

FREE AND REDUCED PRICE

APPLICATION

&

DIRECT CERTIFICATION

INFORMATION - PROCEDURES

2009-2010 SCHOOL YEAR

***Missouri Department of Elementary & Secondary Education
School Food Services Section
May 2009***

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INTRODUCTION

The extension of free and reduced price meals to needy students is a requirement for all Local Education Agencies (LEAs) that participate in one or more of the Child Nutrition Programs. Students can be determined eligible for free meals through the Direct Certification method, and free or reduced price meals by submission of an Application.

We are providing a prototype of a Family Free and Reduced Price Meal Application. Our office must approve any changes made to these forms before duplication and distribution.

Applications are also available in the following languages: Arabic, Cambodian, Chinese (Mandarin), Farsi, French, Greek, Haitian, Hindi, Hmong, Japanese, Korean, Kurdish, Laotian, Polish, Portuguese, Russian, Samoan, Serbo-Croatian, Somali, Spanish, Sudanese, Tagalog, Thai, Urdu, and Vietnamese. You may download these forms from the Internet at <http://www.fns.usda.gov/cnd/FRP/frp.process.htm>. These Applications will not be identical to the prototype forms in this book.

This booklet provides the information necessary for the approval of free and reduced price meals for the 2009-2010 school year. For more detailed information on the general extension of free and reduced price meal benefits, refer to the Free and Reduced Price Guidance booklet.

Our handbooks are available on our Website at <http://dese.mo.gov/divadm/food>

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STATUTORY CHANGES IN THE FREE AND REDUCED PRICE ELIGIBILITY DETERMINATION PROCESS

The Child Nutrition and WIC Reauthorization Act of 2004 (Public Law 108-265), enacted June 30, 2004, amended sections of the Richard B. Russell National School Lunch Act affecting the eligibility determination process for free and reduced price benefits under the National School Lunch Program and School Breakfast Program. The prototype Free and Reduced Price School Meals Family Application and the Letter to Parents have been updated for the school year 2009-2010.

Reauthorization Changes Affecting the Free and Reduced Price Certification Process

These reauthorization changes are:

- Household applications are required.
- Eligibility determinations are valid for the entire school year.
- Households must be informed that WIC participants may be eligible for free or reduced priced meals.
- Homeless, migrant, and runaway youth are categorically eligible for free meals.
- Privatized military allowance is excluded from income eligibility determinations.
- LEAs must have a no charge telephone number for verification inquiries from households.
- **Direct Certification is mandatory for all LEAs.**

If a household reports income sources at more than one frequency, then the LEA is to annualize all income by multiplying weekly income by 52, income received every two weeks by 26, income received twice a month by 24, and income received monthly by 12. All software must use these conversion factors. *Do not round the values resulting from each conversion.* Sum all the unrounded converted values and compare the unrounded total to the published Income Eligibility Guidelines (IEG) for annual income for the appropriate household size. The prototype Free and Reduced Price School Meals Family Application contains the conversion factors.

If a household has only one income source, or if all sources are the same frequency, do not use conversion factors. Compare the income or the sum of the incomes to the published IEG for the appropriate frequency and household size to make the eligibility determination.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

INFORMATION - PROCEDURES

2009-2010 SCHOOL YEAR

All schools participating in the Child Nutrition Programs are required by federal regulations to adopt, and have on file with the State Agency, an approved policy of standards and procedures for determining eligibility and extending free and reduced price meals under the National School Lunch and School Breakfast Programs. We have incorporated the standard uniform policy into the application-agreement. The following information is provided to assist you in implementing the provisions of your policy standards and procedures for the 2009-2010 school year.

The ELIGIBILITY CRITERIA FOR FREE AND REDUCED PRICE MEALS (Attachment A) must be adopted for the 2009-2010 school year. Appendix 1 is provided as a tool for the determining official to use when determining eligibility.

Concerning the LETTER TO PARENTS (Attachment B) and the FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION (Attachment C):

- For Direct Certification implementation, see the Direct Certification Information Procedures pages 6 through 15.

All LEAs must make the PUBLIC RELEASE (Attachment D) available to the news media before school starts in the fall.

If benefits for free or reduced price meals are denied, the parent or guardian must be notified in writing. NOTICE OF APPROVAL OR DENIAL (Attachment E) may be used to comply with this requirement.

Use of the 2009-2010 policy attachments will place your LEA in compliance. These policy attachments should be filed with your permanent application-agreement. Unless substantive changes are made to the attachments, it will not be necessary to return copies to our office. LEAs may reword the letters to parents and the public release by deleting the reference to the breakfast program if breakfast is not offered.

In collecting payments for meals and in distributing tickets, tokens, etc., school officials must ensure that there is no overt identification of recipients of free or reduced price meals. Care must be taken to prevent such identification at the time the ticket or token is issued as well as in the serving line. Also, your collection system must have a built-in accounting system to record at the point of service the numbers of full price, reduced price, and free meals actually served. Keeping these daily counts is a regulatory requirement.

If applying households have children for whom Temporary Assistance payments are received and also have non-Temporary Assistance children, they **MUST** include the information required of all other households; i.e., name of all household members; the amount of monthly income each household member receives; where it comes from (including the amount of Temporary Assistance); the signature of an adult household member; and social security number of the member or indicate that the household member does not have a social security number.

A Temporary Assistance number is for an individual child and cannot be extended to other family members. Food Stamp numbers are for any individual or group of individuals currently certified to receive the benefits. If an **individual** applicant with a Food Stamp and/or Temporary Assistance number also provides family income data, the income data may be disregarded and approval for free meals granted on the basis of the Food Stamp or Temporary Assistance number alone.

A Food Stamp/Temporary Assistance number is a ten digit number and the first two digits currently are “00”. It is also referred to as the household’s Department Case Number (DCN). A 16-digit Electronic Benefit Transfer (EBT) card number is NOT acceptable. Possession of the EBT card does not mean the household is currently eligible for Food Stamps or Temporary Assistance.

LEAs **must** organize their file of applications for free and reduced price meals so that they can be easily retrieved by school. For LEAs with multiple attendance units, this may mean making copies of the application.

VERIFICATION OF THE CURRENT INCOME OF A SELECTED SAMPLE OF THE APPROVED APPLICATIONS ON FILE AS OF OCTOBER 1 OF EACH SCHOOL YEAR MUST BE COMPLETED BY NOVEMBER 15. For more detailed information, refer to the Verification Guidance booklet.

Methods of Collection & Meal Counting (Attachment F) does **not** need to be completed and returned to our office unless the system(s) that will be used for the 2009-2010 school year is different from the previous system(s) submitted to the State Agency.

DIRECT CERTIFICATION INFORMATION - PROCEDURE 2009-2010 SCHOOL YEAR

Direct Certification simply means that school children from families approved to receive Food Stamps or Temporary Assistance may be automatically approved to receive free meals, both breakfast and lunch, without having to complete an application. This process was designed to simplify the application procedure for families, increase participation by eligible children, and reduce paperwork at the LEA level.

In implementing this process, our office has entered into an agreement with the Department of Social Services to obtain the necessary basic information; e.g., the names, and other specific identifying information, of all children in the State ages three (3) through nineteen (19). This list will be current as of July 1, 2009, and can be used to certify eligible children for free meals at the beginning of the school year.

Direct Certification is mandatory and must be implemented by all LEAs.

If you have questions or need assistance, you may contact our office at (573) 751-7664 or 573-751-7564.

Direct Certification - Benefits

1. Families of students eligible for free meals through Direct Certification do not have to submit an application.
2. LEAs that implement Direct Certification will have fewer applications to process, approve, and verify.
3. LEAs that implement Direct Certification will most likely increase the number of students eligible for free meals. Students documented to be eligible for free meals through the Direct Certification process or applications may be included in the State FTE Resident Free or Reduced Price Eligible Students count. Please refer to DESE Core Data Section's guidelines on how to report those students; i.e., full-time equivalency, resident, etc.
4. Implementing Direct Certification may substantially lower the risk of fiscal sanctions or overclaims due to incorrectly approved applications found as a result of reviews and/or audits.

Direct Certification - Process

1. The School Food Services Section of the Missouri Department of Elementary and Secondary Education has entered into an agreement with the Missouri Department of Social Services to obtain a computerized listing of all the children in Missouri between the ages of three (3) and nineteen (19) from families who are currently (July 1, 2009) eligible to receive Food Stamps or Temporary Assistance.
2. The computerized listing contains specific identifying information that can be used to automatically approve students for free meals. The specific data include: the name of the child, date of birth, child's social security number, sex, race, the name of the case (approved household) head, the address of the case (approved household) head, and the particular program; e.g., Food Stamp (S), AFDC - Referred to as Temporary Assistance (C), or both (B).
3. LEAs must request the appropriate identifying data from the State Agency.
4. To request the required identifying data, LEAs will need to verify/provide the Postal ZIP Codes, via the Web, from areas in which their students reside.
5. From the master computerized listing provided by the Missouri Department of Social Services, a listing of children whose addresses include the Postal ZIP Codes requested by the LEA will be generated. This data will be provided to the requesting LEA via the Web. See pages 11 through 15 for procedures to access Direct Certification data.
6. The LEA can then certify as eligible for free meals those students enrolled in their school for whom there is a verifiable match with the Department of Social Services data.
7. To be considered a verifiable match, LEA enrollment data and the Department of Social Services data must be matched by specific identifying data such as name, birth date, address, etc. At a minimum, the student's name must be matched with at least one identifier; e.g., birth date. The more matching identifiers noted, the more assurance of a correct match.
8. Students certified are considered eligible for the entire school year.
9. The families of students who have been identified as eligible for Food Stamps or Temporary Assistance must then be notified by the LEA that the students are eligible to receive free meals.
10. While the master listing of the Department of Social Services data must be kept in the central office, listings of all children determined to be eligible for free or reduced price meals must be compiled and easily retrievable by school.
11. Parents have a right to not have their children receive free meals if they do not want them.

12. LEA Authorized Representatives will have to certify that they will use the Food Stamp and Temporary Assistance data only for the purpose of determining eligibility under the National School Lunch, School Breakfast, or Special Milk Programs.
13. Free and reduced price applications should still be distributed because:
 - a) Direct Certification does not apply to all students who may be eligible for free meals.
 - b) Direct Certification does not apply to students who are approved to receive Food Stamps or Temporary Assistance after July 1 of each year.
 - c) Although eligible, some families do not apply for Food Stamps or Temporary Assistance.
 - d) It is unlikely that there will be a 100 percent match in the database of the names of students who are both enrolled in the LEA and receiving Food Stamps or Temporary Assistance.

Direct Certification - Steps For Implementation

All Child Nutrition Program documentation must be kept on file for 3 years. Please note, if you participated in Direct Certification last year, you need to backup your Direct Certification data on a CD, disk, or save it in another file. Read instructions, page 10 through 16 carefully.

To participate in the Direct Certification process:

1. Go to <http://dese.mo.gov/divadm/food>, click on DESE Web Applications, Login, click on School Food Services, scroll down to Menu, click on Direct Certification Download in drop down box. If LEA participated in Direct Certification last year, verify ZIP Codes, add or delete and save as necessary, submit. If LEA did not participate in Direct Certification last year, the LEA needs to click Add, enter ZIP Codes, Save, and Submit.
2. Upon receipt of Food Stamp/Temporary Assistance data, identify and correctly match students from school enrollment data with Food Stamp/Temporary Assistance data.
3. Inform families for whom an appropriate match has been made that the children listed on the DIRECT CERTIFICATION ELIGIBILITY, (Attachment B1), have been automatically approved to receive free meals.
4. Every precaution must be taken by the LEA to protect the anonymity of students receiving free and/or reduced price meals. The distribution of the notices/letters to parents and Free and Reduced Price School Meals Family Application to households at the beginning of the year must be done in such a manner as to prevent overt identification and to ensure that no child is excluded from participation.

LEAs are not required to send a letter to parents and an application to those families deemed eligible under the Direct Certification process if the LEA has a system to distribute to non-certified households the letter to parents and an application so that

children approved through the Direct Certification process will not be overtly identified (direct mail, individual student packets, etc.)

If the LEA does not have a system to distribute the letter to parents and the application so that children approved through the Direct Certification process will not be overtly identified, then all families must be provided with a LETTER TO PARENTS (Attachment B) and a Free and Reduced Price School Meals Family Application (Attachment C).

5. Information/lists of all students directly certified and/or approved through use of an application are then to be compiled, maintained, and retrievable by individual school. The LEA's master Direct Certification data list must be retained in the LEA central office.
6. Direct Certification data must be kept for a period of three years after the year to which it pertains.

Direct Certification – Procedures to Access Data

LEAs will access their Direct Certification data via the Web. Only the Authorized Representative for the National School Lunch Program can submit ZIP Codes for Direct Certification with their User Id and Password. Data Entry, Submit, and Authorized Representative capabilities can download Direct Certification data.

Authorized Representative - can add, delete, save, and submit ZIP Codes, and download Direct Certification information

Submit capabilities - can add, delete, save ZIP Codes, and download Direct Certification information

Data Entry capabilities –can add, delete, save ZIP Codes, and download Direct Certification information

View capabilities –can only view the ZIP Codes

Direct Certification can be downloaded as a text file, Microsoft Excel file, or a Microsoft Access file. Text files can be saved in the LEA files or imported into the LEA database.

Microsoft Excel and Microsoft Access files can be saved in the LEA files, or printed as a hard copy. **The LEA must have Microsoft Excel on a computer to receive the LEA information as a Microsoft Excel file. The LEA must have Microsoft Access on a computer to receive the LEA information as a Microsoft Access file.**

Instructions to download Direct Certification are on the following pages.

If you need assistance or have questions concerning the download of Direct Certification data, please call (573) 751-7664 or 573-751-7564.

INSTRUCTIONS FOR DOWNLOADING DIRECT CERTIFICATION DATA FROM THE WEB

Downloading Data to Microsoft Excel

1. If you have downloaded Direct Certification in previous years rename the previous year document and skip to number 7.
2. Double click on **My Computer** icon
3. Double click on **Local Disk (C:)**
4. On the Menu Bar single click on **File**, select **New**, select **Folder**
5. Change **New Folder** name to **dircert** and hit enter on the keyboard
6. Close this screen

7. Go to School Food Services Website and single click **DESE Web Applications**
8. Login
9. Single click **School Food Services**
10. Scroll down and click on **Menu** drop down box
11. Single click **Direct Certification Download**
12. LEAs downloading Direct Certification for the first time enter zip codes then click save then submit

Note: If buttons are grayed out the Authorized Representative has not logged in with their User ID and Password. The user must click Submit before the Download button will be enabled. Once the Submit button has been clicked the Download button will remain enabled. If the user changes the data and saves, they must click the Submit button again for the most current changes to appear in the download text file.

13. Click the **Download** button
14. Scroll down and single click on **Download Text File**
15. Single click **File**, and select **Save As...**
16. Go to **Save in**; click on drop down box and click on **Local Disk (C:)**
17. Double click on **dircert** folder and click **Save**
18. Close this screen

Note: LEAs that will be downloading Direct Certification for use with SISWin or SISK12 must select "Download Text File". You do not need to open the downloaded file with Excel. For questions regarding SISWin or SISK12 please contact SIS Support at 888-445-8503. For a printable hardcopy of the document continue with the following instructions.

19. Single click **Download Excel** and single click **SAVE**

Note: You may be prompted whether you want to save or open this file, click SAVE

20. Single click **File**, and select **Save As...**
21. Go to **Save in**; click on drop down box and click on **Local Disk (C:)**
22. Make sure file name says **direct_import**
23. Double click on **dircert** folder and click **Save**
24. Close this screen
25. Open **Microsoft Excel**
26. Single Click Tools - on the fly out menu single click Security
27. Change security level to Low
28. Single Click OK
29. Close Excel
30. Reopen Excel

31. Single click **File**
32. Single click **Open**
33. Go to **Look in**; click on drop down box and click on **Local Disk (C:)**
34. Double click **dircert folder**
35. Double click **direct_import**
36. Hold the **Ctrl key and hit the letter E**
37. Enter your agreement number/county district code
38. Single click **OK**
39. Single click **OK**
40. Single click **File** and select **Save As...**
41. Go to **Save as type**: and click on drop down box and click on **Microsoft Excel Workbook**
42. Single click **SAVE**

Downloading Information to Microsoft Access

1. Double click on ***My Computer*** icon
2. Double click on ***Local Disk (C:)***
3. Go to menu Bar and single click on ***File***, select ***New***, select ***Folder***
4. Change ***New Folder*** name to ***dircert*** and hit enter on the keyboard
5. Close this screen

6. Go to School Food Services Website and single click ***DESE Web Applications***
7. Login
8. Single click ***School Food Services***
9. Scroll down and click on ***Menu*** drop down box
10. Single click ***Direct Certification Download***
- Note: If buttons are grayed out the Authorized Representative has not logged in with their User ID and Password. The user must click Submit before the Download button will be enabled. Once the Submit button has been clicked the Download button will remain enabled. If the user changes the data and saves, they must click the Submit button again for the most current changes to appear in the download text file.***
11. Scroll down and single click on ***Download Text File***
12. Single click ***File***, and select ***Save As...***
13. Go to ***Save in***; click on drop down box and click on ***Local Disk (C:)***
14. Double click on ***dircert*** folder and click ***Save***
15. Close this screen

16. Single click ***Download Access***
17. Depending on your version of Access you either need to ***Click Save*** or ***Click Save this file to a disk*** then click ***OK***
18. Go to ***Save in***; click on drop down box and click on ***Local Disk (C:)***
19. Single click ***Save***
20. Single click ***Open***
21. Go to menu bar and single click ***File***, click ***Get External Data***, click ***Import***
22. Go to ***Look in***: click on drop down box and click on ***Local Disk (C:)***
23. Double click on ***dircert*** folder
24. Go to ***Files of type***: and single click on ***Text File***
25. Double click the text file that is named with your agreement number/county district code
26. Single click ***Advanced...***
27. Single click ***Specs...***
28. Single click ***Open***
29. Single click ***OK***
30. Single click ***Finish***
31. Single click ***OK***

Downloading Information to Text

File can be printed, saved in LEA files or imported to LEA database.

Saving Direct Certification Data as a Text File

1. Double click on **My Computer** icon
2. Double click on **Local Disk (C:)**
3. Go to menu bar and single click on **File**, select **New**, select **Folder**
4. Change **New Folder** name to **dircert** and hit enter on the keyboard
5. Close this screen
6. Go to School Food Services Website and single click **DESE Web Applications**
7. Login
8. Single click **School Food Services**
9. Scroll down and click on **Menu** drop down box
10. Single click **Direct Certification Download**

Note: If buttons are grayed out the Authorized Representative has not logged in with their User ID and Password. The user must click Submit before the Download button will be enabled. Once the Submit button has been clicked the Download button will remain enabled. If the user changes the data and saves, they must click the Submit button again for the most current changes to appear in the download text file.

11. Scroll down and single click on **Download Text File**
12. Single click **File**, and select **Save As...**
13. Go to **Save in**; click on drop down box and click on **Local Disk (C:)**
14. Double click on **dircert** folder and click **Save**
15. Close this screen

If LEA Cannot Download Direct Certification Information by Clicking on Download Excel or Download Access

1. Follow downloading text steps on page 14
2. Go to bottom of screen and click **Start**
3. Click **Programs**, Click **Microsoft Excel**
4. Click on **Data** (in the tool bar menu)
5. Click on **Get External Data**, and select **Import Text File**
6. Go to **Look in:** click on drop down box and click on **Local Disk (C:)**
7. Double click **dircert folder**
8. Double click the text file that is named with your agreement number/county district code
9. Text import wizard pops up
10. Original data type, choose **Fixed Width**
11. Click **Next**
12. Create a break line
13. Click a line on 18, 30, 31, 39, 40, 41, 42, 48, 57, 75, 87, 88, 111, 134, 148, 150, and 159
14. Delete all other line breaks (double click on the line break you want to delete)
15. Click **Next**
16. Click **Finish**
17. Click **OK**
18. Click **File** and select **Save As**
19. Go to **Save in;** click on drop down box and click on **Local Disk (C:)**
20. Double click **dircert folder**
21. Be sure the file name is your agreement number, click **Save**

DIRECT CERTIFICATION RECORD SPECIFICATIONS

FOR COMPUTER USE

RECORD IDENTIFICATION
 FILE NAME: AFDC/FOOD STAMPS
 FILE TYPE: 1600 BPI UNLABELED

RECORD NAME: AFDC/FOOD STAMPS RECORD
 RECORD NUMBER
 RECORD TYPE: F

Item No.	Fld. Beg.	Pos. End	No. Char.	No. Bytes	Item Type	Field Name and Description
01	1	18	18	18	AN	Last Name
02	19	30	12	12	AN	First Name
03	31	31	01	01	AN	Middle Initial
04	32	39	08	08	N	Date of Birth (YYYY/MM/DD)
05	40	40	01	01	AN	Sex (M-Male, F-Female)
06	41	41	01	01	AN	Race: 1-White, 2-Black, 3-Spanish (American), 4-Indian American/Alaskan Native 5-Asian 6-Native Hawaiian/Pacific Islander U-Undetermined
07	42	42	01	01	AN	AFDC/FS Indicator (C-AFDC, S-Food Stamps, B-Both)
08	43	48	06	06	AN	County/District Code
09	49	57	09	09	N	Social Security Number
10	58	75	18	18	AN	Case Head Last Name
11	76	87	12	12	AN	Case Head First Name
12	88	88	01	01	AN	Case Head Middle Initial
13	89	111	23	23	AN	Address 1
14	112	134	23	23	AN	Address 2
15	135	148	14	14	AN	City
16	149	150	02	02	AN	State
17	151	159	09	09	N	ZIP Code

CODES:

RECORD TYPE

F=FIXED
 V=VARIABLE
 U=UNDEFINED

ITEM TYPE

N=NUMERIC
 AN=ALPHANUMERIC
 A=ALPHABETIC
 R=REPORTS

**ELIGIBILITY CRITERIA FOR FREE AND REDUCED PRICE MEALS
EFFECTIVE JULY 1, 2009**

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$14,079	\$1,174	\$271	\$20,036	\$1,670	\$386
2	18,941	1,579	365	26,955	2,247	519
3	23,803	1,984	458	33,874	2,823	652
4	28,665	2,389	552	40,793	3,400	785
5	33,527	2,794	645	47,712	3,976	918
6	38,389	3,200	739	54,631	4,553	1,051
7	43,251	3,605	832	61,550	5,130	1,184
8	48,113	4,010	926	68,469	5,706	1,317
Each add'l member	+4,862	+406	+94	+6,919	+577	+134

Family/Household means a group of people who may or may not be related and who do not live in an institution or a boarding house, but who are living as one economic group. Students who are temporarily away at school should be counted as members of the family; however, students who are full-time residents of an institution are considered a family of one.

Income means income before deductions for income taxes, employee's social security taxes, insurance premiums, charitable contributions, bonds, etc. It includes the following:

1. Monetary compensation for services, including wages, salary, commissions, or fees;
2. Net income from non-farm self-employment;
3. Net income from farm self-employment;
4. Social security;
5. Dividends or interest on savings or bonds or income from estates or trusts;
6. Net rental income;
7. Public assistance or welfare payments;
8. Unemployment compensation;
9. Government civilian employee or military retirement, or pensions, or veterans payments;
10. Private pensions or annuities;
11. Alimony or child support payments;
12. Regular contributions from persons not living in the household;
13. Net royalties; and
14. Other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

Income does not include any income or benefits received under any Federal program, which are excluded from consideration as income by any legislative prohibition.

In a household where there is income from wages and self-employment and the self-employment reflects a negative net income, consider that income as zero so as not to offset the wages earned.

In applying guidelines, the family's current rate of income should be used in determining eligibility.

Current Income is defined as income received during the month prior to application if such income is representative. Where the prior month's income was much higher or lower than usual, expected income for this year (12 months starting from last month) may be used; for example, self-employed people, farmers, and migrant workers.

Foster Children are considered a one-member family when the welfare agency is legally responsible for the child and the foster home is, in fact, an extension of the welfare agency. Welfare agency payments, specifically identified by category for the personal use of that foster child and funds personally received by the child, are considered the income of that one-member family. Welfare funds identified for shelter and care, medical and therapeutic needs, and special needs funds should not be considered as income.

In cases where the welfare agency has placed a child in a permanent home and/or subsidizes the child's adoption, the child is considered a member of the household. The family size and total income of the family determine the child's eligibility for free and reduced price meals.

Institutionalized Children are considered as a one-member family and only monies the child actually receives and controls shall be considered as income for determining eligibility.

**LETTER TO PARENTS
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM**

Dear Parent/Guardian:

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

1. Do I need to fill out an application for each child? No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: [name, address, phone number].**

2. Who can get free meals? Children in households getting Food Stamps or Temporary Assistance and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.

3. Can homeless, runaway and migrant children get free meals? Please call [school, homeless liaison or migrant coordinator] to see if your child(ren) qualify, if you have not been informed that they will get free meals.

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.			
FEDERAL INCOME CHART			
For School Year 2009-2010			
Household size	Yearly	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each additional person:	+6,919	+577	+134

4. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the above Federal Income Chart.

5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced meals? Do not complete the attached application if you have recently received notification from your school that your child(ren) has been certified to receive free meal benefits for the 2009-2010 school year.

6. I get WIC. Can my child(ren) get free meals? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

7. Will the information I give be checked? Yes, we may ask you to send written proof.

8. If I don't qualify now, may I apply later? Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting food stamps, Temporary Assistance or other benefits. If you lose your job, your child(ren) may be able to get free or reduced price meals.

9. What if I disagree with the school's decision about my application? You should talk to school officials. You also may ask for a hearing by calling or writing to: [name, address, phone number].

10. May I apply if someone in my household is not a U.S. citizen? Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

11. Who should I include as members of my household? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.

12. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

13. We are in the military, do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

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

Sincerely,
[signature]

In accordance with Federal law and U.S Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

**DIRECT CERTIFICATION ELIGIBILITY
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM**

Dear Parent/Guardian:

The _____ school is participating in the Direct Certification program. Direct Certification means that children who are from families currently approved for Food Stamps or a child receiving Temporary Assistance can be automatically approved for free meals at schools under the National School Lunch Program and the School Breakfast Program.

Each student listed below has been approved for free meals during the 2009-2010 school year, based on his/her eligibility for Food Stamps or Temporary Assistance.

Student Name _____	Student Name _____
Student Name _____	Student Name _____
Student Name _____	Student Name _____
Student Name _____	Student Name _____
Student Name _____	Student Name _____

THE CHILDREN LISTED ABOVE WILL RECEIVE FREE MEALS. It is NOT NECESSARY to complete an application for free or reduced price meals for any of the children listed above. If your child brings home an application, do not fill it out or return it to the school.

If you have children who are not eligible for Food Stamps or Temporary Assistance, or if you feel that your child's name has been left out in error, you may then complete a Free and Reduced Price School Meals Family Application and return it to the school as soon as possible.

Please KEEP THIS LETTER for your records. Do not return it to the school.

If for some reason you do not want your child to receive free meals or if you have any questions, please contact your child's school immediately.

Sincerely,

In accordance with Federal law and U.S Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. CHILDREN IN SCHOOL			
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	List Food Stamp (FS) or Temporary Assistance (TA) case # for each child (not a 16 digit EBT card #) and check appropriate box: FS <input type="checkbox"/> or TA <input type="checkbox"/> . Skip to Part 4 if you list a FS or a TA case #.
			<u>0 0</u> _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			<u>0 0</u> _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			<u>0 0</u> _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			<u>0 0</u> _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			<u>0 0</u> _____ FS <input type="checkbox"/> TA <input type="checkbox"/>

PART 2. FOSTER CHILD (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income. \$_____. (Write "0" if the child has no personal use income.) Skip to Part 4.

PART 3. TOTAL HOUSEHOLD GROSS INCOME—YOU MUST TELL US HOW MUCH AND HOW OFTEN

1. Name (List everyone in household) Please attach an additional page if needed.	2. Gross income and how often it was received								3. Check if NO income
	Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security		All Other Income		
	Income	How often	Income	How often	Income	How often	Income	How often	
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>

PART 4. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 3 is completed, the adult signing the application must also list his or her complete Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____
 Address: _____ City: _____ Zip Code: _____
 Phone Number: _____ Social Security #: _____ I do not have a Social Security #

Privacy Act Statement: This explains how we will use the information you give us.
 The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance Program case number 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.

PART 5. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)

Mark one or more racial identities:
 Asian Black or African American Native Hawaiian or Other Pacific Islander
 White American Indian or Alaska Native Other

Mark one ethnic identity:
 Hispanic or Latino
 Not Hispanic or Latino

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write **USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410** or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

ANNUAL INCOME CONVERSION: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household Size: _____

Food Stamps/Temporary Assistance: Eligibility: Free Reduced Denied Reason: _____ Date Withdrawn: _____

Temporarily Approved Free Temporarily Approved Until: _____ (allow no more than 45 calendar days) Until: _____ Until: _____

Determining Official's Signature: _____ Date Approved/Denied: _____

Confirming Official's Signature (For verification purposes only): _____ Date: _____

INSTRUCTIONS FOR APPLYING

If your household gets FOOD STAMPS OR TEMPORARY ASSISTANCE, follow these instructions:

- Part 1:** List child(ren)'s name, school, grade, and a Food Stamp or Temporary Assistance case number. Check the box next to the Food Stamp or Temporary Assistance case number indicating which type of assistance is received. A Food Stamp/Temporary Assistance number is a ten digit number and the first two digits currently are "00". A 16-digit Electronic Benefit Transfer (EBT) card number is NOT acceptable. Currently an EBT number starts with 5076. If you do not know your Food Stamp or Temporary Assistance number, call your local Family Support Division, Social Services office.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answer this question if you choose to.

If you are applying for a FOSTER CHILD, use a separate application for each foster child, follow these instructions:

- Part 1:** List the child's name, school, and grade.
- Part 2:** Check the box and list the child's personal use monthly income. Write "0" if no personal use income.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1:** List each child's name, school, and grade.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from last month.
- Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
- Column 2 –Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). List the amount each person got last month from welfare, child support, alimony; pensions, retirement, Social Security; and all other income in the appropriate categories. In the other income column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person received it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
- Column 3–Check if no income:** If the person does not have any income, check the box.
- Part 4:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 5:** Answer this question if you choose to.

PUBLIC RELEASE

DATE _____

_____ today announced it's revised free and reduced price policy for school children
 (Local Education Agency)
 unable to pay the full price of meals served in schools under the National School Lunch Program and the School Breakfast Program.

Local education officials have adopted the following family-size income criteria for determining eligibility:

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	Annually	Monthly	Weekly	Annually	Monthly	Weekly
1	\$14,079	\$1,174	\$271	\$20,036	\$1,670	\$386
2	18,941	1,579	365	26,955	2,247	519
3	23,803	1,984	458	33,874	2,823	652
4	28,665	2,389	552	40,793	3,400	785
5	33,527	2,794	645	47,712	3,976	918
6	38,389	3,200	739	54,631	4,553	1,051
7	43,251	3,605	832	61,550	5,130	1,184
8	48,113	4,010	926	68,469	5,706	1,317
Each add'l member	+4,862	+406	+94	+6,919	+577	+134

Children from families whose current income is at or below those shown are eligible for free or reduced price meals. Applications are available at the principal's office in each school. To apply, fill out a Free and Reduced Price School Meals Family Application and return it to the school. The information provided on the application is confidential and will be used only for the purpose of determining eligibility. Applications may be submitted any time during the school year. A complete application is required as a condition of eligibility. A complete application includes: (1) household income from all sources or Food Stamp/Temporary Assistance case number, (2) names of all household members, and (3) the signature and social security number of adult household member signing the application. School officials may verify current income at any time during the school year.

Foster children may be eligible regardless of the income of the household with whom they reside. A foster child is considered a family of one and only personal use income is counted to determine eligibility.

If a family member becomes unemployed or if family size changes, the family should contact the school to file a new application. Such changes may make the children of the family eligible for these benefits.

Under the provisions of the policy, the _____ will review the applications and determine
 (Title of Determining Official)
 eligibility. If a parent is dissatisfied with the ruling of the official, he may wish to discuss the decision with the determining official on an informal basis or he may make a request either orally or in writing to the _____ whose
 (Title of Hearing Official)
 address is _____ for a hearing to appeal the decision.

Hearing procedures are outlined in the policy. A complete copy of the policy is on file in each school and in the central office where any interested party may review it.

In accordance with Federal law and U.S Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

NOTICE OF APPROVAL OR DENIAL

(Date)

STATUS OF FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Dear (Parent):

Your application has been approved for free meals.

Your application has been approved for a reduced price of cents for lunch, cents for breakfast.

Your application for free or reduced price benefits for your child has been denied for the following reason:

- 1. Application incomplete as shown below:
a. Total household income.
b. Names of all household members.
c. Signature of adult household member.
d. Social security number of adult household member signing the application or mark the "I do not have a Social Security Number" box.
2. Income too high for family size.
3. Other

If your application has been denied because it is incomplete, it will be reevaluated when necessary information is submitted. This information can be submitted in person or by letter. If you do not agree with this denial, you may wish to discuss it with me but you still have the right to a fair hearing by calling or writing

(Name and Title of Hearing Official)

at (Address) (Phone)

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

In accordance with Federal law and U.S Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Sincerely,

(Signature of Determining Official)
(Address)
(Phone)

Regulations require that the parent be notified in writing if the application has been denied. This form may also be used to notify parents of meal benefit approval.

**MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
SCHOOL FOOD SERVICES**

METHODS OF COLLECTION & MEAL COUNTING

Local Education Agency _____ Date _____ Agreement No. _____

All meal counting methods must have a built-in accounting system at the point of service to record numbers of free, reduced price and full price meals actually served daily. The point of service is that point at which it can be determined that the food items served/selected constitute a reimbursable meal.

From each of the sections below, choose all methods currently used. If a different method is used or if additional information is required to explain the method used, please describe in the space provided or on a separate sheet of paper. If a computerized system is used, please go to Section IV after completing Section I.

I. Fund Collection (full price and reduced price eligible students)

- _____ a. Students pay for meals daily _____, weekly _____, monthly _____, by the semester _____, yearly _____.
(Check all that apply.)
- _____ b. Students may _____/may not _____ prepay meals.
- _____ c. Students may charge meals and pay at a later date.
- _____ d. Students do not pay for meals.
- _____ e. Meal payment is made in the classroom _____, school office _____, cafeteria _____, another location _____.
(Check all that apply.)
- _____ f. Another method is used. Explain: _____

II. Cards, Tickets, Tokens

- _____ a. All _____/some _____ schools in the LEA use meal cards, tickets or tokens: elementary _____, middle/junior high _____, senior high _____. (Check all that apply.)
- _____ b. All _____/some _____ students at these school(s) use meal cards, tickets or tokens.
- _____ c. Meal cards, tickets or tokens are distributed in the classroom _____, school office _____, cafeteria _____, another location _____. (Check all that apply.)
- _____ d. Meal cards, tickets or tokens are coded using a number code _____, letter code _____, date code _____, signature code _____, another code _____. (Check all that apply.)
- _____ e. All student meal cards, tickets or tokens are the same size and color.

III. Meal Accountability and Monitoring Methods

- _____ a. All _____/some _____ schools in the LEA use a roster system: elementary _____, middle/junior high _____, senior high _____. (Check all that apply.)
- _____ b. All students' names are listed on the roster.
- _____ c. The roster is marked by the classroom teacher _____, food service employee _____, another person _____.
(Check all that apply.)
- _____ d. The students' names are marked on the roster after a reimbursable meal is served/selected.
- _____ e. The students' names are marked on the roster before a reimbursable meal is served/selected.
(Requires State agency approval.)
- _____ f. Marks on the roster are counted to arrive at a total number of free, reduced price, and full price reimbursable student meals served. (Must count each category.)
- _____ g. Each student presents their meal card, ticket or token to a teacher _____, food service employee _____ or another person _____ at the point of service after a reimbursable meal is served/selected.
- _____ h. Each student presents their meal card, ticket or token to a teacher _____, food service employee _____, another person _____ before a reimbursable meal is served/selected. (Check all that apply.) (Requires State agency approval.)
- _____ i. Meals are monitored for compliance to the appropriate meal pattern.
- _____ j. All students eligible for free or reduced price meals have access to all serving areas offering a reimbursable meal.
- _____ k. Another method is used. Explain: _____

IV. Computerized Point of Sale Systems

- _____ a. The name(s) of the computerized system used _____.
- _____ b. All _____/some _____ schools in the LEA use this system: elementary _____, middle/junior high _____, senior high _____. (Check all that apply.)
- _____ c. This is a debit system. Students deposit money into an account. Purchases are subtracted from the balance.
- _____ d. This is a meal card _____/cardless _____ system. (Check all that apply.)
- _____ e. Meal cards are scanned at the point of service.
- _____ f. Meal cards are collected at the point of service and scanned later.
- _____ g. Students _____, food service employee _____, another person _____ enters an identifying number into a keypad at the point of service.
- _____ h. Each student presents medium of exchange to cashier before a reimbursable meal is served/selected. (Requires State agency approval.)`
- _____ i. Meals are monitored for compliance with the meal pattern.
- _____ j. After all students are served a daily report is generated indicating the number of free, reduced price, and full price reimbursable student meals served/selected.
- _____ k. All students eligible for free or reduced price meal benefits have access to all serving areas offering a reimbursable meal.
- _____ l. Another method is used. Explain: _____

SAMPLE CODING METHODS

Number Coding: Free meal cards, tickets or tokens may use a four-digit number, reduced price a five-digit number, and full price a six-digit number.

Number coding by Series: Numbers 1 through 1,999 may be free meal cards, tickets or tokens, numbers 2,000 through 2,999 may be reduced price, and numbers 3,000 through 3,999 may be full price.

Names: Meal cards, tickets, or tokens may have the child’s name on them and can later be compared to a roster.

Date Stamp: Meal cards, tickets, or tokens may have the date stamped on them in different locations. For instance, cards, tickets, or tokens with the date stamped at the top may be full price, in the middle free, and on the bottom reduced price.

Hole Punch: Holes may be punched in different locations on the meal card, ticket, or token. For instance, a hole punched at the top may be full price, in the middle free, and at the bottom reduced price. Location codes should be changed two or three times during the year.

NOTE: Marking codes that can be easily duplicated or altered to a different code must be avoided.

PROHIBITED CODES: Free, reduced price, or paid. F, R, P. Color Coding.

CODES NOT RECOMMENDED: X,Y,Z. 1,2,3. A,B,C. AAA,BBB,CCC

If the Methods of Collection and Meal Counting system(s) that will be used for the 2009-2010 school year is different from the previous school year, please complete and return form to:

School Food Services

**Department of Elementary and Secondary Education
 PO Box 480, Jefferson City, MO 65102
 FAX (573) 526-3897**

INCOME ELIGIBILITY GUIDELINES
(Effective July 1, 2009 through June 30, 2010)

Household Size	FREE MEALS - 130%					REDUCED PRICE MEALS - 185%				
	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month
1	\$14,079	\$1,174	\$271	\$542	\$587	\$20,036	\$1,670	\$386	\$771	\$835
2	\$18,941	\$1,579	\$365	\$729	\$790	\$26,955	\$2,247	\$519	\$1,037	\$1,124
3	\$23,803	\$1,984	\$458	\$916	\$992	\$33,874	\$2,823	\$652	\$1,303	\$1,412
4	\$28,665	\$2,389	\$552	\$1,103	\$1,195	\$40,793	\$3,400	\$785	\$1,569	\$1,700
5	\$33,527	\$2,794	\$645	\$1,290	\$1,397	\$47,712	\$3,976	\$918	\$1,836	\$1,988
6	\$38,389	\$3,200	\$739	\$1,477	\$1,600	\$54,631	\$4,553	\$1,051	\$2,102	\$2,277
7	\$43,251	\$3,605	\$832	\$1,664	\$1,803	\$61,550	\$5,130	\$1,184	\$2,368	\$2,565
8	\$48,113	\$4,010	\$926	\$1,851	\$2,005	\$68,469	\$5,706	\$1,317	\$2,634	\$2,853
For each add'l person, add	\$4,862	\$406	\$94	\$187	\$203	\$6,919	\$577	\$134	\$267	\$289

REQUEST FOR INFORMATION MO HealthNet for KIDS



Dear Parent/Guardian:

There is now affordable health insurance for children, MO HealthNet for Kids, Missouri’s Health Insurance Program. Now most families can get low-cost or free health insurance for their children.

Children with health insurance are more likely to receive needed vaccinations and get treated for illnesses. Without treatment, these illnesses can slow a child’s learning and have lifelong effects. Check the box below to receive information about free and low-cost health insurance for children. You are not required to complete this form, it is strictly voluntary and should only be completed if you would like information sent to you regarding MO HealthNet for Kids.

If you currently receive MO HealthNet for Kids (formerly MC+ for Kids) it is not necessary to complete this form. Current participants should contact their county Family Support Division office if you have questions regarding your coverage.

Yes, I give permission for MO HealthNet officials to contact me. A MO HealthNet service representative will send me information/application for the health insurance program.

Please submit this request with your Free and Reduced Price School Meal Family Application or return it to your school.

Signature of parent/guardian: _____

Printed name of parent/guardian: _____

Mailing Address: _____ City/State _____ ZIP _____

MO HealthNet for Kids - Missouri’s Health Insurance Program 1-888-275-5908

Do Your Children Qualify?

	Maximum MONTHLY Family Income			
FAMILY SIZE <small>(Includes parents)</small>	2	3	4	5
INCOME <small>(Subject to change annually)</small>	\$3,643	\$4,578	\$5,513	\$6,448
Some families may be required to pay premiums. Income standards effective April 1, 2009				

Do your children need health care coverage? MO HealthNet for Kids is Missouri’s health insurance program for uninsured children. Your children may be eligible if they meet these requirements:

- Under age 19
- The family’s income falls within eligibility guidelines.

Instructions for LEA use of Appendix 2

Now most families can get low-cost or free health insurance for their children through MO HealthNet for Kids. Missouri's Health Insurance Program. The Missouri Department of Social Services (DSS) administers this program.

We are requesting LEAs to cooperate with DSS by distributing the request for information. Appendix 2, with the Letter to Parents and Free and Reduced Price School Meals Family Application. LEAs would then mail or fax any completed forms returned to their schools to the service center indicated below. MO HealthNet officials will then contact the families for more information.

You are not required to distribute Appendix 2.

**MO HealthNet Service Center
525 Jules St. #127
St. Joseph, MO 64501
Fax Number: (816) 387-2289**

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

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

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

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

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

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

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

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

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