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

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

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



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.

10. Notified households of eligibility status with notification let

Verification Phase 1: Prepare	
Student Eliaibili	2
Checklist	

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

 At least one person in our organization has access to ADEConnect and can use CNP Direct Certification/Direct Verification. 	🗆 Yes	□ No	
 Ran CNP Direct Certification for our entire enrollment. Search method used: 	□ Yes	🗆 No	
a. Our site only extended eligibility benefits to siblings of students who matched on SNAP, TANF and/or FDPIR.	□ Yes	🗆 No	
b. Our site did <u>not</u> extend eligibility benefits to siblings of students who matched on foster, migrant or homeless.	□ Yes	□ No	
3. Printed or saved the CNP Direct Certification Match results.	I Yes	🗆 No	
 Collected and reviewed documentation about which students are enrolled in the Head Start Program. 	🗆 Yes	🗆 No	🗆 N/A
Reviewed Notice to Provider document that was submitted for Foster children.	□ Yes	🗆 No	D N/A
Reviewed documentation submitted for children from a liaison for homeless, migrant or runaway status.	□ Yes	🗆 No	D N/A
Reviewed SNAP, TANF and/or FDPIR letters submitted by the household for children receiving assistance programs.	□ Yes	🗆 No	D N/A
8. Processed all applications checking for completeness:			
 We utilized a date stamp to indicate when applications were received. 	🗆 Yes	🗆 No	
b. We 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).	🗆 Yes	□ 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.	□ Yes	□ No	
d. We ensured all applications contained an adult signature.	I Yes		
 We have only certified homeless, migrant, and runaway applications for free meal benefits if we received confirmation from the liaison. 	□ Yes		
 We marked which applications were error-prone. 	•		
 Entered all case numbers listed on case number applications through CNP Direct Certification. 			

;]	with notification letter.	res	NO		
I	usehold applications d methods of				
l	aa pumbar fraa bu	Yes	No		
l	se number, nee by	Yes	No		
l	nts who are Direct				
l	em separately. nts who have withdrawn.	Yes	No		
l	ID)	Yes	No		
l	rtification for each	Yes	No		
	oval/effective date of	Yes	No		
	ligibility status from the ent school year for no	Yes	No		
	I child's eligibility from child does not have new d for this program year.	Yes		•	
_					

Want a closer look at Eligibility tasks?

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

Verification | June 2020 | Arizona Department of Education | This institution

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.



Our 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 certified by household income using the Income Eligibility Guidelines, or by submitting a case number, foster, homeless, migrant, or runaway application.

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...

Welcome Kim

• 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

- "Partial Match" email notifications.
- user that a match has been found.
- below:



• Users may opt-in at any time to receive "Match" and

• CNP Direct Certification will automatically email the

• To opt-in to email notification, login to CNP Direct

Certification and click "Email Notification" as shown

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**

- ADE
 - For large # of students
- **Direct Certification** • For large # of students
- For small # of students

• 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

• File Upload- User creates and saves, and uploads an **Excel file** that contains a list of student data to CNP

• Individual Student Lookup- User types student data directly into the table in CNP Direct Certification

• 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.



ARCH METHOD	SEARCH TYPE
Find your organization within a drop down, enrollment is pre-populated	System Automated
Create a list of student data to upload into the search bar	 Name/Birthdate; SSN; State Student ID* or; Case Number
Type student data directly into the search table	 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

CNP Direct Certification	Welcome, Knutson, Halle
A Home Direct Certification - Email Notification Administration -	Help ADEConnect Logou
File Upload State Match Direct Cert Comprehensive Reports Velocmet Sarch Nistory All file uplo CEP Data Collection C. 2019: For Direct Certification Best Practices	
Direct Certification Updates -March 29, 2019: April 1 data must be collected and reported no later than April 15th for Annual Public Notification and Data Submission for all LEAs All LEAs collect student information for each site. This includes the total number of identified students and the total number of enrolled students at each NSLP site.	
The identified students are students directly certified through SNAP, TANF, and FDPIR participation as well as homeless students on the liaison list, Head Start, pre-K Even Start, migrant youth, runaway, and non-applicant's approval by local officials identi application. Foster children certified through means other than an application are also included as well as students certified for free meais based on a letter provided by the SNAP agency. Students who are categorically eligible based on information, such a a free and reduced-price application are NOT included. Students certified for free or reduced-price meai based a household application are NOT included.	fed through means other than an is a case number or, submitted though
Enrolled students are students who are enrolled and attending schools, and have access to at least one meal service (School Breakfast Program (SBP) or NSLP) daily. The number of enrolled students includes all students with access to the SBP or NSLP participating in the programs.	, and not just those students
Step by step instruction on completing this requirement is detailed in memo https://cms.azed.gov/home/GetDocumentFile?id=5c869b111dcb250c085f1500">HNS 03-2019 Annual Public Notification and Data Submission for All LEAs-Community Eligibility P	rovision
Help Video for CEP Data Collection Tool:	

Run direct certification searches via file upload or individual student lookup

CNP Direct Certification						
			Welcome, Ruiz	, Kim		
A Home Direct Certification - Email Notification Administration -		O Help	ADEConnect	Logout		
File Upload Direct State Match Individual Student Lookup Comprehensive Reports • Use • The • The • The • Choo • GEP Data Collection e Upload Search Hy of a large number of students by uploading(sendi xisx, or. bd. • to upload from the dropdown box. • Select the file you wish to upload. • to upload from the dropdown box. • Select the file you wish to upload. • to upload from the dropdown box. • Select the file you wish to upload. • to upload from the dropdown box. • State Student ID format • You may download the results in Excel or .PDF. Please visit the ADE Online Training Library for Direct Certification training. • Exter Student ID format • add next entry in the row below • State format • the student if • the student i	ng) a formatted file to ADE. RST name AST name AST name 2. Enter the Case Number starting in cell A1 (should be 8 digits or less, 6 not enter hyphens) 2. Add the next entry in the row below					
A B C A B C A B 1 123456789 1 568459632 1 Brock Lee	C A B C 12/1/2002 1 87654323					
2 36/450321789 2 456/35123 2 Cara Ot 3 456321789 3 569327894 3 Sue Chini	2/14/2008 3 32589632					
4 789654123 4 S54123458 4 Aspara Gus 5 654789321 5 985632147 5 Ora Nge	5/15/2007 4 14598765 6/6/2009 5 25896314					
6 6	6					
***If your spreadsheet has #### because the cell is not expanded all of the way, you may receive a Frequently Asked Questions	n error when you attempt to upload the data.					

Non-Public School

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

tome Direct Certif	cation - Direct Verification -	
Seck to Summary		
Search Res	nulte	
Search Res	suits	
Download: Check !	here to include NO MATCH result	1
Search Type	Search Date	Searched B
Providence .	5/05/0000 00 54 56 AM	Unity HMS
Show 10 v entries	ar 10400 (0 - 13) (1 - 20 - 900)	
Show 10 v entries	District Student ID	Withdows
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Show 10 ♥ entries State Student 10 1000650 1015358 10002961 1031548	District Student ID	Withdrawn
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Show 10 ♥ entries State Student 10 100650 1015308 1030560 1030560 1030560 1030560 1030560 1030500 1030500	District Student ID	Withdrawn
Show 10 ♥ entries State Student 10 100650 1015358 1030560 103558 1030566 1032107 1034877 1035308 1056558	District Student ID	Withdrawn

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		Search Results										
Entite Mama	Total Bace	unta Materban	Durisl Matches	No Matri	-	Child?	TAMP	Exetter	EDDID	MED	Homele	
An Under Distuit	450	187	17	294		182	1000	5	Parin	mar	ripinie	
School Name	First Name	Last Name	Birth Date	Result	Real	uir Date	De	cision Date	Search:	Elabilit	TVD4	_
A DATE OF THE .	Jody	Walker	04152003	No Match	0001	1000102	-			bet anto		_
	Johnathan	Tandoy	0403(2013	Mutch	03/25	92018				FOSTER		
	Mathew	Green	12/30/2014	No Match								
	Denitri	Long-Ovevariase	05/17/1803	Metto	03/7	W2018	.09	09/2014		SNAP		
	Jacob	Vite Long	06182000	Match	00/2	9/2018	02	06/2018		SNAP		
	3.64	Doszeba	05/01/2005	Match	03.01	9/2018	12	09/2016		SNMP		
		Laine	10/30/1995	Matum	03/25	92018	05	29/2017		SNAP		
	George.											
	George Shane	Lane	02/09/2001	Pag Manuth.								
	George Shane Cara	Lane Cardona	09/09/2001 09/10/2013	No Match								

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 with 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 students 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 partiallymatched student is the student shown in CNP DC, the user will certify student as a Match.
- If SFA confirms that the partiallymatched 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 <u>school records</u> of student's first name, last name, address, birthdate, and Primary Informant's (PI's) first and last name with the <u>DES records</u> provided

Partial	Match	Record	s

irst Iame	Last Name	Student DOB	Address	PI First Name	PI Last Name	Record Type	Selected Match
lacob	VILLA	4/18/2000	8425 E HEE BLVD AJO AZ 00871	NORA	Long	SNAP	0
					No E	ligible Match	

Comprehension Check



True or False: Partial Matches are a bonus to the **CNP Direct Certification system and are <u>not</u>** <u>required</u> 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 <u>not</u> 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

- Match Report will be saved.
- below:

٢		
A Home	Direct Certification - Email	Notification Adv
	File Upload State Match	
Direct Cert	Individual Student Lookup Comprehensive Reports	
All file upto	Search History CEP Data Collection	2, 2019.
For Direct C	Seminication Best Practices, please	review the following w

• Once a DC search is conducted, a **Comprehensive**

• 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

CNP Direct Certification
inistration -
able until your School District/Charter begins to send data to AzEDs via your Student Information System (SIS).
binar: Direct Certification Dest Practices

Extending Eligibility Benefits

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

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

• 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**.

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

Comprehension Check



qualifies for free meals via Direct Certification 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.

Joanne lives with David who is a Foster child. David Foster. Can David's free meal benefits be extended

Comprehension Check



- 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.

Joanne lives with David who is a Foster child. David qualifies for free meals via CNP Direct Certification

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

- receive free meals.

Reviewed Notice to Provider document that was submitted for Foster children

- free meals.
- eligible for free meals.

Students in Head Start may be directly certified to

• Review the enrolled student information/roster, certify students listed, and save a copy of the roster.

• Foster students may be directly certified to receive

• To certify a foster student, obtain a copy of the **Notice** to Provider Form. The child listed is automatically

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, TÀNF, **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.



School updates the student's meal benefit on the Benefit Issuance Document

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 Reduc	ed Price School Meals	Ψ	
Complete one application per household. Please use a per	(not a pencil).		
STEP1 List ALL infants, children, and students up t	o and including grade 12 in your	household (if more spaces are required for additional names, a	attach another sheet of paper)
Child's First Name	MI Child	's Last NameSchool i	Kanne
Member: 'Anyone who is Ilving with you and shares	└┼┼┼┼┤ └┤└┤		
income and expenses, even if not related."			
and children who meet the definition of Hameless,			
Migrent or Runaway are eligible for free meals.			
STEP 2 Do any Household Members (including you	ı) currently participate in one or	more of the following assistance programs: SNAP, TA	NF, or FDPIR? Circle one: Yes / No
If you answered NO > Complete STEP 3.	If you answered YE\$ > Write a cas	se number here then go to STEP 4 (Do not complete STEP 3) Case N	Number:
STEP 3 Report Income for ALL Household Memb	ers (Skip this step if you answered	Yes' to STEP 2)	wite ony the case number in this space.
A. Child Income		How often	2
Are you unsure what income to include here?	come. Please include the TOTAL GROSS in	s Child Groups income	
Flip to the back of this sppliation and review B. All <u>Adult</u> Household Members (inclu	cluding yourself) ding yourself) even If they do not receive	Income. For each Household Member listed, if they do receive income, re	eport total GROSS income (amount before taxes
the oharts tilled and deductions) for each source in whole dol sources of Income ³ for more Name of Adult Household Members (First and Last	ars only. If they do not receive income from ORD 88 How offer	any source, write '0'. If you enter '0' or leave any fields blank, you are cer Public Assistance/ How often?	tifying (promising) that there is no income to report. Pensions/Retirement/ How often?
Information. The "Sources of Income	S S S S S S S S S S S S S S S S S S S	Marith Macrithy Child Support/Alimony Weekly Sciences by Neural Marithy	Al Other Income Weekly Bi- <u>Minishing 2</u> x Month Monthly
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.			s I I I I I I I I I I I I I I I I I I I
C. Total Household Members	Last Four Digits of Social S		Check if no SSN
(Children and Adults)	e Mail Completed Form to:		
Note: The Contact Information and addressing activity (course) that all information on this application is true and that all income is rep	orted. I understand that this information is given in	OFFICE USE ONLY	
connection with the receipt of Federal funds, and that school officials may verify (check) t failse information, my children may lose meal benefits, and I may be prosecuted under ap	he information. I am aware that if I purposely give plicable State and Federal laws."	Eligibility: Free Reduced Denied	DError Prone
]	Determining Official's Signature:	Date:
Signature of adult completing the form Today's date		Case # Application Directly Certified: Directly Certified: Directly Certified:	Date of Disregard:
Printed name of adult completing the form Daytime Phone a	nd Email (optional)	Total Income:Per; DWeek DBi-Weekly (Every 2 Week	s) D2x Month DMonthly DAnnual
Street Address (if available)	State Zin	Selected For Verification: Confirming Official's Signature: Follow-Up Official's Signature: D	Date:
sense mense (nationality) Apt# Wily	ctate we		

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

STEP1 List AL	L 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 pap	er)	INSTRUCTIONS Source	es of Income
Definition of Household	Child's First Name MI	Child's Last Name	Hornelines, Fostor Migners, Child Runnwey	So	urces of Income for Children
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				Type of Income Earnings from work	Examples A child has a job where they earn a salary or
nition of Homelecc, yrant or Runaway are jblie for free meals.				Social Security -Disability payments	A child is blind or disabled and receives Socia benefits.
EP 2 Do any	/ Household Members (including you) currently participate in	one or more of the following assistance programs: SNAP, TANF, OF FUPIK: OFCE on	e. Yes / No	-Survivor Benefits	A parent is disabled, retired, or deceased and receives social security benefits.
	If you answered NO > Complete STEP 3. If you answered YES > V	Afte a case number here then go to STEP 4 (<u>Do not complete STEP 3</u>) Case Number: Write only one case nu	mber in this space.	Income from persons outside the household	A friend or extended family member <u>regularly</u> spending money.
STEP 3 Report	t Income for ALL Household Members (Skip this step if you an	swered Yes' to STEP 2)		Income from any other source	A child receives income from a private pensior annuity or trust.
Hourse to insoluce tere? File to the bask of this spollostion and review the oharts titled " bourses of incometor. The "Sources of income for Critiken" far will hele you with the Child microme Section. The "Sources of Income for Adults" dnart will help you with the Adult Members Income Section.	B. All Adult Household Members (including yourself) List only the Adult Household Members (including yourself) even If they do no and deductions) for each source in whole dolars only. If they do not receive int Name of Adult Household Members (First and Lsc)	treceive income. For each Household Member listed, if they do receive income, report total GROSS income (amo ome from any source, write '0. If you enter '0 or leave any fields blank, you are certifying (promising) that there is Heardber? Subadber? Suba	burti before taxes no income to report. Havdaber D D D D D D D	OPTIONAL Children' We are required to ask for Responding to this section Ethnicity (check one): Hispanic or Latino Race (check one or more) American Indian or Ala	s Racial and Ethnic Identities information about your children's race and is optional and does not affect your childre Not Hispanic or Latino skan Native Asian Black or Afr
STEP 4 Contact centry (promise) that all inform innection with the receipt of F1 all information, my dividen in all information, my dividen in signature of adult completing the Printed name of adult completing Street Address (if available)	Color Industrial memory and Adults Color a	Social	CError Prone	do not have to give the informati- price meals. You must include the member who signs the applicati- you apply on behalf of a foster of Temporary Assistance for Needy Reservations (FDPIR) cose num adult household member signing you information to determine if y administration and enforcement information with education, healt benefits for their programs, audit into violations of program rules. In accordance with Federal ovint regulations and polices, the USC or administering USDA programs sex, disability, age, or reprisal or conducted or funded by USDA.	on, but if you do not, we cannot approve your child for least four cities of the social accurity number is n. The last four cities of the social security number is life or you its a Supplemental Nutrition Assistance Pn Families (TANP) Program or Food Distribution Program ber or other FDRI identifier for your child or when yo the application does not have a social security number our child is eligible for free or reduced price meals, ar of the lunch and breakfast programs. We MAY share of the lunch and breakfast programs. We function the program reviews, and law enforcement official gifts law and U.S. Degartment of Agriculture (USDA). A is Agencies, offices, and employees, and institutio are prohibited from discriminating based on race, ool retailation for prior civil rights activity in any program

ompleting the form Racial and Ethnic Identities

		Sources of Income f	or Adults	
	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income	
wages.	- Salary, wages, cash bonuses	- Unemployment benefits	 Social Security (including railroad retirement and black lung benefits) 	
0	- Net income from self- employment (farm or business)	- Workers Compensation	- Private Pensions or disability	
Security	If you are in the U.S. Military:	Income (SSI)	- Regular income from trusts or estates	
their child	 Basic pay and cash bonuses (do not include combat pay, 	- Cash Assistance from State or local	- Annuities	
	FSSA, or privatized housing allowances)	government	- Investment Income	
ives a child	-Allowances for off-base	- Alimony payments	- Earned Interest	
	housing, food and clothing	- Child support payments	- Rental Income	
fund,		- Veteran's benefits	 Regular cash payments from outside household 	
		- Strike benefits		
ethnicity. This n's eligibility fo	information is important and h r free or reduced price meals.	elps to make sure we are	s fully serving our community.	
ethnicity. This n's eligibility fo ican American	information is important and h r free or reduced price meals.	elps to make sure we are r Pacific Islander □V	e fully serving our community. Vhite	
I ethnicity. This en's eligibility fo ican American s application. You or free or reduced adult household s not required whe rogram (SNAP), ram on India.	information is important and h r free or reduced price meals. Dative Hawaiian or Othe Persons with disabilities who (e.g. Braille, large print, audi or local) where they applied for disabilities may contact USDA program information may be r	elps to make sure we are r Pacific Islander vequire alternative means of o tape. American Sign Languag r benefits. Individuals who are through the Faderal Relay Si nade available in languages o	e fully serving our community. Vhite ommunication for program information e, etc.) should contact the Agency (State deaf, hard of hearing or have speech ervice at (200) 077-8339. Additionally, ther than English.	

Introduction to Household Applications

Information Reported on Applications

- Number, or Foster applications.
- application.

Questionable Applications and Information

- household applications.

• Determining officials are to take the information reported at face value when processing Income, Case

• Determining officials are to confirm the child's status when processing a Homeless, Migrant, or Runaway

• SFAs are obligated to seek clarification in a timely manner on questionable/incomplete information on

• 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 <u>USDA Eligibility Manual for School Meals pg. 99.</u>

Household Applications **Steps to Complete an Application**



4 Steps To Complete an Application

Determine if the income application is complete.

- 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.



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

Utilized a date stamp to indicate when applications were received

- days of the receipt of the application.
- processed immediately.

• Applications must be reviewed in a timely manner • LEAs must process applications within 10 operating • As a best practice, applications should be date stamped to indicate the date they were received and

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)

- - less.
 - Tribal Organization.

• 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

• FDPIR case numbers are valid based on the Indian

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 <u>number of household</u> <u>members does not equal the number of</u> <u>names provided.</u>
 - The adult signer in STEP 4 is also considered a household member.
 - Last 4 digits, or "Check if no SSN: <u>must be completed</u> for Primary Wage Earner





	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 Check if no SSN	
STEP 4	Contact information and adult signature	Mail Completed Form to: INSERT SCHOOL/DISTRICT MAILING ADDRESS	

and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)										
MI Child's LastName School Name										
	\square		÷.							
			ð							

the	hey do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes																		
rec	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.																		
		How o	iten?			Public	Acdet	ence/		How o	itten?		Peorlo	or Datks	-		How	often?	
k	Weekly	21-Waskly-	2x,Month	Monthly		Child	Suppor	t/Allmon	y Weekly	EH-Mask)	2x,Month	Monthly	All Oth	er Incom		Weekly	DH/Osekiy	,2x,Month	Monthly
	0	0	0	Ο	\$				0	Ο	0	Ο	\$			O	Ο	0	Ο
٦	0	0	0	0	\$				\bigcirc	0	0	0	\$		\square	0	0	0	0
	0	0	Ο	Ο	s				C	0	Ο	Ο	\$			0	Ο	Ο	Ο
	0	0	0	0	\$				0	0	0	0	\$			0	0	0	\bigcirc

Reported Gross Income

- All income is reported in step 3 of the application
- Income for children must be combined into a single income reporting field
- Income earned or received by adults must be identified with the individual who received it, as well as the source, such as wages or Social Security Income

STEP 3 Report	t Income for ALL Household Membe	rs (Skip this step i	fyou answered 'Yes' to ST	TEP 2)		
Are you unsure what income to include here?	A. Child Income Sometimes children in the household earn inco Household Members listed in STEP 1 here.	me. Please include the	TOTAL GROSS Income earned	d by all Children Child	GROSS Income Weekly 24-Week	often?
Filp to the back of this application and review the charts titled "Sources	List only the Adult Household Members (Includin and deductions) for each source in whole dollar	ng yourself) even if the s only. If they do not re	ay do not receive income. For aceive income from any source,	each Household Member III write '0'. If you enter '0' or le	sted, lifthey do receive incom save any fields blank, you ar	e, report total (e certifying (pro
of income ³⁷ for more information.	Name of Adult Household Members (First and Last)	GR088 Earnings from Work	How often?	Public Assistance/ Child Support/Allmony	How often?	Pensions All Other
The "Sources of Income for Children" chart will help you with the Child		s	0000	\$	0000	\$
Income Section. The "Sources of Income		s	$\bigcirc \bigcirc $	\$	$\circ \circ \circ \circ$	\$
for Adults' chart will help you with the Adult Household Members		s	0000	\$	<u> </u>	\$
Income Section.		s	0000	\$	0000	\$
	C. Total Household Members (Children and Adults)	Last Fou Primary	r Digits of Social Security Nu Wage Earner or Other Adult H	mber (SSN) of Household Member	XX. X X	c

reporting field In the individual who received it, as



Reported Income

- - Current month
 - Amount projected for the month
 - Month prior
- households.

• The household must provide their current income, based on the most recent information available.

• 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

• 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.

Reported No Income

- - or \$0
- 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.
- School Meals pg. 25.

• 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,

• Application must communicate to households that any income field left blank is a positive indication that there

 Guidance on Verification for Cause for Indication of No Income is available in the USDA Eligibility Manual for

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 adu	ılt signature	Mail Com	pleted	d Form to: I	NSERT SCHOOL/DISTRICT MAILING ADDRESS						
	"I certify (promise in connection with give false information) that all information on this application is true and the the receipt of Federal funds, and that school officia tion, my children may lose meal benefits, and I may l	hat all income is rep als may verify (chec be prosecuted unde	orted. I understand th k) the information. I a r applicable State and	nat this info m aware t I Federal la	formation is given that if I purposely aws."	OFFICE USE ONLY Eligibility: Free Reduced Denied	Error Prone					
₽	Signature of adult	adult completing the form Today's date					Determining Official's Signature:						
	Printed name of a	dult completing the form	Daytime Phone ar	d Email (optional)			□Income Application Household Size: Total Income: Per: □Week □Bi-Weekly (Every 2 Weeks) □2x Month □Monthly 0	JAnnual					
	Street Address (if a	wailable) Apt	t# City		State	Zip	Selected For Verification: Confirming Official's Signature: Date: Date: Follow-Up Official's Signature: Date:						



Based on the following, is the household application complete?

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 mo	re spaces are required for additional names, attach another sheet of paper)
Definition of Household Miles First Name Miles Last Name Definition of Household Member: "Anyone who is living with you and shares income and expenses, even (for traited.") Miles Last Name Child's First Name Child's Last Name Good Wit Children in Foster care and children who meetthe definition of Humaway are eligible for free meals. Miles Last Name	
STEP 2 Do any Household Members (including you) currently participate in one or more of the follow	wing 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 <u>(Do not complete STEP 3)</u> Case Number: Write only one case number in this space.
STEP3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)	
Are you unsure what income to include here? A. Child Income Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all C Household Members listed in STEP 1 here. Flip to the back of this application and review the charts tiled "Sources of hoome "for more information. B. All <u>Adult</u> Household Members (including yourself) List only the Adult Household Members (including yourself) even if they do not receive income. For each Ho and deductions) for each source in whole dollars only. If they do not receive income. For each Ho and deductions) for each source in whole dollars only. If they do not receive income. For each Ho and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. The "Sources of home" for Adult: Household Members (First and Last) GROSS Earnings forn Work The "Sources of home" for Adults" chart will help you with the Adult Household Members income Section. S	Hurden to bild GROSS hoome Hurden to bild GROSS hoome Weekty BHWeekty 2x Nots Notsty S Usehold Member listed, if they do receive income, report total GROSS income (an ount before taxes If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. bild GROSS income Id Support/Himony How oten? Id Other hoome Image: Support How oten? Id Support/Himony Image: Support How oten? Id Support Himony Image: Support How oten? Id Suport Himony Image: Support How oten? <t< td=""></t<>
C. Total Household Members (Children and Adults)	X X X X Check if no SSN 🛛
STEP 4 Contact information and adult signature <u>Mail Completed Form to: INSERT SCHO</u>	
Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signature of fadult completing the form Image: Signat	Reduced Denied Date: Date: Date: tion Per: Veek _ Bi-Weekly (Every 2 Weeks) Date:

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.

Calculate Income Levels

Income Level Frequencies

- In step 3 of the application, households will enter in their gross income (amount before taxes) and deductions) and indicate how often they receive that amount by filling in the bubbles:
 - Weekly
 - Bi-Weekly
 - 2x Month
 - Monthly

		_	_					_											and observe
STEP 3 Report	Income for ALL Household Membe	ers ((Skip t	nis step	if you a	inswered 'Y	es' to S1	TEP 2)										
Are you unsure what income to include here?	A. Child Income Sometimes children in the household earn inco Household Members listed in STEP 1 here.	me. I	Please	include the	e TOTAL	. GROSS Inco	me earned	i by a	li Childre	" \$	niid GRO	38 income	Weekly 24	How often?	Ionth Month				
Filp to the back of this application and review the charts titled "Sources	B. All <u>Adult</u> Household Members (includie List only the Adult Household Members (includie and deductions) for each source. In whole dollar	ng ya ng ya	ing yo oucsell) ly. If the	urself) even iftr y do not i	iey do n receive li	ot receive inc ncome from an	ome. For y source,	each write	Househol '0'. If you	id Member enter '0' o	r listed, r leave	lfthey do any fields	receive in blank, you	come, rej J are certi	port total ifying (pro	GROSS in omising) th	come (am at there is	ount before no incon	ire taxes ie to report.
of income ²⁷ for more information.	Name of Adult Household Members (First and Last)	6	BRO 8 8 Earnings	from Work	Weekly	How often?	th Monthly		Public As Child Sup	ssistance/ oport/Allmon;	y Weekly	How offs	tn? x,Month Mont	Ny	Pension All Other	s Retirement r Income	/ Weekly 2	How offe	Nonth Monthly
The "Sources of Income for Children" chart will		\$				00	0	\$			O	0	O C) (5		Ō	0	DO
Income Section.		\$			0	00	0	\$			0	0	0 0) (5		0	0 (ОC
for Adults' chart will help you with the Adult		\$				000	0	\$			0	0	00) (5		0	0 (ОC
Household Members Income Section.		\$				00	0	\$			0	0	0 0) (5		0	0 (0 0
·/	C. Total Household Members (Children and Adults)	<u></u>		Last For Primary	ur Digits Wage B	s of Social Se Earner or Oth	curity Nu er Adult I	mber House	(SSN) o hold Me	f X	X	X. X	x			Check ifn	no SSN 🗌		

Calculate Income Levels

Calculating Income Levels

- them together.
 - Weekly income by 52
 - Bi-weekly income by 26
 - Twice per month income by 24
 - Monthly income by 12

• 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

• 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 Rej	port Ir	ncon	ne for	ALL	Hou	seho	old M	lemb	ers (Ski	o thi	s st	ep if	you a	nswere	d 'Ye	s' to ST	TEP 2	2)
Are you unsure what income to include here? Flip to the back of this application and review the charts titled		A. C Some Hous B. A List of and d	hild In etimes cl ehold M II <u>Adul</u> nly the A eductior	come hildren embers <u>t</u> Hou Adult Ho hs) for e	in the l s listed s eho l ouseho each so	househ I in STE Id Mer old Mer ource i	hold ea EP 1 h mbers in who	arn inco iere. rs (inc (includ le dolla	ome. I cludi ling ya	Pleas ng y burse y. If	se in /OU elf) e they	clud rsel ven do r	e the f) if the not rec	TOTAL y do no ceive in	. GROS ot recei come fro	S incon ve inco om any	ne earne ome. Fo y source	ed by a or each a, write	All Cl Hou '0'. I
"Sources of Income" for more information.		Name of Adult Household Members (First and Last)												How (Bi-Weekly	often?	1	Pub Chi		
The "Sources of Income for Children" chart will		10	hn.	SW	líth	l			\$		2	0	0		\bigcirc	\bigcirc	\bigcirc	\$	5
Income Section.		E	тт	la S	Smí	íth			\$		5	0	0	\bigcirc		0	\bigcirc	\$	6
for Adults" chart will help you with the Adult									\$					0	\bigcirc	0	\bigcirc	\$	
Household Members Income Section.									\$					0	\bigcirc	0	\bigcirc	\$	
·																			

- 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.



- John Smith: \$200 weekly and \$500 weekly (\$700 weekly)
 - \$700 x 52 = 36,400
- Emma Smith: <u>\$500 bi-weekly</u>
 - \$500 x 26 = 13,000

together and compare it to the annual income guidelines to make a determination.

20 Month Income x 24

Monthly Income x 12

Add both annual incomes together: \$36,400 + 13,000 = \$49,400 annual*

Use Income Eligibility **Guidelines to** Determine Meal **Benefits**

Income Eligibility Guidelines

Income Eligibility Guidelines (IEGs).

	The following	In gare the	C (
		W	ækly
	Household Size¹:	Free	Reduc
	1	\$319	\$454
	2	\$431	\$614
	3	\$543	\$773
	4	\$655	\$933
	5	\$767	\$1,09
	6	\$879	\$1,25
	7	\$991	\$1,41
	8	\$1,103	\$1,57
	Additional members.addi	\$112	\$160
I	¹ Household size	e must be	e suppor
	If a household If a household income is rec	d reports old report ceived ma income	<u>Ann</u> only one is multip onthlyl, « togethe
1	L	-,	

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 provide

• In order to determine if the household is eligible for free or reduced-priced meal benefits, SFAs will use the

Child Nutrition Programs

ome Guidelines

Effective July 1, 2020 – June 30, 2021

guidelines to be used by child nutrition program operators when processing meal. penefit income eligibility forms using reported income.

Effective July 1, 2020 - June 30, 2021

For Determining Official's Use Only

		How o	often inc	ome was re	eceived:			
	Bi-W	/eekl y	2X 1	lonth	Мо	nthly	Ann	ually
ed	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
ļ	\$638	\$908	\$692	\$984	\$1,383	\$1,968	\$16,588	\$23,606
Ļ	\$862	\$1,227	\$934	\$1,329	\$1,868	\$2,658	\$22,412	\$31,894
}	\$1,086	\$1,546	\$1,177	\$1,675	\$2,353	\$3.349	\$28,236	\$40,182
}	\$1,310	\$1,865	\$1,420	\$2,020	\$2,839	\$4,040	\$34,060	\$48,470
12	\$1,534	\$2,183	\$1,662	\$2,365	\$3.324	\$4,730	\$39,884	\$56,758
1	\$1,758	\$2,502	\$1,905	\$2,711	\$3,809	\$5,421	\$45.708	\$65,046
1	\$1,982	\$2,821	\$2,148	\$3,056	\$4,295	\$6,112	\$51,532	\$73.334
0	\$2,206	\$3,140	\$2,390	\$3,401	\$4.780	\$6,802	\$57.356	\$81,622
,	\$224	\$319	\$243	\$346	\$486	\$691	\$5,824	\$8,288

rted by the number of names listed on the meal benefit income eligibility form

ual Income Conversion for Multiple Reported Incomes

e income or multiple incomes with the same frequency, <u>do not</u> convert to annual income. le income sources with <u>different</u> frequencies (e.g., 1 income is received weekly, another onvert all reported incomes to annual using the conversion factors below. Then, add the r and compare it to the annual income quidelines to make a determination

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 \rightarrow \$175 x 52 - \$9,100 Total Annual Income 2,856 monthly x Monthly Income Conversion \rightarrow 2,856 x 12 - 3,4,272 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 34.470. This household's annual income is \$43372 - greater than \$34,060, less than \$48,470. Therefore, this household qualifies for reduced-price meals.

Use Income Eligibility **Guidelines to** Determine **Meal Benefits**

Income Eligibility Guidelines (IEGs)

- under each frequency
- - REDUCED.
 - reduced-price meal benefits.

• One table with two columns for free/reduced-price

• 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

• If the income calculated is less than the amount listed for REDUCED, the household qualifies for

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.

				Howo	often inco	ome was re	eceived:			
	We	eekly	Bi-W	/eekly	2x	lonth	Мо	nthly	Ann	ually
Household Size1:	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?

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.

				Howo	often inco	ome was re	eceived:	1		
	W	eekly	Bi-W	/eekly	2x	lonth	Мо	nthly	Ann	ually
Household Size1:	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	\$28,230	\$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

- 1.) On the IEGs, determine the free income levels for a household size of 4 with income received annually.

Use Income Eligibility Guidelines to Determine Meal Benefits

Marked which applications were errorprone

- Best practice to indicate error-prone when <u>certifying</u> Income applications
- Household applications are error-prone if the application is within \$100 per month of the applicable IEGs.
- LEA will check applications for errorprone status with the Error-Prone Worksheet for the current year.

Child Nutrition Programs

Error-Prone Guidelines

Effective July 1, 2020 – June 30, 2021

The following are the error-prone guidelines to be used by child nutrition program operators when determining whether an income application is error-prone

				How	F often inco	REE ome was r	received			
	We	ekly	Bi-W	ækly	2x M	onth	Mon	thly	Ann	ually
ousehold Size	Max Amount	Min Amount	Max Amount	Min Amount	Max Amount	Min Amount	Max Amount	Min Amount	Max Amount	Min Amount
1	319 to	295.93	638 to	591.85	692 t	0 642	1,383 t	0 1,283	16,588	to 15,388
2	431 to	407.93	862 to	815.85	934 to	o 884	1,868 t	01,768	22,412	to 21,212
3	543 to	519.93	1,086to	1,039.85	1,177 t	0 1,127	2.353 t	o 2,2 <u>5</u> 3	28,236	to 27.036
4	655 to	631.93	1,310 to	1,263.85	1,420 t	0 1,370	2,839 t	0 2,739	34,0601	to 32,860
5	767 to	743.93	1,534 to	1,487.85	1,662 t	0 1,612	3.324 t	0 3,224	39,8841	to 38,684
6	879 to	855.93	1,758 to	1,711.85	1,905 t	0 1,855	3,809 t	0 3.709	45.7081	to 44.508
7	991to	967.93	1,982 to	1,935.85	2,148 to	o 2,098	4.295 t	04,195	51,5321	:0 50,332
8	1,103 to 1	1,079.93	2,206 to	2,159.85	2,390 te	o 2,340	4,780 t	o 4,680	57.3561	to 56,156

Siz

House

				How	REI often inco	DUCED ome was i	received			
	We	ekly	Bi-W	ækly	2x M	onth	Mon	thly	Ann	nually
ehold e	Max Amount	Min Amount	Max Amount	Min Amount	Max Amount	Min Amount	Max Amount	Min Amount	Max Amount	Min Amount
	454 to	430.93	908to	861.85	984 t	o 934	1,968 t	0 1,868	23,606	to 22,406
	614 to	590.93	1,227 to	1,180.85	1,329 t	0 1,279	2,658 t	0 2,558	31,8941	to 30,694
	773to	749.93	1546 to	1,499.85	1,675 t	0 1,625	3.349 t	o 3,249	40,182	to 38,982
	933 to	909.93	1,865 to	1,818.85	2,020 t	01,970	4,040 t	o 3,940	48,470	to 47,270
	1,092to	1,068.93	2,183 to	2,136.85	2,365 t	0 2,315	4,730 t	o 4,630	56,758	to 55.558
	1,251 to	1,227.93	2,502 to	2,455.85	2,711 to	0 2,661	5,421 t	0 5.321	65.046	to 63,846
	1,411 to	1,387.93	2,821 to	2,774.85	3.056 t	0 3,006	6,112 to	0 6,012	73.334	to 72,134
	1.570 to	1,546.93	3,140 to	3.093.85	3,401 t	o 3.351	6,802t	o 6,702	81,622	to 80,422

Annually - Error-prone applications are those applications where income falls between the income eligibility limits and \$1200 of the income eligibility 2x Month - Error-prone appli

Bi-Weekby- Error-prone applications are those applications where income falls between the income elicibility li imits for bi-weekhy incon

kly - Error-prone applica limits for weekly incom

Error-Prone Guidelines | June 2020 | Arizona Department of Education | This institution is an equal opportunity provi

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.



Selected For Verification:
Follow-Up Official's Signature:

OFFICE USE ONLY	Error Prone													
Denied√ Ire: Mona Randle Date:9 5 20														
r Application Directly Certified: Date of Disregard:														
: Week Bi-Weekly (Every 2 Weeks) 2x Month Monthly	Annual													
Confirming Official's Signature: Date: _														
Date:														

How would you certify this income application?

Com	pre	hen	sion
Activ	ity		



2020-2021 App	lication for Free		ed Price	School N	/leals		Co	omp	orehe	ension (
STEP 1 List AL	L infants, children, and	students up to	and includi	ng grade 12	in y our hou	sehold (if m	nore spaces ar	re required f	or additional nan	nes, attach another sheet of
	Child's First Name			МІ	Child's L	ast Name			Sch	ool Name
Definition of Household Member: "Anyone who is	Sappie				Bar	l.				
living with you and shares income and expenses,				#						
even if not related."	\ ┝┿┿┿┿			부님					++ -	
and children who meet the definition of Homeless.										
Migrant or Runaway are eligible for free meals.				\Box						
				F						
						1 1 1		_ 1 _ 1 _ 1		
STEP 2 Do any	Household Members	(including you)) currently p	articipate in	one or mor	e of the fol	lowing assi	stance pro	grams: SNAP,	TANF, or FDPIR? Circle
	If you answered NO > C	omplete STEP 3.	lf you ans	wered YES > V	Vrite a case nu	mber here the	en go to STEP 4	(Do not com	plete STEP 3)	ase Number:
										Write only one a
STEP 3 Report	Income for ALL Hou	sehold Memb	ers (Skip this	step if you ar	nswered 'Yes'	to STEP 2)				
	A. Child Income								How	oten?
Are you unsure what	Household Members listed	nousenoid earn inco in STEP 1 here.	ome. Please incli	ude the TOTAL	GROSS Income	eamed by all	Children			
here?	D. All Adult Househol	d Momhoro (inc	-	alf0			\$			
Flip to the back of this application and review	List only the Adult Househo	ld Members (indud	ling yourself) eve	n if they do no	t receive incor	ne. For each H	lousehold Mem	oerlisted, if th	ney do receive incor	ne, report total GROSS income
the charts titled "Sources	and deductions) for each s	ource in whole dolla	rs only. If they d	o not receive inc	come from any s How often?	ource, write '0)'. If you enter '0	or leave any	fields blank, you ar Howotten?	e certifying (promising) that the
information.	Name of A dult Household Mer	nbers (First and Last)	GROSS Earnings from	Work We ekty	BHVleekly 2: Month	Monthly	Public Assistance/ Child Support/Alimo	ny Weekly BH	veekty 2x Month Monthly	Pensions/Retirement/ All Other Income Week
The "Sources of Income for Children" chart will	Joe Bark		\$ 4 (0 0	0 0	0 \$		0 (000	\$ 0
help you with the Child Income Section.	Karen Bank		\$		0	0.			100	
The "Sources of hoome				$+ \vdash$						
you with the Adult			\$		00	<u> </u>		00	500	
Income Section.			\$	0	00	O \$		0 (000	\$
	C. Total Household N	lembers	7				Γ	x x x	xx	Check if no SSN
	(Children and Adults)		_				L			
STEP 4 Contac	t information and ac	lult signature	e <u>Mail Co</u>	mpleted Fo	rm to: INSE	ERT SCHO	DOL/DISTRI	CT MAILI	ING ADDRES:	5
"I certify (promise) that all in form connection with the receipt of Fe	ation on this application is true and deral funds, and that school official	that all income is repor s may verify (check) th	rted. lunderstand the information. lam	hat this information a ware that if I pur	i is given in poselv give				OFFICE USE O	NLY
false information, my children ma	ay lose meal benefits, and I may be	prosecuted under app	licable State and F	ederallaws."	Eli	gibility: Free	Reduced_	Denied_		
Karen Bank		09/22/20]		De	termining Off	ficial's Signatu	re:		Date:
Signature of adult completing the	form	Todaysdate	-			Case # Applic	ation DFoster	r Application	Directly Certi	fied: Date of Disregard:
					Ho	usehold Size:		Detroit DO	New July (Even C)	
Printed name of adult completing) the form	Daytime Phone an	id Email (optional)			alincome:	Per.	UvVeek OB	n-vveekly (Every 2 \	veeks) U2x Month UMonthly
Street Address (fragilith)- \						Selected For	Verification: Co al's Signature:	ontirming Offi	cial's Signature:	Date:
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				How	often ince	ome was re	eceived:			
	We	∋ekly	Bi-W	/eekly	2X N	1onth	Mor	nthly	Ann	ually
Household Size1:	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 nembers, 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.

				Howo	often inco	ome was re	eceived:			
	W	eekly	Bi-W	/eekly	2x	lonth	Мо	nthly	Ann	ually
Household Size1:	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

Steps for 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.



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Processing **Case Number** Applications

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

- free meal benefits.

 - Match
 - to paid

• The LEA may search for the case number as an attempt to directly certify all students on the application <u>only after</u> the case number application has been deemed complete and the household is provided

• Can use File Upload or Individual Student Lookup • If a case number is not found, it will result in **No**

This does not change the household's eligibility

 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.

STEP1 List AL	L 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 Focier care and children who meet the definition of Homelesc, Migrandor Runaway are eligible for the meals.	Child's Eirst Name
	If you answered NO > Complete STEP 3. If you answered YE\$ > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:
Are you uncure what income to include here? Filp to the back of this application and review the ohorts titled "Bources 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 Child of the the household Members listed in STEP 1 here. B. All 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 Less) B. Bings tran Wash B. B. Bings tran Wash B. B. Bings tran Wash B. B. B
	(Children and Adults)
STEP 4 Contact "I certify (promise) that all inform connection with the receipt of Fe faise information, my children me	Information and adult signature Mail Completed Form to: INSERT SCHOOL/DISTRICT MAILING ADDRESS value on this application is true and that all income is reported. I understand that this information is given in denal funds, and that school officials may verify (check) the information. I am aware that if I purposely give av issemeal benefits, and I may be presecuted under applicable State and Federal laws." OFFICE USE ONLY Definition Eligibility: Free

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).						
STEP1 List ALL	infants, children, and students up to and i	cluding grade 12 in your household (if more space	es are required for additional names, attach another sheet of paper)			
	Child's First Name	MI Child's Last Name	School Name Forum Man			
finition of Household mber: "Anyone who is no with you and shares						
me and expenses, if not related."						
ren in Foster care children who meet the						
ant or Runaway are le for free meals.						



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,
- C) Certify the application as reduced.

Migrant, and/or Runaway liaison to confirm child's status.



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,
- 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.

Migrant, and/or Runaway liaison to confirm child's status.

Household Applications Denied Applications Applications



Processing Denied Applications

Denied Applications

- the application must be denied.
 - of the denial
- - Denial date
 - Reason for denial
 - Date the denial notice was sent

• If a household provides an incomplete application or does not meet the eligibility criteria for meal benefits,

• Household must be provided with written notification

 Determining Officials must record the determination and notification in a format that includes:

• 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:

- automated notification system.
 - email address.
- - to your specialist for approval.

• Households must be notified of their eligibility for benefits via letter, email, telephone, or by using an

• 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

• 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

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
- withdrawn.

• Label all applications for students who are Direct Certification matches and file them separately. • Label all applications for students who have

Item 6 Benefit Issuance Document

Complete the following steps to create and update a BID.



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		

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.

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		

SAMPLE BID	SA	Μ	PL	Ε	BI	D
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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		

SA	MPI	LE	BID

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		

Does the BID below contain all the required information?

Last	First	School	Benefit	Certification
Name	Name	Name	Status	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.

Does the BID below contain all the required information?

Last	First	School	Benefit	Certification
Name	Name	Name	Status	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.



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.



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.

What should you write on the BID for a household

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

year.

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

• 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
- needed)
 - Prevents Overt Identification
- 3. Keep Method of Certification updated
 - SNAP-DC and change date
- - benefits this Program Year

Entire student population - Free, Reduced, Paid 2. Ensure document is private, and only accessible to applicable Food Service Personnel (Or coded if

Ex: If student is free by income application, then matches mid-year in DC, you must update BID to

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

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

- **Review/Update Direct Certification** Complete this step first. Students that match in CNP Direct Certification do not have to submit an application.
- **Certify Household Applications** Identify the type of application, make sure it is complete and certify accordingly.
- **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!

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 • Step-By-Step Instruction: How to to CNP Direct Certification in CNP Direct **Conduct Direct Certification Using** Certification/Direct Verification Other Documentation
- Step-by-Step Instruction: How to Directly Certify a Partial Match
- Step-by-Step Instruction: How to Step by Step Instruction: How to Conduct Direct Certification Using State **Process Household Applications** • Step by Step Instruction: How to 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

<u>www.azed.gov/hns/nslp/trainingps/</u>

- Webinar: Direct Certification Best Practices
- Identify Household Applications That Are Error-Prone
- Step by Step Instruction: How to Create a Benefit Issuance Document (BID)



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

