

**FREE AND REDUCED PRICE APPLICATION  
&  
DIRECT CERTIFICATION**

INFORMATION AND PROCEDURES

SCHOOL YEAR 2018-2019

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (DESE)  
FOOD AND NUTRITION SERVICES SECTION (FNS)

JULY 2018

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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 the Free and Reduced Price School Meals Application (Attachment E). Our office must approve any changes made to these forms before duplication and distribution.

Applications are also available in other languages. You may download these forms from the Internet at: <http://www.fns.usda.gov/school-meals/translated-applications>. 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 2018-2019 school year. For more detailed information on the general extension of free and reduced price meal benefits, refer to USDA's [Eligibility Manual for School Meals](#).

Handbooks are available at <http://dese.mo.gov/financial-admin-services/food-nutrition-services>.

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

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

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

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

This institution is an equal opportunity provider.

## FREE AND REDUCED PRICE POLICY STATEMENT

LEAs participating in the National School Lunch Program (NSLP) and School Breakfast Program (SBP) must have an approved Free and Reduced Price Meals or Free Milk Policy statement (Appendix A) on file at the State Agency. Also, each LEA participating in the Special Milk Program (SMP) with the free milk option must have an approved policy statement on file. The policy statement is submitted initially as part of the application approval process. Once approved, the policy statement becomes a permanent document, but must be amended when the LEA makes a substantial change. Use of the 2018-2019 policy attachments will place your LEA in compliance. Unless substantial changes are made to the attachments, it will not be necessary to return copies to our office.

### FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION INFORMATION AND PROCEDURES

The following attachments provided are to assist in implementing the provisions of the policy standards and procedures for the 2018-2019 school year.

**Attachment A** - The ELIGIBILITY CRITERIA FOR FREE AND REDUCED PRICE MEALS must be adopted for the 2018-2019 school year. INCOME ELIGIBILITY GUIDELINES (Attachment P) is provided as a tool for the determining official to use when determining eligibility.

**Attachment B** - LETTER TO PARENTS: FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS must be available to all families at the beginning of the school year.

**Attachment C** - DIRECT CERTIFICATION ELIGIBILITY for families of students who have been identified as eligible for SNAP, TANF or Foster must be notified by the LEA that the students are eligible to receive free meals. Extend benefits to all students residing in the household eligible for SNAP and TANF only. Foster eligibility does not extend to other students living in the household.

**Attachment D** -HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS provides instructions to help complete the application for free and reduced price school meals.

**Attachment E** - FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION must be available to all families at the beginning of the school year. Applications may be maintained either at the school or at a central location with a list of eligible children maintained at the school. If an LEA maintains applications at a central location, applications must be readily retrievable by school, and the LEA must ensure that any changes in eligibility status and transfers in and out of the school are accurately and promptly recorded on each school's list.

**Attachment F** -All LEAs must provide the PUBLIC RELEASE to the local news media, unemployment office and any major employers contemplating large layoffs in the attendance area of the school before school starts in the fall.

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

**Attachment H** - EXTENDING CATEGORICAL ELIGIBILITY TO ADDITIONAL CHILDREN IN HOUSEHOLD should be used by an LEA to document the extension of free meal/milk benefits to all children in the same household due to the receipt of SNAP/TANF/FDPIR.

**Attachment I** - METHODS OF COLLECTION & MEAL COUNTING form must be submitted if your current meal counting and claiming procedures have changed. If an updated form is submitted, then an updated Free and Reduced Price Meals and Milk policy must also be submitted. Also Section VI is the LEA's documentation to utilize the flexibility for establishing submission of free and reduced price meal applications as the effective date of eligibility, rather than the date the official approves it.

In collecting payments for meals and in distributing cards, 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 card, 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 number of full price, reduced price, and free meals actually served. Documenting these daily counts is a regulatory requirement

**Attachment J** - INSTRUCTIONS FOR REQUEST FOR INFORMATION, DOES YOUR CHILD NEED HEALTHCARE COVERAGE AND MO HEALTHNET DATA COLLECTION. Missouri Senate Bill 583-2010 requires public and charter LEAs to provide the REQUEST FOR INFORMATION (Attachment K) with the meal application at the beginning of the school year. Non-public LEAs are encouraged to participate but not required. Residential Child Care Institutions (RCCIs) are excluded from this requirement.

**Attachment K** - Public and charter LEAs must provide the REQUEST FOR INFORMATION with the meal application at the beginning of the school year. Non-public LEAs are encouraged to participate; however, not required. LEAs participating in the Community Eligibility Provision (CEP) are encouraged to provide the REQUEST FOR INFORMATION (Attachment K) to households. RCCIs are excluded from this requirement. The form allows a parent or guardian to check a box indicating a YES or NO whether each child in the family has healthcare insurance. The form should be returned to the school district and if a NO is checked, a DOES YOUR CHILD NEED HEALTHCARE COVERAGE FORM (Attachment L) must be provided to the family. The REQUEST FOR INFORMATION (Attachment K) forms returned to the LEA should be kept on file. The number of families indicating the absence of healthcare insurance and the number of forms provided to the family will be reported to DESE, FNS on the MO HEALTHNET FOR KIDS DATA COLLECTION form (Attachment M) due November 30<sup>th</sup>. If information is updated after the initial due date, submit a revised form.

**Attachment L** - DOES YOUR CHILD NEED HEALTHCARE COVERAGE (English and/or Spanish) form must be provided to the family if REQUEST FOR INFORMATION is returned to the school district with a "NO" checked next to "Does each child in your family have healthcare insurance?"

**Attachment M** - The number of families indicating the absence of healthcare insurance and the number of forms provided to the family will be reported to DESE, FNS on the MO HEALTHNET FOR KIDS DATA COLLECTION form (Attachment M) due November 30<sup>th</sup>. If information is updated after the initial due date, submit a revised form.

**Attachment N** - SHARING INFORMATION WITH OTHER PROGRAMS may be used by the LEA to obtain parental permission to disclose free and reduced price eligibility information of individual students for programs that require parental consent for disclosure. Programs that require parental consent include local health and local education programs and other local level activities. The LEA should indicate the name of the specific program on the form before providing the form to parents. LEAs may disclose children's free and reduced price meal eligibility information to programs, activities and individuals that are specifically authorized access under the National School Lunch Act (NSLA) which is the law that sets forth the disclosure limits for the Child Nutrition Programs. Disclosure may be made to persons directly connected to the administration or enforcement of the National Assessment of Educational Progress (NAEP) and Every Student Succeeds Act (ESSA) as these are Federal education programs. LEAs may disclose children's names and eligibility status to persons directly connected with the administration or enforcement of State educational assessment programs to the extent that the State assessment is part of the NAEP or the assessment program is established at the State, not local level. See the USDA Eligibility Manual for School Meals on the Department, FNS website for a list of specifically authorized programs and more complete information regarding disclosure of children's free and reduced price meal eligibility information.

**Attachment O** - LEAs must notify DESE, FNS, by filling out the FLEXIBILITY NOTIFICATION: ELIGIBILITY EFFECTIVE DATE FOR DIRECTLY CERTIFIED STUDENTS, if plan to implement this flexibility. This flexibility allows the effective date of eligibility for free school meal or milk benefits to be the date listed on the Direct Certification (DC) download for each student, rather than the date the LEA accesses the file. This also applies to any student(s) who receive extended eligibility.

Example: An LEA accesses the file on 9/08 and determines DC benefits for eligible students and the date listed on the file by the student is 9/02. All students (those on the DC file, and those with extended eligibility) may have an effective date of 9/02 based on the date listed by the individual rather than the date the students were identified and processed at the LEA level. Homeless, Migrant, Runaway, Head Start, Even Start or Foster Children Directly Certified via a list: LEAs may consider the effective date of eligibility for free school meal or milk benefits to be the date the LEA receives such lists, rather than the date the school official processes the documentation.

If electing this flexibility, the LEA must:

- Do so consistently for all DC methods;
- Apply the DC individual date to all students directly certified to all participating schools and school meal programs within the LEA; Documentation of the date is listed next to the individual students name.;
- If categorical eligibility is based on SNAP or TANF, extend eligibility to all children in the household; and
- Refund any money paid by or on behalf of the student for reimbursable meals or milk during the period from the free meal student eligibility effective date through the date the DC is actually implemented at the school, including forgiving accrued debt for any meals or milk adjusted to free due to the change in the effective date. The LEA can only claim the meals or milk at the free reimbursement rate if the student is given a refund or the debt is discharged.

**Attachment P-** INCOME ELIGIBILITY GUIDELINES EFFECTIVE JULY 1, 2018 THROUGH JUNE 30, 2019 is provided as a tool for the determining official to use when determining eligibility.

**When distributing applications to households include the following attachments:**

- **Attachment B:** Letter To Parents: Frequently Asked Questions About Free and Reduced Price School Meals
- **Attachment D:** How To Apply For Free and Reduced Price School Meals
- **Attachment E:** Free and Reduced Price School Meals Application
- **Attachment K:** Request for Information which is required for public/charter and recommended for non-publics

LEAs must ensure their “Unpaid Meal Charge Policy” is provided in writing to all families at the start of each school year and to families transferring to the school during the school year. For additional information refer to [SP 46-2016 Unpaid Meal Charges: Local Meal Charge Policy](#) and [OverComing the Unpaid Meal Challenge – Proven Strategies from our Nation’s Schools](#).

## **EXTENDING CATEGORICAL ELIGIBILITY TO ADDITIONAL CHILDREN IN A HOUSEHOLD**

If one student in the household is eligible for free meals based on Direct Certification (Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) only), or has an application with SNAP, TANF, or Food Distribution Program on Indian Reservations (FDPIR) case number, all of the students in the household are automatically eligible for free meals. LEAs must extend eligibility for free meals or free milk to all children who are part of the household. If a family has more than one child and only one child is listed on the Direct Certification list, then eligibility is extended to all children in the household. If the LEA does not have an application as a reference, the LEA may be able to use school enrollment records to determine additional children who are part of the family not identified through the Direct Certification process. For households submitting applications with case numbers for some, but not all of their children, the LEA must certify all children as eligible for free meals or milk. Any income information on the application is disregarded. For purposes of carry-over into the new school year, eligibility must, to the extent feasible, be extended to newly enrolled siblings. Please note that this policy does not extend to other categorically eligible categories such as Foster, Homeless, Head Start or children enrolled in Migrant Education Programs.

A SNAP/TANF 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 SNAP or TANF.

The EXTENDING CATEGORICAL ELIGIBILITY TO ADDITIONAL CHILDREN IN A HOUSEHOLD (Attachment H). For more information see [SP 25-2010](#).

## VERIFICATION

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](#) or USDA's [Eligibility Manual for School Meals](#) or [Serving with Success Verification Module](#). *The Verification Summary Report will be available via the DESE Web Application system.*

Please note in the verification guidance the following forms are part of the policy statement.

- Letter to Households, Notification of Selection for Verification of Eligibility
- Letter of Verification Results and Adverse Action for Income Households
- Letter of Adverse Action for Food Stamp/Temporary Assistance Households



## DIRECT CERTIFICATION

DESE, FNS, entered into an agreement with the Missouri Department of Health and Senior Services to obtain a computerized listing of all the children in Missouri between the ages of zero (0) and twenty-one (21). Direct Certification is mandatory and updates will be provided weekly. The Direct Certification list will be updated and available as of noon each Monday. All LEAs must download at a minimum in July, October and January. LEAs participating in the Community Eligibility Provision (CEP) must download the Direct Certification file annually to reflect eligibility as of April 1. To achieve maximum benefits, it is strongly encouraged to download Direct Certification on a weekly basis. School children from families approved to receive SNAP, TANF or Foster may be automatically approved to receive free meal benefits, without completing 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. Students directly certified are considered eligible for the entire school year and are excluded from Verification.

1. The families of students who have been identified as SNAP, TANF or Foster must be notified by the LEA that the students are eligible to receive free meals. Extend benefits to all students residing in the household for SNAP and TANF only. Foster eligibility does not extend to other students living in the household. Refer to DIRECT CERTIFICATION ELIGIBILITY (Attachment C).
2. Parents have a right to not have their children receive free meals.
3. Free and Reduced Price applications should still be distributed because:
  - Direct Certification does not apply to all students who may be eligible for free meals.
  - Although eligible, some families do not apply for SNAP or TANF.
  - 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 SNAP, TANF or Foster.
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 FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS (Attachment B) and a FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION (Attachment E) 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 FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS (Attachment B) and a FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION (Attachment E).

5. Information/lists of all students directly certified and/or approved through use of an application are then to be compiled, maintained, and easily retrievable.
6. All Child Nutrition Program documentation must be kept on file for 3 years. If participating in CEP, source documentation used to develop the Identified Student Percentage (ISP) must be kept for the entire period operating under CEP and 3 years after submission of the final claim for reimbursement for the last fiscal year of the CEP period.

## **PUBLIC LEAS DIRECT CERTIFICATION/DIRECTMATCH MODULE**

The Direct Certification process will provide LEAs with direct certification eligibility utilizing the DirectMatch module within the Missouri Student Information System (MOSIS) ID Assignment System.

The Direct Certification process will require coordination with the LEA staff that works with MOSIS ID Assignment and the Food Service Authorized Representative to determine who will be completing the matching process.

Access to DirectMatch can be granted by the LEA's User Manager. The district's pin code must be verified before the "MOSIS Direct Certification Match" access can be granted. DirectMatch access only allows the use of the DirectMatch module. MOSIS ID Assignment will not be accessible unless additional access is granted.

A DirectMatch manual can be found in the link below:

<https://dese.mo.gov/data-system-management/core-datamosis/training>

Certification updates are provided by noon each Monday.

Please reference the DirectMatch Manual for step-by-step instructions. The basic steps can be followed below.

- Log into "MOSIS Direct Certification Match" through DESE Web Applications.
- Go to the "Menu" and click "Match"
- Select your matching option and start the matching process
- Resolve Near Matches
- Download the "Match" report
- Use the "Match" report to direct certify students

The "Match" report includes students matched for SNAP, TANF, and Foster programs. The "Match" report selects the "Recommended Program" based on DESE's "trumping" logic.

The "Recommended Program" information within the "Match" file is to be used when reporting student programs on the Verification Report.

Reminder:

- Report student in category with the recommended program of SNAP, TANF, or Foster. SNAP eligibility takes precedence over TANF and Foster for reporting purposes on the Verification Report.
- "Recommended Program" of SNAP and TANF can be extended to other family members
- Foster status cannot extend eligibility to other household members

If you are not the MOSIS or Core Data contact for your district and would like to be notified of upcoming trainings, webinars, and announcements, please sign up for the MOSIS listserv. You will receive email notifications in relation to MOSIS ID Assignment / DirectMatch. Please follow the link to our website to subscribe

<https://dese.mo.gov/data-system-management/list-servs>.

Questions regarding MOSIS / DirectMatch, contact 573-526-2572 or [coredata-mosis@dese.mo.gov](mailto:coredata-mosis@dese.mo.gov)

Questions regarding Direct Certification, contact Food and Nutrition Services at 573-751-3526 or [Foodandnutritionservices@dese.mo.gov](mailto:Foodandnutritionservices@dese.mo.gov)

**NONPUBLIC LEAs  
DIRECT CERTIFICATION/ZIP CODE FILE**

The Direct Certification computerized listing contains specific identifying information that can be used to automatically approve students for free meals. The specific data includes: the last name of child, first name of child, middle initial (MI), date of birth (DOB), gender, race (1-White, 2-Black, 3-Spanish (American), 4-Indian American/Alaskan Native, 5-Asian, 6-Native Hawaiian/Pacific Islander, U-Undetermined), and the particular program indicated by a Y or N (SNAP, TANF, or, Foster), blank field for social security number, case last name, case first name, case middle initial (MI), address 1, address 2, city, state, and zip code. To be considered verifiable the student's name must be matched with at least one identifier; e.g., birth date. The more matching identifiers, the more assurance of a correct match.

Information for the ZIP Code Direct Certification process for public LEAs is provided:

<https://dese.mo.gov/serving-success/meal-access-and-reimbursement/serving-success-direct-certification-zip-code>

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.

From the master computerized list provided by the Missouri DSS, a list 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.

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 Missouri DSS data or that reside in the household of an eligible student.

With the addition of the Foster child field, additional “trumping” was needed to ensure proper reporting of SNAP eligible students. SNAP eligibility takes precedence over TANF and Foster for reporting purposes on the Verification Report. When a column is blank, the student is eligible for that status, but needs to be reported on the Verification Report under the column showing a “Y”. If a “Y” appears in SNAP, TANF, or FOSTER, the student is eligible for free meals. If a “Y” only appears in the FOSTER column, eligibility cannot be extended to other household members. If a “Y” appears in the SNAP or TANF column, eligibility is extended to other household members.

To ensure accurate reporting on the USDA FNS Verification Report, the following explains how the data is displayed on the Zipcode file:

- If the student receives SNAP, TANF and FOSTER benefits, the SNAP column will have a “Y” and the TANF and FOSTER column will be blank.
- If the student receives both SNAP and FOSTER benefits, the SNAP column will have a “Y”, the TANF column will have an “N”, and the FOSTER column will be blank.
- If the Student receives SNAP and TANF benefits, the SNAP Column will have a “Y”, the TANF column will be blank, and the FOSTER column will have an “N”.

	SNAP	TANF	FOSTER	ELIGIBILITY
1.	Y			=SNAP, TANF & FOSTER
2.	Y	N		=SNAP & FOSTER
3.	Y		N	=SNAP & TANF
4.	Y	N	N	=SNAP ONLY
5.	N	Y		=TANF & FOSTER
6.	N	Y	N	=TANF ONLY
7.	N	N	Y	=FOSTER ONLY
8.	N	N	N	=NONE

Reminder:

- SNAP trumps all categories
- SNAP and TANF eligibility can be extended to other household members
- Foster status cannot extend eligibility to other household members
- “Y” in any column indicates free meal eligibility
- If the column is blank or “Y” the student is eligible for that status
- Report student in category with “Y” on Verification Report

Only the Authorized Representative for the National School Lunch Program has View Report capabilities.

**Authorized Representative** - can Add (from drop down box) and Remove ZIP Codes (by clicking the X), and View Report

**Data Entry capabilities** - can Add (from drop down box) and Remove ZIP Codes (by clicking the X)

**View capabilities** - can only view the ZIP Codes

**Direct Certification directions are as follows:**

1. Go to DESE Web Applications login, click on Food and Nutrition Services Direct Certification.
2. Read the Confidentiality Statement and click “I agree”.
3. Verify current ZIP Codes and add or remove ZIP Codes if necessary.
4. Choose Format to download from the drop down list. The report can be downloaded as Excel, PDF, CSV, or Word.
5. The Report can be printed or saved.

### **NonPublic LEAs Direct Certification/DirectMatch Module**

The DirectMatch module located within MOSIS ID Assignment has been made available to non-public LEAs for the use of direct certification.

DirectMatch access has been granted to all Food Service Authorized Representatives. For more information about DirectMatch instructions and data requirements, please see the DirectMatch manual located at the link below.

<https://dese.mo.gov/data-system-management/core-datamosis/training>

If you are not the MOSIS or Core Data contact for your district and would like to be notified of upcoming trainings, webinars, and announcements, please sign up for the MOSIS listserv. You will receive email notifications in relation to MOSIS ID Assignment / DirectMatch. Please follow the link to our website to subscribe

<https://dese.mo.gov/data-system-management/list-servs>.

Questions regarding MOSIS / DirectMatch, contact 573-526-2572 or [coredata-mosis@dese.mo.gov](mailto:coredata-mosis@dese.mo.gov)

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**ELIGIBILITY CRITERIA FOR FREE AND REDUCED PRICE MEALS  
EFFECTIVE JULY 1, 2018**

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	\$15,782	\$1,316	\$304	\$22,459	\$1,872	\$432
2	21,398	1,784	412	30,451	2,538	586
3	27,014	2,252	520	38,443	3,204	740
4	32,630	2,720	628	46,435	3,870	893
5	38,246	3,188	736	54,427	4,536	1,047
6	43,862	3,656	844	62,419	5,202	1,201
7	49,478	4,124	952	70,411	5,868	1,355
8	55,094	4,592	1,060	78,403	6,534	1,508
Each add'l member	+ 5,616	+ 468	+ 108	+ 7,992	+ 666	+ 154

**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.

**Gross 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 the prior month) may be used; for example, self-employed people, farmers, and migrant workers. (Information follows on the reverse side.)

**Foster Children** whose care and placement is the responsibility of the State, or who is placed by a court with a caretaker household, is categorically eligible for free meals and may be certified without an application. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child on the same household application that includes the non-foster children. Foster children on the DC list are free eligible. Foster children cannot extend eligibility to household members.

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

**Adopted Children** for whom a household has accepted legal responsibility is considered to be a member of that household. If the adoption is a “subsidized” adoption, which may include children with special needs, the subsidy is included in the total household income.

Because some adopted children were first placed in families as foster children, parents may not be aware that, once the child is adopted, he/she must be determined eligible based on the economic unit and all income available to that household, including any adoption assistance, is counted when making eligibility determination.

## LETTER TO PARENTS FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **[Name of School/School District]** offers healthy meals every school day. Breakfast costs **[\$]**; lunch costs **[\$]**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **[\$]** for breakfast and **[\$]** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

### 1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

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

<b>Household Size</b>	<b><u>Annually</u></b>	<b><u>Monthly</u></b>	<b><u>Weekly</u></b>
1	\$22,459	\$1,872	\$432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
For each add'l person add	+ 7,992	+ 666	+ 154

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

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **[name, address, phone number]**.

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

5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.

7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **[name, address, phone number, e-mail]**.

10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.

11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

13. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

14. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **[name, address, phone number, e-mail] to receive a second application.**

15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for the Food Stamp Program/SNAP or other assistance benefits, contact your local assistance office or call 1-855-373-4636.

16. **{OPTIONAL STATEMENT}** CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit **[website]** to begin or to learn more about the online application process. Contact **[name, address, phone number, e-mail] if you have any questions about the online application.**

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

Sincerely,

**[signature]**

USDA Non-discrimination Statement:

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

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

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

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

This institution is an equal opportunity provider.



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

Dear Parent/Guardian:

**[Name of school]** is participating in the Direct Certification program. Direct Certification means that children who are from families currently approved for SNAP, TANF or Foster 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 2018-2019 school year, based on his/her eligibility for SNAP, TANF or Foster.

Name of Child	Name of School

If there are other children in your household who aren't listed above, contact the school the children attend, they may qualify for free meals. SNAP/TANF benefits may be extended to other household members. Foster students do not extend eligibility to other members of the household.

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

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

Sincerely,  
**[Signature]**

USDA Non-discrimination Statement:

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

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

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

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## HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in [School District]. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact [School/school district contact here; phone and email preferred].

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.**

### STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?** When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending [building name/grade here], regardless of age.

**List each child's name.** Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

**Building name/Grade.** If child is a student, list building name and grade.

**Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

**Are any children homeless, migrant, or runaway?** If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

### STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

**If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:**

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR).

**If no one in your household participates in any of the above listed programs:**

- Leave **STEP 2** blank and go to **STEP 3**.

**If anyone in your household participates in any of the above listed programs:**

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: State number 1-855-373-4636 -[local agency contacts here].
- Go to **STEP 4**.

### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

**How do I report my income?**

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received before taxes
  - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

(Information follows on the reverse side.)

Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.

- Mark how often each type of income is received using the check boxes to the right of each field.

### 3.A. REPORT INCOME EARNED BY CHILDREN

**A) Report all income earned or received by children.** Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked “Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household.

**What is Child Income?** Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

### 3.B REPORT INCOME EARNED BY ADULTS

**Who should I list here?**

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
  - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
  - Infants, Children and students already listed in **STEP 1.**

**List adult household members’ names.**  
Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Do not list any household members you listed in STEP 1. If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**

**Report earnings from work.** Report all total gross income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.  
  
**What if I am self-employed?** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

**Report income from public assistance/child support/alimony.** Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.

**Report income from pensions/retirement/all other income.**  
Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application.

**Report total household size.** Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number **MUST** be equal to the number of household members listed in **STEP 1** and **STEP 3.** If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

**Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “Check if no SSN.”

## STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

**All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

**Provide your contact information.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

**Print and sign your name and write today’s date.**  
Print the name of the adult signing the application and that person signs in the box “Signature of adult.”

**Mail Completed Form to:** [Insert School/District address here]

**Share children’s racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced price school meals.

# 2018-2019 Application for Free and Reduced Price School Meals

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

Date Received by LEA (LEA use only) \_\_\_\_\_

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

Child's First Name	MI	Child's Last Name	Building Name	Grade	Homeless, Migrant, Runaway
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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

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

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

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

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

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

Total Household Members (Children and Adults)

Last four digit of Social Security Number (SSN) of primary wage earner or other adult household member.         Check if no SSN

**STEP 4** Contact information and adult signature **Mail Completed Form To: INSERT YOUR SCHOOL/DISTRICT MAILING ADDRESS HERE**

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

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

**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 (USE ONLY IF MULTIPLE FREQUENCY)**

Food Stamps/Temporary Assistance Household size: \_\_\_\_\_ Total income: \_\_\_\_\_ Per:  Week  Every 2 Weeks  Twice a Month  Month  Year

Eligibility:  Free  Reduced  Denied Reason: \_\_\_\_\_ Date withdrawn: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date Approved/Denied: \_\_\_\_\_

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

**INSTRUCTIONS Sources of Income**

<i>Sources of Income for Children</i>	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security <ul style="list-style-type: none"> <li>- Disability Payments</li> <li>- Survivor's Benefits</li> </ul>	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

<i>Sources of Income for Adults</i>		
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business)  If you are in the U.S. Military:  - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

**OPTIONAL Children's Racial and Ethnic Identities**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. If ethnicity/race is not selected, a visual identification will be determined.

Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino

Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

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

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

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

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

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

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## PUBLIC RELEASE

[Date]

**[Local Education Agency]** announced its revised free and reduced price policy for school children 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	\$15,782	\$1,316	\$304	\$22,459	\$1,872	\$432
2	21,398	1,784	412	30,451	2,538	586
3	27,014	2,252	520	38,443	3,204	740
4	32,630	2,720	628	46,435	3,870	893
5	38,246	3,188	736	54,427	4,536	1,047
6	43,862	3,656	844	62,419	5,202	1,201
7	49,478	4,124	952	70,411	5,868	1,355
8	55,094	4,592	1,060	78,403	6,534	1,508
Each add'l member	+ 5,616	+ 468	+ 108	+ 7,992	+ 666	+ 154

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 school office. 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/TANF case number, (2) names of all household members, and (3) the signature and last four digits of social security number or indication of no 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.

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.

Households will be notified of their children's eligibility status for free or reduced price meals. If any children were not listed on the eligibility notice for families receiving SNAP, TANF or FDPIR, the household should contact the school to have free meal benefits extended to those children.

If any child(ren) was not listed on the eligibility notice, the household should contact the LEA or school to have free meal benefits extended to that child(ren).

Under the provisions of the policy, the **[Title of Determining Official]** will review the applications and determine eligibility. If a parent is dissatisfied with the ruling of the determining official, they may wish to discuss the decision with the hearing official on an informal basis or he/she may make a request either orally or in writing to the **[Title of Hearing Official]**.

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.

(Information follows on the reverse side.)

## Attachment F (Continued)

### USDA Non-discrimination Statement:

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

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

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

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

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**NOTICE OF APPROVAL OR DENIAL  
STATUS OF FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

Dear **[Name of Parent]**:

Your application has been;

- Approved for free meals
- Approved for reduced price meals

The cost of reduced price meals are as follows:

Lunch: \_\_\_\_\_ Breakfast: \_\_\_\_\_

- Denied for the following reasons:
  - Income over the allowable amount
  - Incomplete application because \_\_\_\_\_
  - 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]**. An appeal must be filed within the 10 calendar days advance notice period to ensure continued benefits while awaiting a hearing and decision.

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.

Sincerely,

**[Signature, name and address of Determining Official]**

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.

## Attachment G (Continued)

### USDA Non-discrimination Statement:

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

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

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

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

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**Extending Categorical Eligibility to Additional Children in a Household**

This form should be used by a Local Education Agency (LEA) to document the extension of free meal/milk benefits to all children in the same household due to the receipt of SNAP/TANF/FDPIR.

Receipt of SNAP/TANF/FDPIR benefits by any household member (adult or child) provides free meal/milk benefits to all children within the household under rules by the USDA for categorically eligible benefits. The LEA, to the extent possible, must extend eligibility for free meals to all children in what would be considered a household.

Please include all of the information identified below. Such documentation must be maintained to support the Claim for Reimbursement and must be maintained for three years plus the current year.

Name of Household Member Receiving SNAP/TANF/FDPIR Benefits: \_\_\_\_\_

Benefit provided:  Direct Certification or  Application

Date of Documentation: \_\_\_\_\_

Type of Documentation:  Enrollment Records of the School  
 Household Contact  
 Other (Please identify): \_\_\_\_\_

The child(ren) list below is/are member of the household and free meal or milk benefits will be extended to them.	
Name of Child	School Attending
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

\_\_\_\_\_  
Signature of Determining Official

\_\_\_\_\_  
Date

## Attachment H (Continued)

### USDA Non-discrimination Statement:

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

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

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

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
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- (2) fax: (202) 690-7442; or
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MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
DIVISION OF FINANCIAL AND ADMINISTRATIVE SERVICES – FOOD AND NUTRITION SERVICES

**METHODS OF COLLECTION AND MEAL COUNTING**

LOCAL EDUCATION AGENCY (LEA):	AGREEMENT NUMBER:
LEA CONTACT:	PHONE NUMBER:
SIGNATURE OF CONTACT:	DATE:

**DIRECTIONS:**

Mail or email the completed form to: Food and Nutrition Services Section, Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102-0480. Email to: [foodandnutritionservices@dese.mo.gov](mailto:foodandnutritionservices@dese.mo.gov)

For questions regarding this form, contact a Nutrition Program Specialist at (573) 751-3526.

All meal counting centers 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.

Complete all sections that apply to all buildings within the LEA. 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.

**SECTION I**

**If LEA participates in Community Eligibility Provision (CEP) complete Section I (otherwise go to Section II)**

- a. All buildings participate in CEP?  Yes  No

If **NO**, list only the buildings participating in CEP:

\_\_\_\_\_

- b. Describe CEP counting method:

\_\_\_\_\_

**SECTION II**

**Fund collection for full and reduced price students (check all that apply)**

- a. Students pay for meals  daily  weekly  monthly  by semester  yearly
- b. Students  may  may not prepay meals.
- c.  Students may charge their 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
- f. Another method not listed above is used. Explain: \_\_\_\_\_

**SECTION III**

**Meal cards, tickets, or tokens (check all that apply)**

- a.  All  some schools use meal cards or tokens.  
 elementary  middle/junior high  senior high
- b.  All  some students at these schools use meal cards, tokens, or tickets.
- c. Meal cards, tickets, or tokens are distributed in the  classroom  school office  cafeteria  another location
- d. Meal cards, tickets, or tokens are coded using a  number code  letter code  date code  signature code  
 Another code. Explain: \_\_\_\_\_
- e.  Yes  No All student meal cards, tickets or tokens are same size and color. If No, explain: \_\_\_\_\_
- \_\_\_\_\_

**SECTION IV****Meal accountability and monitoring methods (check all that apply)**

- a.  All students are listed on a roster.
- b. The roster is marked by the  teacher  food service employee  another person
- c.  The students' names are marked on the roster after a reimbursable meal is served/selected.
- d.  The students' names are marked on the roster before a reimbursable meal is served/selected.  
**(Requires State Agency approval.)**
- e.  Marks on roster are counted to arrive at a total number of free, reduced price, and full price reimbursable student meals served.
- f. Each student presents their meal card, ticket or token to a  teacher  food service employee  another person at the point of service after a reimbursable meal is served/selected.
- g. Each student presents their meal card, ticket, or token to a  teacher  food service employee  another person before a reimbursable meal is served/selected. **(Requires State Agency approval.)**
- h.  Another method is used. Explain: \_\_\_\_\_
- i.  Meals are monitored for compliance to the meal pattern.
- j.  All students eligible for free or reduced price meals have access to all serving areas offering a reimbursable meal.

**SECTION V****Computerized point of sale systems (check all that apply)**

- a.  The name(s) of the computerized system used: \_\_\_\_\_
- b.  All  some schools use this system.  
 elementary  middle/junior high  senior high
- c.  This is a debit system. Students deposit money into an account. Purchases are subtracted from the balance.
- d. This is a meal  card  card-less system.
- 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 the medium of exchange to the cashier before a reimbursable meal is served/selected.  
**(Requires State Agency approval.)**
- i.  Meals are monitored for compliance with the meal pattern.
- j.  All students eligible for free or reduced price meal benefits have access to all serving areas offering a reimbursable meal.
- k.  After all students are served a daily report is generated indicating the number of free, reduced price and full price reimbursable student meal served/selected.
- l.  Another method is used. Explain: \_\_\_\_\_

**SECTION VI****Effective Date of Free or Reduced Price Eligibility Determinations**

- a. The LEA will establish the date of submission of an application as the effective date of eligibility, rather than the date the official approves it.
- Yes  No

**INSTRUCTIONS FOR REQUEST FOR INFORMATION, DOES YOUR CHILD NEED HEALTHCARE COVERAGE  
AND MO HEALTHNET DATA COLLECTION FORM**

MO HealthNet outreach (Missouri Senate Bill 583 – 2010) requires public and charter LEAs to provide the Request for Information with the meal application at the beginning of the school year. **Non-public LEAs are encouraged to participate; however, not required. Residential Child Care Institutions (RCCIs) are excluded from this requirement.** The form allows a parent or guardian to check a box indicating a YES or NO whether each child in the family has health care insurance. The form should be returned to the school district and if a NO is checked a (Does your child need health care coverage?) form must be provided to the family. The Request for Information forms returned to the LEA should be kept on file. The number of families indicating the absence of healthcare insurance and the number of applications provided to the family will be reported to Department of Elementary and Secondary Education (DESE), Food and Nutrition Services (FNS) on the MO HealthNet for Kids Data Collection form due November 30<sup>th</sup>. If information is updated after the initial due date submit a revised form.

Steps for implementation:

1. Provide the Request for Information (Attachment K) to all students with the Free and Reduced Price School Meals Family Application (Attachment D). **DO NOT PROVIDE the (Does your child need health care coverage?) form to all students with the Free and Reduced Price Meals Application.**
2. If the Request for Information is returned and checked “NO”, send the family the (Does your child need health care coverage?) form. (Attachment L).
3. Keep a record of how many Request for Information forms are returned and checked “NO” and how many families are sent the (Does your child need health care coverage?) form. Request for Information forms returned and checked “YES”, will be kept on file along with the forms checked “NO”.
4. Complete the MO HealthNet for Kids Data Collection form (Attachment M) and return to DESE, FNS, no later than November 30, 2018.

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# REQUEST FOR INFORMATION

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

YES

NO

**MO HealthNet (Medicaid) is considered healthcare insurance.**

If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.

Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.

Printed name of parent/guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Does your child need health care coverage?

**MO HealthNet for Kids may be the answer.**

*MO HealthNet for Kids is a program that provides healthcare coverage for children under age 19 whose family income falls within certain guidelines. (See back for income guidelines.)*

### Who Is Eligible?

#### **A child:**

- who is under age 19;
- who has or applies for a social security number;
- who lives in Missouri and intends to remain;
- who is a United States citizen or an eligible qualified non-citizen (NOTE: receipt of MO HealthNet benefits does NOT subject qualified non-citizens to public charge consideration),
- the parent must cooperate with Child Support Enforcement (CSE) in the pursuit of medical support; and
- who has countable family income which meets the income guidelines.

### MO HealthNet for Kids Non-SCHIP

- 196% FPL for children under age 1
- 148% FPL for ages 1-18

### MO HealthNet for Kids (SCHIP) Non-Premium

- Family gross income over 148% FPL up to 150% FPL;
- Child is uninsured

### MO HealthNet for Kids (SCHIP) Premium

- Family gross income over 150% FPL up to 300% FPL;
- Child is uninsured;
- Children in families with gross income over 150% FPL without access to affordable health insurance (from ***\$78 to \$195 per month, based on family size and income) and the family must pay a monthly premium. Premium amounts change in July of each year. The premium is based on family size and income to insure that no family pays more than 5% of their income for coverage.***

#### **To Apply:**

- **On line** at <https://mydss.mo.gov/healthcare>. Please send an email to [cole.mhnpolicy@dss.mo.gov](mailto:cole.mhnpolicy@dss.mo.gov) with subject line "School" to let us know to watch for your application.)
- **By telephone** at 1-855-373-9994. When speaking with a representative please tell them this is a "School Application".
- **Request an application** from 1-855-FSD-INFO (1-855-373-4636). Please write "SCHOOL" at the top of the application.
- **Print an application** online at <http://dss.mo.gov/fsd/formsmanual/pdf/im-1ssl.pdf>. Please write "SCHOOL" at the top of the application. **REVISED 05/14/2018**

# INCOME GUIDELINES EFFECTIVE APRIL 1, 2018

<b>Children under age 1 at 196% of the federal poverty level:</b>	
<b>Family Size</b>	<b>Income Limit*</b>
1	\$1983
2	\$2689
3	\$3395
4	\$4100
5	\$4806

<b>Children ages 1-18 at 148% of the federal poverty level:</b>	
<b>Family Size</b>	<b>Income Limit*</b>
1	\$1498
2	\$2031
3	\$2563
4	\$3096
5	\$3629

<b>150% of the federal poverty level:</b>	
<b>Family Size</b>	<b>Income Limit*</b>
1	\$1518
2	\$2058
3	\$2598
4	\$3138
5	\$3678

<b>300% of the federal poverty level:</b>	
<b>Family Size</b>	<b>Income Limit*</b>
1	\$3035
2	\$4115
3	\$5195
4	\$6275
5	\$7355

*\*If appropriate the Federal Poverty level changes in April.*

## ¿Su hijo necesita cobertura de atención médica?

### MO HealthNet para Menores quizás sea lo que necesita.

MO HealthNet para Menores es un programa que ofrece cobertura de atención médica a personas menores de 19 años de edad cuya familia percibe ingresos que cumplen ciertos criterios (observe el reverso de este documento para conocer los requisitos respecto a ingresos).

#### ¿Quiénes pueden participar?

Toda persona:

- menor de 19 años de edad;
- que cuente con un número de seguro social, o que lo solicite;
- que habite en Missouri y no tenga la intención de abandonar el estado;
- que sea ciudadano estadounidense o inmigrante calificado que cumpla los requisitos (NOTA: la recepción de beneficios de MO HealthNet NO somete a los inmigrantes calificados a ser considerados como carga para el Estado);
- cuyo progenitor esté dispuesto a cooperar con la Unidad de Cumplimiento de Manutención Infantil (CSE) en la búsqueda de atención médica, y;
- que tenga un ingreso familiar computable que cumpla los requisitos respecto a ingresos.

#### MO HealthNet para Menores que no pertenecen al programa SCHIP

- 196% del nivel federal de pobreza, en el caso de menores de menos de 1 año de edad.
- 148% del nivel federal de pobreza, en el caso de menores de 1 a 18 años de edad.

#### MO HealthNet para Menores (con SCHIP) Sin Comisión

- Ingreso bruto familiar mayor al 148% del nivel federal de pobreza y hasta 150% del nivel federal de pobreza;
- El menor no está asegurado.

#### MO HealthNet para Menores (con SCHIP) Con Comisión

- Ingreso bruto familiar mayor al 150% del nivel federal de pobreza y hasta 300% del nivel federal de pobreza;
- El menor no está asegurado;
- Menores en familias con un ingreso bruto mayor al 150% del nivel federal de pobreza, sin acceso a un seguro médico asequible (de \$78 a \$195 mensuales, con base en el número de miembros y el ingreso de la familia) y se requiere que la familia pague una comisión mensual. Los costos de las comisiones se modifican en julio de cada año. La comisión se basa en el número de miembros y el ingreso de la familia para garantizar que ninguna familia pague más del 5% de su ingreso por cobertura.

#### Para tramitar su solicitud:

- **Por Internet** en <https://mydss.mo.gov/healthcare>. Por favor, envíe un correo electrónico a [cole.mhnpolicy@dss.mo.gov](mailto:cole.mhnpolicy@dss.mo.gov). En el asunto escriba "School" ("Escuela") para que le brindemos la debida atención a su solicitud.
- **Por teléfono**, al número 1-855-373-9994. Al comunicarse con un representante indique que se trata de una "School Application" ("Solicitud Escolar").
- **Pida un formulario de solicitud** al número 1-855-FSD-INFO (1-855-373-4636). Una vez que consiga el formulario, escriba "SCHOOL" ("ESCUELA") en la parte superior del formulario de solicitud.
- **Imprima un formulario de solicitud**, disponible en la página de Internet: <http://dss.mo.gov/fsd/formsmanual/pdf/im-1sslsp.pdf>. Una vez que consiga el formulario, escriba "SCHOOL" ("ESCUELA") en la parte superior del formulario de solicitud.

**REQUISITOS RESPECTO A INGRESOS; VIGENTES A PARTIR DEL 1  
DE ABRIL DEL 2018**

<b>Menores de menos de 1 año de edad con 196% del nivel federal de pobreza:</b>	
<b>Número de Miembros de la Familia</b>	<b>Límite de Ingresos*</b>
1	\$1983
2	\$2689
3	\$3395
4	\$4100
5	\$4806

<b>Menores de entre 1 y 18 años de edad con 148% del nivel federal de pobreza:</b>	
<b>Número de Miembros de la Familia</b>	<b>Límite de Ingresos*</b>
1	\$1498
2	\$2031
3	\$2563
4	\$3096
5	\$3629

<b>150% del nivel federal de pobreza:</b>	
<b>Número de Miembros de la Familia</b>	<b>Límite de Ingresos*</b>
1	\$1518
2	\$2058
3	\$2598
4	\$3138
5	\$3678

<b>300% del nivel federal de pobreza:</b>	
<b>Número de Miembros de la Familia</b>	<b>Límite de Ingresos*</b>
1	\$3035
2	\$4115
3	\$5195
4	\$6275
5	\$7355

\*En caso correspondiente, el nivel federal de pobreza se modifica en abril.



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
DIVISION OF FINANCIAL AND ADMINISTRATIVE SERVICES - FOOD AND NUTRITION SERVICES

**MO HealthNet for Kids Data Collection as per: Section 208.658 RSMo**

LOCAL EDUCATION AGENCY (LEA):	AGREEMENT NUMBER:
-------------------------------	-------------------

LEA CONTACT:	PHONE NUMBER:	INITIAL DUE DATE: <b>*November 30, 2018</b>
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**DIRECTIONS:**

Mail or email the completed form to: Food and Nutrition Services Section, Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102-0480. Email to: [foodandnutritionservices@dese.mo.gov](mailto:foodandnutritionservices@dese.mo.gov)

**\*Note: If information is updated after the initial due date, submit a revised form.**

Questions: Contact Food and Nutrition Services at (573) 751-3526

**Number 1 and 2 should be the same.**

1. \_\_\_\_\_ Number of families who indicated the absence of healthcare insurance on the "Request for Information" form. (Attachment K)
  
2. \_\_\_\_\_ Number of families who received the "Does Your Child Need Healthcare Coverage?" form provided by the Department of Social Services. (Attachment L)

Section 208.658, RSMo, as a result of the passage of Senate Bill 583 in 2010 requires the Department of Elementary and Secondary Education, in collaboration with the Department of Social Services, report annually on the students receiving free and reduced lunches; those students who do not have health insurance; those students who receive information on the state children's health insurance program as required under Section 208.658; and those students who, after receiving information on the state children's health insurance program, apply to the state children's health insurance program.

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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 child(ren) may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your child(ren) 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]**

USDA Non-discrimination Statement:

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

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

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

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

This institution is an equal opportunity provider.



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 DIVISION OF FINANCIAL AND ADMINISTRATIVE SERVICES – FOOD AND NUTRITION SERVICES

**FLEXIBILITY NOTIFICATION: ELIGIBILITY EFFECTIVE DATE FOR DIRECTLY CERTIFIED STUDENTS**

**DIRECTIONS**

Email the completed form to: [foodandnutritionservices@dese.mo.gov](mailto:foodandnutritionservices@dese.mo.gov)

**Subject Line: Flexibility Notification DC**

**Only needs to be submitted once. If the Local Education Agency (LEA) decides to discontinue this option, notify the State Agency (SA).**

Questions regarding this form contact (573) 751-3526 or [foodandnutritionservices@dese.mo.gov](mailto:foodandnutritionservices@dese.mo.gov)

LEA AGREEMENT NUMBER	LEA NAME
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Supplemental Nutrition Assistance Program (SNAP also know as Food Stamps) and Temporary Assistance for Needy Families (TANF also known as Temporary Assistance) Students via the Direct Certification System: Local Education Agencies (LEAs) may consider the effective date of eligibility for free school meal or milk benefits to be the date next to the student on Direct Certification (DC) data matching file, rather than the date the LEA accesses the file. This also applies to any student(s) who receive extended eligibility.

Example: DC file is available on Monday, 09/02. An LEA accesses the file on 09/08 and the student shows 09/02 next to the individuals name. All students (those on the DC file, and those with extended eligibility) may have an effective date of 09/02 rather than the date the students were identified and processed at the LEA level.

Homeless, Migrant, Runaway, Head Start, or Foster Children Directly Certified via a list: LEAs may consider the effective date of eligibility for free school meal or milk benefits to be the date the LEA receives such lists, rather than the date the school official processes the documentation.

LEAs must notify FNS, if plan to implement this flexibility. LEAs that choose this flexibility are encouraged to resolve and implement DC matches as early as possible upon receipt of appropriate documentation. The DC list is updated weekly by Monday at noon.

If electing this flexibility, the LEA must:

- Do so consistently for all DC methods;
- Apply the DC student individual effective date to all students directly certified to all participating schools and school meal programs within the LEA;
- Documentation of the date listed on the Direct Certification file (match date is the last column on file).
- If categorical eligibility is based on SNAP or TANF, extend eligibility to all children in the household; and
- Refund any money paid by or on behalf of the student for reimbursable meals or milk during the period from the free meal eligibility effective date through the date the DC is actually implemented at the school, including forgiving accrued debt for any meals or milk adjusted to free due to the change in the effective date. The LEA can only claim the meals or milk at the free reimbursement rate if the student is given a refund or the debt is discharged.

AUTHORIZED REPRESENTATIVE	AUTHORIZED REPRESENTATIVE TITLE	DATE
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**INCOME ELIGIBILITY GUIDELINES**  
(EFFECTIVE JULY 1, 2018 THROUGH JUNE 30, 2019)

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	\$15,782	\$1,316	\$304	\$607	\$658	\$22,459	\$1,872	\$432	\$864	\$936
2	<b>21,398</b>	<b>1,784</b>	<b>412</b>	<b>823</b>	<b>892</b>	<b>30,451</b>	<b>2,538</b>	<b>586</b>	<b>1,172</b>	<b>1,269</b>
3	27,014	2,252	520	1,039	1,126	38,443	3,204	740	1,479	1,602
4	<b>32,630</b>	<b>2,720</b>	<b>628</b>	<b>1,255</b>	<b>1,360</b>	<b>46,435</b>	<b>3,870</b>	<b>893</b>	<b>1,786</b>	<b>1,935</b>
5	38,246	3,188	736	1,471	1,594	54,427	4,536	1,047	2,094	2,268
6	<b>43,862</b>	<b>3,656</b>	<b>844</b>	<b>1,687</b>	<b>1,828</b>	<b>62,419</b>	<b>5,202</b>	<b>1,201</b>	<b>2,401</b>	<b>2,601</b>
7	49,478	4,124	952	1,903	2,062	70,411	5,868	1,355	2,709	2,934
8	<b>55,094</b>	<b>4,592</b>	<b>1,060</b>	<b>2,119</b>	<b>2,296</b>	<b>78,403</b>	<b>6,534</b>	<b>1,508</b>	<b>3,016</b>	<b>3,267</b>
For each add'l person, add	+ 5,616	+ 468	+ 108	+ 216	+ 234	+ 7,992	+ 666	+ 154	+ 308	+ 333

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MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY  
EDUCATION  
DIVISION OF FINANCIAL AND ADMINISTRATIVE SERVICES – FOOD AND NUTRITION SERVICES

**FREE AND REDUCED PRICE MEALS OR FREE MILK POLICY**

LOCAL EDUCATION AGENCY (LEA) NAME		AGREEMENT NUMBER
<b>INSTRUCTIONS</b>		
<p>Each LEA must submit a policy statement to the Department of Elementary and Secondary Education (DESE), Food and Nutrition Services Section (FNS), for approval as part of the application process. The policy statement is not a single document, but a compilation of many documents. The listed responsibilities and policy attachments are all part of the policy statement. Once approved the policy statement becomes a permanent document, though it must be amended when the LEA makes a substantive change in its free and reduced price policy statement (7 CFR 245.10(a)). The policy attachments only need to be submitted if they are substantially different from the prototypes in the Free and Reduced Price Application and Direct Certification Information Procedures and Verification Guidance.</p> <p><b>Mail or email the completed packet to: Missouri Department of Elementary and Secondary Education, Food and Nutrition Services, PO Box 480, Jefferson City, MO 65102-0480 or <a href="mailto:foodandnutritionservices@dese.mo.gov">foodandnutritionservices@dese.mo.gov</a>.</b></p> <p>The LEA has entered into agreement to participate in the National School Lunch Program, and/or School Breakfast Program, or Special Milk Program, and accepts responsibility for providing free and reduced price meals under the National School Lunch and/or School Breakfast Programs and, if elected, free milk under the Special Milk Program to eligible children in the schools under its jurisdiction.</p>		
SIGNATURE OF LEA AUTHORIZED REPRESENTATIVE	TITLE	DATE
<b>THE POLICY STATEMENT IS PERMANENT AS APPROVED</b>		
STATE AGENCY APPROVAL SIGNATURE	TITLE	DATE
<p>In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.</p> <p>Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.</p> <p>To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">http://www.ascr.usda.gov/complaint_filing_cust.html</a>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:</p> <p>(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;</p> <p>(2) fax: (202) 690-7442; or</p> <p>(3) email: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>.</p> <p>This institution is an equal opportunity provider.</p>		

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6<sup>th</sup> Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).

## ASSURANCES

In fulfilling its responsibilities the LEA agrees:

1. To serve free and reduced price meals or free milk to children from families whose income is at or below that announced annually by USDA and the State Agency or who provide current food stamp or Temporary Assistance eligibility or who are certified through the direct certification process.
2. To designate a determining official who will review applications and make determinations of eligibility, using the criteria outlined in this policy to determine which individual children are eligible. See public release for current determining official.
3. To submit a public/press release containing both the free and reduced price eligibility guidelines and all other information outlined in the parent letter, to local news media, local unemployment offices and major employers contemplating large layoffs.
4. To develop and distribute to each child's parents or guardian, a letter as outlined in the Letter to Parents. In addition, an application form for free and reduced price meals or free milk shall be distributed with the parent letter at or about the beginning of each school year or whenever there is a change in eligibility criteria. The letter to parents with the free and reduced price meal application attachment shall have only the income eligibility guidelines for reduced price meals with an explanation that households with incomes at or below the reduced price guidelines may be eligible for either free or reduced price meals. The letter to parents with the free milk application form shall list the income eligibility guidelines for free milk. Interested parents or guardians are responsible for filling out the application and returning it to the school for review. Such applications and documentation of action taken will be maintained for three years after the end of the school year to which they pertain. Applications may be filed at any time during the year and any parent enrolling a child in a school for the first time, at any time during the year, shall be supplied with such documents. If a child transfers from one school to another under the jurisdiction of the same LEA, his eligibility will be transferred to and honored by the receiving school. Parents or guardians will be notified individually within ten working days of the acceptance or denial of their applications. Children will be served immediately upon the establishment of their eligibility. In cases of the application being denied, the reason will be stated in writing. Parents or guardians will also be informed of the hearing procedure and hearing official. A hearing official will be designated who was not involved in the original determination.
5. To inform households that a foster child is categorically eligible for free meals and may be included as a member of the foster family if the foster family chooses to also apply for benefits for other children and an explanation that including children in foster care as household members can help other children in the household qualify for free or reduced price meals. If the foster family is not eligible for free or reduced price meal benefits, this does not prevent a foster child from receiving free meal benefits.
6. To ensure that households with children who are categorically eligible under Other Source Categorically Eligible Programs (ex: migrant, runaway, homeless, foster or children enrolled in Head Start) should contact the school for assistance in receiving benefits and indicate the source of their status on the application.
7. To verify current income of a sample of the approved free and reduced price meal applications on file as of October 1 and to complete such verification by November 15 of the school year.
8. To comply with the provisions of the Direct Certification process established by the Missouri Department of Elementary and Secondary Education.
9. That in the operation child nutrition programs, no child shall be discriminated against because of race, color, national origin, age, sex, or disability.
10. To establish a procedure to collect from children who pay for their meals and milk and to account for the number of free, reduced price, and full price meals served; and/or the number of half pints of free and full price milk served. The procedure used must provide that no other child in the school will consciously be made aware, by such procedure, of the identity of the children receiving free or reduced price meals or free milk. In addition, agrees to avoid any practice that has the effect of overtly identifying eligible children in the sale of competitive foods. If competitive foods are sold, the sale of competitive foods will not inadvertently result in eligible children being identified.
11. Agrees to comply with the requirements of the Special Assistance Provisions (Provisions 1, 2, and 3) or the Community Eligibility Provision (CEP), if applicable as required under 7 CFR 245.9 (g).
12. To comply with the requirements of the Community Eligibility Provision (CEP) if applicable as required under 7 CFR 245.9 (f). CEP participation is indicated by completing the appropriate section of the School Nutrition Programs (SNP) web application system. The Method of Collection and Meal Counting form must also be updated to reflect CEP participation.
13. To ensure that there are no barriers for participation in programs for Limited English Proficient (LEP) families and to communicate with parents and guardians in a language they can understand throughout the certification and verification processes.



14. To establish and use a fair hearing procedure in cases of appeal by parents of the school's decisions on applications and in cases where the school official challenges the correctness of information contained in an application or of the continued eligibility of any child. During the appeal and hearing, the child will continue to receive free or reduced price meals or free milk. A record of such appeals and challenges and their dispositions shall be retained for three years. Prior to initiating the hearing procedure, the parent or local school official may request a conference to provide an opportunity for the parent and school official to discuss the situation, present information, and obtain an explanation of data submitted in the application and decisions rendered. Such a conference shall not in any way prejudice or diminish the right to a fair hearing.

The hearing procedure shall provide:

- a. A simple publicly-announced method for a family to make an oral or written request for a hearing;
  - b. An opportunity for the family to be assisted or represented by an attorney or other person in presenting its appeal;
  - c. An opportunity to examine, prior to and during the hearing, the documents and records presented to support the decision under appeal;
  - d. That the hearing shall be held with reasonable promptness and convenience to the family and that adequate notice shall be given to the family as to the time and place of the hearing;
  - e. An opportunity for the family to present oral or documentary evidence and arguments supporting its position without undue interference;
  - f. An opportunity for the family to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses;
  - g. That the hearing shall be conducted and the decision made by a hearing official who did not participate in making the decision under appeal or in any previous conference;
  - h. That the decision of the hearing official shall be based on the oral and documentary evidence presented at the hearing and made a part of the hearing record;
  - i. That the family concerned and any designated representative shall be notified in writing of the decision of the hearing official;
  - j. That a written record shall be prepared with respect to each hearing, which shall include the decision under appeal; any documentary evidence, and a summary of any oral testimony presented at the hearing; the decision of the hearing official, including the reasons therefore; and a copy of the notification to the family of the decision of the hearing official;
  - k. That such written record of each hearing shall be preserved for a period of three years and shall be available for examination by the family or its representative at any reasonable time and place during such period; and
  - l. That when an application is rejected, parents or guardians will be informed of the reason for denial, the hearing procedure, and the name, title, and address of the hearing official.
15. There will be no physical segregation of, nor any other discrimination against, any child because of his inability to pay the full price of the meal or milk. The names of eligible children shall not be published, posted, or announced in any manner and there shall be no overt identification of any such children by use of special tokens or tickets, or by any other means. Further assurance is given that eligible children shall not be required to:
- a. Work for their meals or milk.
  - b. Use a separate serving area.
  - c. Go through a separate serving line.
  - d. Enter the serving area through a separate entrance.
  - e. Eat meals or drink milk at a different time.
  - f. Eat a different type meal from the one sold to children paying the full price or drink milk of a different type from that sold to children paying the full price.
16. To prevent disclosure of confidential free and reduced price eligibility as required under 7 CFR 246.6(f-k).
17. To submit to the State Agency any alterations or amendments to the policy including eligibility criteria, applications, public announcements, etc., for approval prior to implementation. Such changes will be effective only upon approval and all changes in eligibility criteria must be publicly announced in the same manner that was used at the beginning of the school year.

#### **POLICY ATTACHMENTS**

All schools participating in the Child Nutrition Programs are required by federal regulations to adopt 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. The following attachments are located in the Free and Reduced Price and Direct Certification Information Procedure booklet and the Verification Guidance booklet and are considered part of this policy.

Free and Reduced Price and Direct Certification Information Procedures:

Attachment A: Eligibility Criteria for Free and Reduced Price Meals

Attachment B: Letter to Parents

Attachment C: Direct Certification Eligibility

Attachment D: Application Instructions How to Apply for Free and Reduced Price School Meals

Attachment E: Free and Reduced Price Meals Family Application  
Attachment F: Public Release  
Attachment G: Notice of Approval or Denial  
Attachment H: Extending Categorical Eligibility to Additional Children in a Household  
Attachment I: Methods of Collection and Meal Counting

Verification Guidance:

- Letter to Households, Notification of Selection for Verification of Eligibility
- Letter of Verification Results and Adverse Action for Income Households
- Letter of Adverse Action for Food Stamp/Temporary Assistance Households

All schools participating in the Special Milk Program that elect to serve free milk to eligible children are required by federal regulations to adopt an approved policy of standards and procedures for determining eligibility and extending free milk under the Special Milk Program. The following attachments are located in the Special Milk Program, Free Milk Option Guidance and are considered part of this policy.

Special Milk Program – Free Milk Option:

Attachment A: Eligibility Criteria for Free Milk  
Attachment B: Letter to Parents Special Milk Program  
Attachment C: Application Instructions-How to Apply for Free Milk  
Attachment D: Application for Free Milk  
Attachment E: Public Release  
Attachment F: Notice of Approval or Denial  
Attachment G: Methods of Collection and Meal Counting