address (if available) Apt # City State Zip

OFFICE USE ONLY ☐ Error Prone

Eligibility: Free Reduced Denied

Determining Official's Signature: _____ Date: _____

☐ Case # Application ☐ Foster Application ☐ Directly Certified: Date of Disregard: _____

☐ Income Application

Household Size: _____

Total Income: _____ Per: ☐ Week ☐ Bi-Weekly (Every 2 Weeks) ☐ 2x Month ☐ Monthly ☐ Annual

☐ Selected For Verification: Confirming Official's Signature: _____ Date: _____

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

Household Applications

**Homeless,
Migrant,
Runaway
Applications**



Processing Homeless, Migrant, Runaway Applications

Have only certified homeless, migrant, and runaway applications for free meal benefits if we received confirmation from the liaison

- Determining official must confirm eligibility for each child, prior to providing benefits
 - An appropriate program official or homeless liaison must confirm a child's status, either through direct contact with the agency or by a list of names provided by the agency.
 - Once the appropriate official confirms a child's homeless, migrant and/or runaway status, the child will be provided free meal benefits.
 - Attach the documentation provided by the liaison to the application for your records.

2020-2021 Application for Free and Reduced Price School Meals										
Complete one application per household. Please use a pen (not a pencil).										
STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)										
<p>Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."</p> <p>Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.</p>	Child's First Name	MI	Child's Last Name	School Name	Homeless, Migrant, Runaway					
						<input type="checkbox"/>				
						<input type="checkbox"/>				
						<input type="checkbox"/>				
						<input type="checkbox"/>				
						<input type="checkbox"/>				

Comprehension Check



If you received an application with only a child's name, Homeless, Migrant, Runaway box checked off, and an adult signature, what should be your next step?

- A) Certify the application as free.**
- B) Do not grant meal benefits yet. Contact the Homeless, Migrant, and/or Runaway liaison to confirm child's status.**
- C) Certify the application as reduced.**

Comprehension Check



If you received an application with only a child's name, Homeless, Migrant, Runaway box checked off, and an adult signature, what should be your next step?

- A) Certify the application as free.
- B) Do not grant meal benefits yet. Contact the Homeless, Migrant, and/or Runaway liaison to confirm child's status.
- C) Certify the application as reduced.

Applications that have been checked off as Homeless, Migrant, Runaway must be confirmed by the program's liaison. Until you have received confirmation, the child cannot be certified as free due to Homeless, Migrant, or Runaway status.

Household Applications

Denied

Applications



Processing Denied Applications

Denied Applications

- If a household provides an incomplete application or does not meet the eligibility criteria for meal benefits, the application must be denied.
 - Household must be provided with **written notification** of the denial
- Determining Officials must record the determination and notification in a format that includes:
 - Denial date
 - Reason for denial
 - Date the denial notice was sent
 - Signature or initials of the Determining Official (may be electronic, where applicable)

Item 4

Notification of Benefits

Complete the following steps to notify families of meal benefits.



Notification of Benefits

Notified households of eligibility status with notification letter:

- Households must be notified of their eligibility for benefits via letter, email, telephone, or by using an automated notification system.
 - If an application is denied, however, the household must be notified of the denial in writing **through mail or an email** sent to the parent or guardian's email address.
- LEA must notify the household, in writing, of eligibility established through direct certification.
- Templates on ADE Program Forms page you can use
 - If you create your own notification of benefits letter that differs from ADE's template, they must send it to your specialist for approval.

Item 5

Application Organization

Complete the following steps to
keep all applications organized.



Application Organization

Organized all household applications according to their eligibility categories and methods of certification

- Divide free by
 - Income
 - Case Number
 - Foster
- Divide reduced by
 - Income
- Label all applications for students who are Direct Certification matches and file them separately.
- Label all applications for students who have withdrawn.

Item 6

Benefit Issuance Document

Complete the following steps to
create and update a BID.



Benefit Issuance Document

Created a Benefit Issuance Document (BID)

- A BID is a list of all your students that you determined have either free or reduced-price meal benefits.
 - It is recommended to include all enrolled students (Free, Reduced and Paid).
 - Can be electronic or manual
 - Working document

SAMPLE BID				
Last Name	First Name	Benefit Status	Method Documentation	Certification Date
Coyote	Wiley	Free	Income App	8/7/20
DeVil	Dusty	Reduced	Income App	9/17/20
Granger	Hermione	Paid		
Lee	Brock	Free	DC TANF	8/15/20
Potter	Harry	Free	Foster App	9/3/20
Weasley	Ron	Free	DC SNAP	7/17/20
Weasley	William	Free	DC SNAP	7/17/20

Benefit Issuance Document

BID indicates the method of certification for each student. BID indicates the date of approval/effective date of benefits

- **The BID contains the:**
 - First and Last name of student
 - Meal benefit status
 - Method used to determine benefits (application, direct certification etc.)
 - Date benefits were determined
 - Date the application was processed by the determining official
 - When CNP Direct Certification was conducted
 - Date the agency/liaison list was received
 - If the LEA has more than one site operating, a column should be added for site name.

Benefit Issuance Document

How to read a BID

- Each column is a required part of a BID and each row is a student.
- Dusty DeVil has **reduced-price** meal benefits due to an **income application**. The income application was certified on **9/17/20**.

SAMPLE BID				
Last Name	First Name	Benefit Status	Method Documentation	Certification Date
Coyote	Wiley	Free	Income App	8/7/20
DeVil	Dusty	Reduced	Income App	9/17/20
Granger	Hermione	Paid		
Lee	Brock	Free	DC TANF	8/15/20
Potter	Harry	Free	Foster App	9/3/20
Weasley	Ron	Free	DC SNAP	7/17/20
Weasley	William	Free	DC SNAP	7/17/20

Benefit Issuance Document

How to read a BID

- Harry Potter has free meal benefits due to a foster application. The income application was certified on 9/3/20.

SAMPLE BID				
Last Name	First Name	Benefit Status	Method Documentation	Certification Date
Coyote	Wiley	Free	Income App	8/7/20
DeVil	Dusty	Reduced	Income App	9/17/20
Granger	Hermione	Paid		
Lee	Brock	Free	DC TANF	8/15/20
Potter	Harry	Free	Foster App	9/3/20
Weasley	Ron	Free	DC SNAP	7/17/20
Weasley	William	Free	DC SNAP	7/17/20

Benefit Issuance Document

How to read a BID

- Ron Weasley has **free** meal benefits due to **DC SNAP**. DC was run on **7/17/20**, and these **benefit** extended to his brother, William.

SAMPLE BID				
Last Name	First Name	Benefit Status	Method Documentation	Certification Date
Coyote	Wiley	Free	Income App	8/7/20
DeVil	Dusty	Reduced	Income App	9/17/20
Granger	Hermione	Paid		
Lee	Brock	Free	DC TANF	8/15/20
Potter	Harry	Free	Foster App	9/3/20
Weasley	Ron	Free	DC SNAP	7/17/20
Weasley	William	Free	DC SNAP	7/17/20

Comprehension Check



Does the BID below contain all the required information?

Last Name	First Name	School Name	Benefit Status	Certification Date
Flintstone	Fred	Dry Desert High School	Free	8/7/20

- A) Yes, it has all the information required.
- B) No, it is missing the grade level.
- C) No, it is missing the method/documentation.

Comprehension Check



Does the BID below contain all the required information?

Last Name	First Name	School Name	Benefit Status	Certification Date
Flintstone	Fred	Dry Desert High School	Free	8/7/20

- A) Yes, it has all the information required.
- B) No, it is missing the grade level.
- C) No, it is missing the method/documentation.

The BID must include the method/documentation used to certify the student for meal benefits.

Comprehension Check



What should you write on the BID for a household member if they do not match in CNP Direct Certification, but a member of their household matched in Direct Certification – SNAP?

- A) Paid; no documentation.**
- B) Free; DC SNAP.**
- C) Reduced; DC SNAP.**
- D) It depends on additional information from the household.**

Comprehension Check



What should you write on the BID for a household member if they do not match in CNP Direct Certification, but a member of their household matched in Direct Certification – SNAP?

- A) Paid; no documentation.
- B) Free; DC SNAP.**
- C) Reduced; DC SNAP.
- D) It depends on additional information from the household.

Anytime a student matches in SNAP, TANF, and/or FDPIR, that student and all other students in that household are directly certified.

Benefit Issuance Document

Updating the Benefit Issuance Document



Updating the Benefit Issuance Document

When to update the BID

- It is important to update your BID anytime there is a change in eligibility information.
 - New students enroll or withdraw
 - 30 Day Carryover
 - A household turns in an application that changes student eligibility status
 - Anytime you get new matches in CNP Direct Certification
 - Students with benefits due to a household application now matches in CNP DC - Update the BID as DC – Category.
 - Student already directly certified now matches in SNAP - Update the BID as DC-SNAP.

Updating the Benefit Issuance Document

BID has rolled over a child's eligibility status from the previous school year into the current school year for no less than 30 operating days

- The LEA must carryover a child's eligibility status from the previous school year into the current school year for no less than 30 operating days, unless a new eligibility determination is made prior to the end of the 30-day carryover period.
 - Includes incoming "new students" within known households
 - Cannot wait until 30 days to process the new documentation

Updating the Benefit Issuance Document

On the 31st operating day updated child's eligibility from the previous school year to paid if child does not have new eligibility documentation submitted for this program year.

- On the 31st operating day, discontinue prior year's benefits for households that have not reapplied
 - While not required to issue a notification about the carryover period, school officials are encouraged to inform families that the carryover period will end after 30 operating days and must submit a new application for meal benefits to resume.

Updating the Benefit Issuance Document

Updating a Student's Eligibility Status

- Even if a student already has meal benefits listed on the BID, you will want to update the existing benefits if their change has increased their meal benefits or if the new category can extend benefits to household members.
- It is recommended to reference the following diagram when determining if it is necessary to update a meal benefit status or method/documentation on the BID.

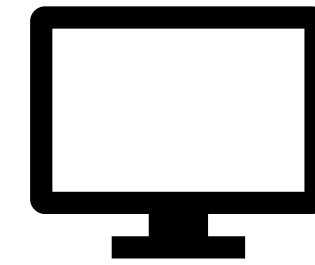


BID: Common Mistakes to Avoid

Boost Your BID Ability with these tips!

1. Don't forget to include ALL students, regardless of benefit status
 - Entire student population - Free, Reduced, Paid
2. Ensure document is private, and only accessible to applicable Food Service Personnel (Or coded if needed)
 - Prevents Overt Identification
3. Keep Method of Certification updated
 - Ex: If student is free by income application, then matches mid-year in DC, you must update BID to SNAP-DC and change date
4. Ensure you abide by the 30-day carryover rule
 - On 31st day of operation, discontinue prior year's benefits for households that have not reapplied for benefits this Program Year

Online Resources for Benefit Issuance Document



ADE Online Training Library

- Step by Step Instruction: How to Create a Benefit Issuance Document (BID)

Summary of Eligibility

- 1 | Review/Update Direct Certification**
Complete this step first. Students that match in CNP Direct Certification do not have to submit an application.
- 2 | Certify Household Applications**
Identify the type of application, make sure it is complete and certify accordingly.
- 3 | Create a Benefit Issuance Document (BID)**
Keep track of all your students' benefit statuses and ensure BID is updated throughout the year if need be!
- 4 | Remember!**
Follow these steps to not only certify your students correctly, but to be ready for Verification, and other administrative duties!

What next?

Type Your Answer in the Whiteboard

What Online Training (s) listed below will you be taking following this webinar?

- Step-By-Step Instruction: **Introduction to CNP Direct Certification** in CNP Direct Certification/Direct Verification
- Step-by-Step Instruction: How to Directly Certify a **Partial Match**
- Step-by-Step Instruction: How to Conduct Direct Certification Using **State Match**
- Step-by-Step Instruction: How to Conduct Direct Certification Using **File Upload**
- Step-by-Step Instruction: How to Conduct Direct Certification Using **Individual Student Lookup**
- Step-By-Step Instruction: How to Conduct Direct Certification Using **Other Documentation**
- Webinar: Direct Certification **Best Practices**
- Step by Step Instruction: How to **Process Household Applications**
- Step by Step Instruction: How to Identify Household Applications That Are **Error-Prone**
- Step by Step Instruction: How to Create a **Benefit Issuance Document (BID)**

www.azed.gov/hns/nslp/trainingps/

Thank you!

Any questions?
Please type them into
the chat bar now.

If you are attending the live webinar, you will receive a link to complete the survey in EMS. After you complete the survey you can print a certificate of completion.

If you are watching the recorded webinar, you can access the survey link and certificate of completion at the end of the webinar slides.



Congratulations!

You have completed the *Boost Your Eligibility Ability Webinar*.

To request a certificate, please go to the next slide.

In order to count this training toward your Professional Standards training hours, the training content must align with your job duties.

Information to include when documenting this training for Professional Standards:

- **Training Title:** Recorded Webinar: Boost Your Eligibility Ability
- **Key Area:** 3000-Administration
- **Learning Codes:** 3110, 3120
- **Length:** 1.5 hour

Please Note: Attendees must document the amount of training hours indicated regardless of the amount of time it takes to complete it.



Congratulations!

Requesting a training certificate

Please click on the link below to complete a brief survey about this webinar. Once the survey is complete, you will be able to print your certificate of completion from Survey Monkey. **This will not appear in your Event Management System (EMS) Account.*

<https://www.surveymonkey.com/r/RecordedWebinarOnlineSurvey>

The information below is for your reference when completing the survey:

- Training Title: Recorded Webinar: Boost Your Eligibility Ability
- Professional Standards Learning Codes: 3110, 3120

