



SCHOOL FOOD SERVICES RECORDS

Topics to discuss

- Web applications
- School application
- Free and reduced application process
- Direct certification process
- Verification process
- Meal counting and claiming requirements



Food and Nutrition Homepage

- School Nutrition Website
 - <http://dese.mo.gov/financial-admin-services/food-nutrition-services>



Food & Nutrition Services

Home » Financial & Admin. Services

The Food and Nutrition Services Section administers the USDA Food Distribution Program and the following USDA Child Nutrition Programs: National School Lunch Program (NSLP), School Breakfast Program, Special Milk Program, and the Fresh Fruit and Vegetable Program. Under the NSLP, the After School Snack Program and Seamless Summer Option are also available. The programs are operated in public, non-public, and residential child care institutions. The goal of the Food and Nutrition Services Section is to providing safe food and technical assistance to ensure well balanced nutritious meals are served to the students of Missouri.

[News and Updates](#)

Quick Links

- News and Updates
- Administrative State Agency Review
- Civil Rights
- Community Eligibility Provision (CEP)
- Email Bag
- Food Allergy Information
- Food and Nutrition Services Contact Information
- HealthierUS School Challenge
- Meal Pattern
- Newsletters, Webinars & Workshops
- Professional Standards
- Reimbursement Rates

Financial & Admin. Services

- News and Updates
- Accounting & Procurement
- Budget
- Career Education Finance
- ESEA/NCLB Finance
- **Food & Nutrition Services**
 - News and Updates
 - Food Safety/HACCP
 - Food Service Management
 - Guidance & Resources
 - Handbooks
 - HealthierUS School Challenge
 - School Breakfast Challenge
 - Smart Snacks in Schools
 - Statistics
 - USDA Foods
 - USDA Memos
 - USDA Programs/Regulations
 - Related Links
 - USDA Guidance Policies
 - Wellness
- Human Resources
- School Finance
- School Governance
- School Transportation
- Special Education Finance
- General Federal Guidance
- New Superintendent Workshop
- School Audits
- Sequestration

 [Administrative Memos](#)

 [Webinars](#)

 [Web Applications](#)

Main Office

202 Jefferson St.
Jefferson City, MO 65101
[Map](#)

Mailing Address:
P.O. Box 480
Jefferson City, MO
65102-0480

About Us

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Communications
State Board of Education
Vision, Mission, Goals

Resources

Data Acquisition Calendar
MCDS Portal
Missouri Learning Standards
Top 10 by 20
Web Applications
Employee Email Access

Social Links



Web Applications

School Nutrition Programs



Applications | Claims | Compliance | Reports | Security | Search

Year | Help | Log Out

Applications > Application Packet >

School Year: 2014 - 2015

2014 - 2015 Application Packet

109-003
WARREN CO. R-III
 302 KUHL AVENUE
 WARRENTON, MO 63383
 Debbie Linke
 (636) 456-6901 5301
 linkeda@warrencor3.k12.mo.us

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View Modify Admin	LEA Application	Original	Pending Validation
Details	Meal Pattern Compliance Dashboard		Pending
Details	Checklist Summary		No checklist items
Details	Application Packet Notes		
Details	Attachment List		

Building Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	5	0	0	0	0	5
Seamless Summer	0	5	0	0	0	0	5

[Show Packet History](#)



VIEW | MODIFY | DELETE | INTERNAL USE ONLY

Show Changes

2014 - 2015 SNP LEA Application

109-002
WARREN CO. R-III
302 KUHL AVENUE
WARRENTON, MO 63383
Debbie Linka
(538) 458-8991 5301
linkada@warrencor3.k12.mo.us

Section A - LEA Type

1. Type of agency: Public

Dates of Operation for Regular Term

2. Opening Date: (mm/dd/yyyy) Closing Date: (mm/dd/yyyy)

Authorized Representative

3. Name: Salutation: Mrs. First Name: Debbie Last Name: Linka
4. Email Address: linkada@warrencor3.k12.mo.us
5. Phone: (538) 458-8991 Ext: 5301 Fax: (538) 458-8991
6. Title: Food Service Director

Street Address

7. Address: 302 KUHL AVENUE
8. City: WARRENTON
9. State: MO Zip: 63383
10. County: WARREN (109)

Mailing Address

Same as the Authorized Representative Street Address

11. Address: 302 KUHL AVENUE
12. P.O. Box:
13. City: WARRENTON
14. State: MO Zip: 63383

* Note: All correspondence will be sent to the Authorized Representative.

Food Service Director (FSD) / Manager

Same as the Authorized Representative

15. Name: Salutation: Mrs. First Name: Debbie Last Name: Linka
16. Email Address: linkada@warrencor3.k12.mo.us
17. Phone: (538) 458-8991 Ext: 5301 Fax: (538) 458-8991

Start date

Authorized Rep,
address

FSD, address



Determining Official

30. Job title:

Hearing Official

31. Job title:
(Hearing Official must be in a position higher than the Determining Official)

Food Service Personnel

32. Number of Food Service Employees:

Civil Rights Training

Civil rights training is an annual requirement.

33. Was annual civil rights training provided for the prior school year? Yes No

Eligibility Information

34. Will the prototype Application for Free and Reduced Price Meals provided by SPS be used?
If no, submit a copy of your application to SPS for approval prior to use. Yes No N/A

35. What is the student population type?

36. What documentation is used to qualify day students for free and reduced price meals?
(Check all that apply.)

- N/A (residential only)
- Free and Reduced Price Application
- Direct Certification
- Homeless Liaison
- None (all day students claimed at paid rate)
- Other

If Other, please describe:

37. Will any of your buildings be participating in the Community Eligibility Provision (CEP) for the National School Lunch Program? Yes No

Severe Need Lunch - Reimbursement Rate Determination

Lunches claimed for School Year (2012 - 2013)

Total Free Lunches	Total Reduced Price Lunches	Total Lunches	Free & Reduced %	Qualify for extra \$.02 reimbursement rate
195,919	37,056	328,498	71.23 %	Yes

Food Service Management Company (FSMC)

38. Will the LEA contract with a FSMC (includes onsite management or vendored/catered services)? Yes No
If Yes, complete the Food Service Management Company Fact Sheet and enter contact information below.

LEA Contact for FSMC Contract (Must be an LEA employee)

Same as Authorized Representative

Determining and hearing Officials

Eligibility information



Determining Official

30. Job title:

Hearing Official

31. Job title:
(Hearing Official must be in a position higher than the Determining Official)

Food Service Personnel

32. Number of Food Service Employees:

Civil Rights Training

Civil rights training is an annual requirement.

33. Was annual civil rights training provided for the prior school year? Yes No

Eligibility Information

34. Will the prototype Application for Free and Reduced Price Meals provided by SPS be used?
If no, submit a copy of your application to SPS for approval prior to use. Yes No N/A

35. What is the student population type?

36. What documentation is used to qualify day students for free and reduced price meals?
(Check all that apply.)

- N/A (residential only)
- Free and Reduced Price Application
- Direct Certification
- Homeless Liaison
- None (all day students claimed at paid rate)
- Other

If Other, please describe:

37. Will any of your buildings be participating in the Community Eligibility Provision (CEP) for the National School Lunch Program? Yes No

Severe Need Lunch - Reimbursement Rate Determination

Lunches claimed for School Year (2012 - 2013)

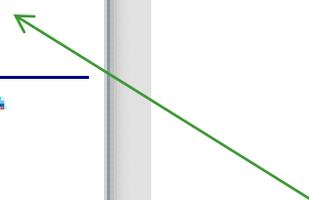
Total Free Lunches	Total Reduced Price Lunches	Total Lunches	Free & Reduced %	Qualify for extra \$0.02 reimbursement rate
195,919	37,056	328,498	71.23 %	Yes

Food Service Management Company (FSMC)

38. Will the LEA contract with a FSMC (includes onsite management or vendored/catered services)? Yes No
If Yes, complete the Food Service Management Company Fact Sheet and enter contact information below.

LEA Contact for FSMC Contract (Must be an LEA employee)

Same as Authorized Representative



Civil Rights training

Must attach either attendance sheet or a copy or your training materials at the checklist summary



Web Applications – SNP Building Application

- Building specific questions
 - ▣ Grades at building
 - ▣ Pricing
 - ▣ Days and times of meals, etc...

School Nutrition Programs

Applications | Claims | Compliance | Reports | Security | Search

Applications > Application Packet > Packet Site List - SNP >

Year: **2014 - 2015**

VIEW | MODIFY | DELETE | INTERNAL USE ONLY

2014 - 2015 SNP Building Application

109-003
WARREN CO. R-III
505 KYLE AVENUE
WARRENTON, MO 63363
Celia Lyles
(820) 455-8301 | 5301
llyles@warrenco.k12.mo.us

1090
WARRENTON HIGH
825 FRICKNEY
WARRENTON, MO 63363-2196

Version: Original

Program Information

1. Center Type: Meal Count Center Prep Center

2. Select all that apply:

Participating Program(s) Building(s) Where Program Served

A. National School Lunch Program (NSLP) [1090 WARRENTON HIGH]

B. School Breakfast Program (SBP) [1090 WARRENTON HIGH]

C. After-school Snack Program (ASP)

D. Special Milk Program (SMP)

Street Address

1. Address: [803 FRICKNEY]

4. City: [WARRENTON]

5. State: [MO] Zip: [63363-2196]

Participation Information

6. Lunches claimed for School Year (2012 - 2013) - Severe Need Breakfast Reimbursement Rate Determination

Total Free Lunches	Total Reduced Price Lunches	Total Paid Lunches	Total Lunches	Free & Reduced %	Qualify for Severe Need Breakfast Reimb. rate
19,772	8,816	28,214	78,822	83.24%	Yes

7. Select Grades at this building: (Check all that apply.)

Head Start: 1st grade: 4th grade: 7th grade: 10th grade:

Pre-K/Kindergarten: 2nd grade: 5th grade: 8th grade: 11th grade:

Kindergarten: 3rd grade: 6th grade: 9th grade: 12th grade:

Pricing Information

8. PRICING: Insert price charged for each program in which the building will participate (e.g. if the full price for lunch is \$2.00, insert \$2.00 under NSLP and in the column next to Paid).

NON-PRICING: Select if students will not be charged for meals.

REDUCED CHARGE WAIVED: Only paid students and adults are charged for meals.

NOTE: The maximum charge for reduced-price meals is \$0.40 for lunch, \$0.30 for breakfast, and \$0.15 cents for snacks.

Meal Type	Pricing Information	Paid Price	Reduced Price	ADULT Price
National School Lunch Program (NSLP)	Pricing	2.55	0.40	2.75
School Breakfast Program (SBP)	Pricing	1.50	0.30	1.75
After-school Snack Program (ASP)				

Section A - NATIONAL SCHOOL LUNCH PROGRAM (NSLP)

A1. Months of Operation: (Check all that apply.)

All: Jul: Aug: Sep: Oct: Nov: Dec:

Jan: Feb: Mar: Apr: May: Jun:

B. Days of the week meals are served and claimed for reimbursement: (Check all that apply.)

Mon-Fri: Mon: Tue: Wed: Thu: Fri: Sat: Sun:

A2. Meal Service Times Begin Time: [10 AM] End Time: [12 Noon]

A3. Will Offer versus Serve (OVS) be implemented for Lunch? Yes No

A4. A. Menu Planning Option - Lunch: [New Food Based Menu Planning]

If using Assisted Nutrient Standard Menu Planning, send sample menus to SPS for approval.

A5. Have your meal counting and claiming procedures been revised? Yes No

If Yes, send a copy of Methods of Collection and Meal Counting form to SPS for Review.

Section B - SCHOOL BREAKFAST PROGRAM (SBP)

B1. A. Months of Operation: (Check all that apply.)

All: Jul: Aug: Sep: Oct: Nov: Dec:

Jan: Feb: Mar: Apr: May: Jun:

B. Days of the week meals are served and claimed for reimbursement: (Check all that apply.)

Mon-Fri: Mon: Tue: Wed: Thu: Fri: Sat: Sun:

B2. Meal Service Times Begin Time: [7 AM] End Time: [7 AM]

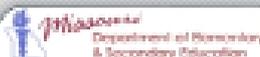
B3. Will Offer versus Serve (OVS) be implemented for Breakfast? Yes No

B4. A. Menu Planning Option - Breakfast: [New Food Based Menu Planning]



Web Applications – SNP Building List

School Nutrition Programs



Applications | Claims | Compliance | Reports | Security | Search
Year | Help | Log Out

Applications > Application Packet > Packet Site List - SNP >
School Year: 2014 - 2015

2014 - 2015 Application Packet - SNP Building List

109-003
WARREN CO. R-III
 202 KUHLE AVENUE
 WARRENTON, MO 63262
 Debbie Linka
 (417) 455-8201 5201
 linkade@warrencor3.k12.mo.us

Action	Bldg ID / Bldg Name	Meal Count Ctr	Prep Ctr	LUN	BGC BRK	SN BRK	NAC SNK	AC SNK	SMP	FPVP	Version/Status	% Enroll Free/Rede Oct 2013
	<input type="checkbox"/> Totals	0	0	5	0	5	0	1	0	0		
View Modify Admin	<input type="checkbox"/> 1050 WARRENTON HIGH	<input type="checkbox"/>	<input type="checkbox"/>	X		X					Original / Pending Validation	47.65
View Modify Admin	<input type="checkbox"/> 1050 BLACK HAWK MIDDLE	<input type="checkbox"/>	<input type="checkbox"/>	X		X					Original / Pending Validation	57.32
View Modify Admin	<input type="checkbox"/> 4030 DANIEL BOONE ELEM.	<input type="checkbox"/>	<input type="checkbox"/>	X		X					Original / Pending Validation	59.69
View Modify Admin	<input type="checkbox"/> 4040 REBECCA BOONE ELEM.	<input type="checkbox"/>	<input type="checkbox"/>	X		X		X			Original / Pending Validation	69.25
View Modify Admin	<input type="checkbox"/> 4080 WARRIOR RIDGE ELEM.	<input type="checkbox"/>	<input type="checkbox"/>	X		X					Original / Pending Validation	54.65

[Add Building Application](#)

[Print Selected Building Applications](#)

Total Buildings Enrolled: 5

◀ Back Save



FREE AND REDUCED PRICE APPLICATIONS & MEAL BENEFIT FORMS



Free and Reduced Applications

- Participating local educational agencies must provide free and reduced price meals and must provide free and reduced price benefits to eligible children in accordance with the statutory and regulatory requirements.
- Students can be determined eligible for free meals through the Direct Certification method and free or reduced price meals by submission of an application.
- Handbooks are available at <http://dese.mo.gov/financial-admin-services/food-nutrition-services/handbooks>
 - Free and Reduced Guidance Booklet
 - Updated on a yearly basis (lots of changes this year)
 - Application and approved forms
 - Eligibility Manual for School Meals



Informing Households

- Public Release (attachment F)
- Letter to the parents (attachment B)
 - now with frequently asked questions
 - The information letter may be distributed by the postal service, emailed to the parent/guardian, or included in the information packet provided to students.



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	\$15,301	\$1,276	\$295	\$21,775	\$1,815	\$419
2	20,709	1,726	399	29,471	2,456	567
3	26,117	2,177	503	37,167	3,098	715
4	31,525	2,628	607	44,863	3,739	863
5	36,933	3,078	711	52,559	4,380	1,011
6	42,341	3,529	815	60,255	5,022	1,159
7	47,749	3,980	919	67,951	5,663	1,307
8	53,157	4,430	1,023	75,647	6,304	1,455
Each add'l member	+ 5,408	+ 451	+ 104	+ 7,696	+ 642	+ 148

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 FDIPIR, 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.

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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 \$5, lunch costs \$5. Your children may qualify for free meals or for reduced price meals. Reduced price is \$5 for breakfast and \$5 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 [State SNAP], [the Food Distribution Program on Indian Reservations (FDPIR)] or [State 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.

Household Size	Annually	Monthly	Weekly
1	\$21,775	\$1,815	\$419
2	29,471	2,456	567
3	37,167	3,098	715
4	44,863	3,739	863
5	52,559	4,380	1,011
6	60,255	5,022	1,159
7	67,951	5,663	1,307
8	75,647	6,304	1,455
For each add'l person add	+ 7,696	+ 642	+ 148

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. 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.

6. 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.

7. 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.

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

9. 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.

10. 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].

11. 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.

12. 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.

13. 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.

14. 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.

15. 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.

16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for [State SNAP] or other assistance benefits, contact your local assistance office or call [State hotline number].

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

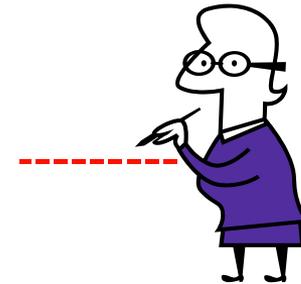
Sincerely,
[signature]

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Free and Reduced Applications

- The application:
 - Attachment E in manual
 - Significant changes this year
 - Two pages
 - No income box
 - For school use only

- You can find applications in 33 different languages on USDA's website
 - Link on page 22 in the Eligibility Manual



2015-2016 Application for Free and Reduced Price School Meals

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

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

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

Child's First Name	MI	Child's Last Name	Student? Yes No	Homeless Migrant/ Runaway

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

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

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

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

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

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

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

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

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

STEP 4 Contact information and adult signature

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

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

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

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: _____

OPTIONAL Children's Racial and Ethnic Identities

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

Ethnicity (check one):

- Hispanic or Latino
 Not Hispanic or Latino

Race (check one or more):

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

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 (FDPRI) case number or other FDPRI identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an

individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

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

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

USDA is an equal opportunity provider and employer.

Application Instructions

Attachment D

Applications Instructions 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 enroll 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 & 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 [school/school system here], regardless of age.

A) List each child's name. For each child, print their first name, middle initial and last 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.

B) Is the child a student at [name of school/school system here]? Mark 'Yes' or 'No' under the column titled 'Student' to tell us which children attend [name of school/school district here].

C) Do you have any foster children? If any children listed are foster children, mark the 'Foster Child' box next to the child's name. Foster children who live with you may count as members of your household and should be listed on your application. If you are only applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section may meet this description, please 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 (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SNAP, TANF, OR FDIPI?

If anyone in your household participates in the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) (referred to as Food Stamp Program in Missouri)
- TANF for Needy Families (TANF) (referred to Temporary Assistance in Missouri)
- The Food Distribution Program on Indian Reservations (FDPIR)

A) If NO ONE in your household PARTICIPATES in ANY OF THE ABOVE LISTED PROGRAMS:

- Circle 'NO' and skip to STEP 3 on these instructions and STEP 3 on your application.
- Leave STEP 2 blank.

B) If ANYONE in your household PARTICIPATES in ANY OF THE ABOVE LISTED PROGRAMS:

- Circle 'YES' and provide a case number for SNAP, TANF, or FDIPI. You only need to write one case number. If you participate in one of these programs and do not know your case number, contact 1-855-373-4636. You must provide a case number on your application if you circle 'YES'.

- Skip to STEP 4.

Attachment D (Continued)

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

A) Report all income earned by children. Refer to the chart titled 'Sources of Income for Children' in these instructions and report the combined gross income for ALL children listed in Step 1 in your household in the box marked 'Total Child Income.' Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

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. Use the chart below to determine if your household has child income to report.

Sources of Income for Children

Source of Child Income	Example(s)
<ul style="list-style-type: none"> • Earnings from work • Social Security <ul style="list-style-type: none"> ◦ Disability Payments ◦ Survivor's Benefits 	<ul style="list-style-type: none"> • A child has a job where they earn a salary or wages. • 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.
<ul style="list-style-type: none"> • Income from persons outside the household 	<ul style="list-style-type: none"> • A friend or extended family member regularly gives a child spending money.
<ul style="list-style-type: none"> • Income from any other source 	<ul style="list-style-type: none"> • A child receives income from a private pension fund, annuity, or trust.

FOR EACH ADULT HOUSEHOLD MEMBER:

Who should I list here?

When filling out this section, please include all members in your household who are:

- Living with you and share income and expenses, even if 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.
- Children and students already listed in Step 1

How do I fill in the income amount and source?

FOR EACH TYPE OF INCOME:

- Use the charts in this section 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 or deductions.
 - 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.

Write a '0' in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for accuracy.

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

B) List 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.

C) Report earnings from work. Refer to the chart titled 'Sources of Income for Adults' in these instructions and report all 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?

If you are 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.

D) Report income from Public Assistance/Child Support/Alimony. Refer to the chart titled 'Sources of Income for Adults' in these instructions and report all income that applies in the 'Public Assistance/Child Support/Alimony' field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only court-ordered payments should be reported here. Informal but regular payments should be reported as 'other' income in the next part.

E) Report income from Pensions/Retirement/All other income. Refer to the chart titled 'Sources of Income for Adults' in these instructions and report all income that applies in the 'Pensions/Retirement/All Other Income' field on the application.

F) 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 determines your income cutoff for free and reduced price meals.

G) Provide the last four digits of your Social Security Number. The household's primary wage earner or another 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 no SSN'.

Sources of Income for Adults

Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> • Salary/wages, cash bonuses • Net income from self-employment (farm or business) • Strike benefits 	<ul style="list-style-type: none"> • Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veteran's benefits 	<ul style="list-style-type: none"> • Social Security (including railroad retirement and black lung benefits) • Private Pensions or disability • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household
<p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> • Basic pay and cash bonuses (do NOT include combat pay, FSA or privatized housing allowance) • Allowances for off-base housing, food, and clothing 		

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.

A) 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.

B) Sign and print your name. Print your name in the box 'Printed name of adult completing the form.' And sign your name in the box 'Signature of adult completing the form.'

C) Write Today's Date. In the space provided, write today's date in the box.

D) 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.



Free and Reduced Applications

It is important to remember:

- Parents have a right to not have their children receive free meals.
- Free and reduced price applications should be distributed because although eligible, some families do not apply for Food Stamps or Temporary Assistance.
- 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.



Processing Applications

- Bottom section of application need to be completed by the school.

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: _____

- Previous Year's Eligibility

- Carryover is for up to 30 operating days (beginning with the first operating day of school) into the current school year or until a new eligibility determination is made, either approved or denied. *The new eligibility determination supersedes the carryover eligibility.*



Processing Applications

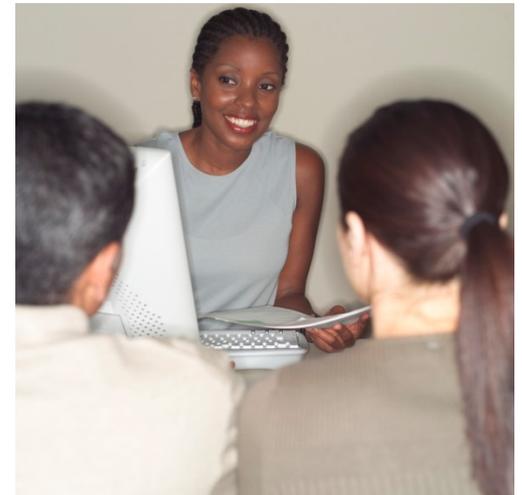
Applications must be reviewed in a timely manner.

- An eligibility determination must be made, the family notified of its status, and the status implemented within 10 operating days of the receipt of the application. (attachment G)
- Whenever possible, applications should be processed immediately, particularly for children who do not have approved applications on file from the previous year.



Processing Applications

- Memo SP 11-2014
 - A school could establish the date of submission of an application as the effective date of eligibility, rather than the date the official approves it.
 - Application must be complete and contain all required information
 - Must notify the State Agency
 - On the methods of collection form



Notice of Approval or Denial

Attachment G

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.

_____ Your application has been approved for reduced price meals.

The cost of reduced price meals are as follows:

Lunch: _____ Breakfast: _____



_____ Your application for free or reduced price meal benefits for your child(ren) has been denied for the following reason:

_____ The application is incomplete as shown below:

_____ Total Household income

_____ Names of all household members

_____ Signature of adult household member

_____ Last four digits of social security number of adult household member signing the application or mark the "I do not have social security number" box

_____ Income too high for household size

_____ 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]**.

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.

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



Approving Applications

Categorical Eligibility

- Must be a complete application and provide:
 - Names of the children for whom the application is made
 - SNAP, FDPIR or TANF case number, or other FDPIR identifier, for the child(ren) or for any household member listed on the application; and
 - Signature of an adult household member.
- Extending Categorical Eligibility to other Household Members



Extending Categorical Eligibility

Attachment H

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

Optional form



The parents responsibility

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



Non-traditional situations

- Foster Children
- Homeless
- Child Residing in an Institution



Free and Reduced Applications

- Income Eligibility Guidelines
 - Free meals is based on 130% of poverty level
 - Reduced meals is based on 185%
 - Attachment P



INCOME ELIGIBILITY GUIDELINES
 (EFFECTIVE JULY 1, 2015 THROUGH JUNE 30, 2016)

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	\$15,301	\$1,276	\$295	\$589	\$638	\$21,775	\$1,815	\$419	\$838	\$908
2	20,709	1,726	399	797	863	29,471	2,456	567	1,134	1,228
3	26,117	2,177	503	1,005	1,089	37,167	3,098	715	1,430	1,549
4	31,525	2,628	607	1,213	1,314	44,863	3,739	863	1,726	1,870
5	36,933	3,078	711	1,421	1,539	52,559	4,380	1,011	2,022	2,190
6	42,341	3,529	815	1,629	1,765	60,255	5,022	1,159	2,318	2,511
7	47,749	3,980	919	1,837	1,990	67,951	5,663	1,307	2,614	2,832
8	53,157	4,430	1,023	2,045	2,215	75,647	6,304	1,455	2,910	3,152
For each add'l person, add	+ 5,408	+ 451	+ 104	+ 208	+ 226	+ 7,696	+ 642	+ 148	+ 296	+ 321

Current Income/Conversions

- The household must provide their current income which is based on the most recent information available.
 - May be for the current month, the amount projected for the month for which the application is filled out or for the month prior to application.
 - If the household's current income is not a reflection of income that will be available over the school year, the household should contact the LEA for assistance. The LEA would determine the amount and frequency of income available during the school year for households.
- If a household provided only annual income, the LEA must ensure that this is an accurate reflection of their current income.
- Applications where no income information is provided are considered incomplete. The LEA must follow up with the household to determine their status as “zero” income or their current income.



Recordkeeping

- Approved Applications
 - Indicate approval date
 - Indicate the level of benefit for which each child is approved
 - Sign or initial the application.
- Denied Applications
 - Indicate denial date
 - Indicate the reason for denial
 - Indicate the date the denial notice was sent
 - Sign or initial the application.



Record Retention

- All free and reduced price applications, including applications from households denied benefits and inactive applications, must be kept on file for a minimum of three (3) years.
- Special provision schools must retain base year direct certification data and applications for a minimum of 3 years after a new base year is established.
- Applications may be maintained at the school or at a central location
 - Applications must be readily retrievable by school
 - 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
 - Always have a current roster
 - Free, reduced price, paid, direct cert, verification



What the state will review

Statistical Sample Generator 95% & 99% Confidence Factor

STEP 1:

Calculate the number of eligible students to be reviewed, random starting point, and review interval

Insert the Number of Free and Reduced-Price Eligible Students:

TOTAL

1000

Number of Eligible Students' Determinations that MUST be Reviewed:

95% Confidence

TOTAL

270

99% Confidence

TOTAL

380

Random Starting Point:

START

3

START

1

Review Interval:

INTERVAL

3

INTERVAL

2

MO HealthNet

- Missouri Senate Bill 583-2010
 - Public and Charter LEAs
 - Non-public LEAs are encouraged to participate, but not required
 - RCCIs are excluded from this requirement



MO HealthNet – LEA Responsibilities

- Provide the Request for Information form
- If the Request for Information form is returned and checked **NO**
 - Send the family the MO HealthNet letter
- Keep all forms that are returned to LEA
 - Separate the **NO** and the **YES**



Request for information form

- ❑ Form sent with ALL F/R applications
- ❑ Same as last year's form



ATTACHMENT G1

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: _____

MO HealthNet forms

ATTACHMENT H

Missouri Department of
SOCIAL SERVICES

DOES YOUR CHILD NEED HEALTHCARE COVERAGE?

MO HealthNet for Kids may be the answer

MO HealthNet for Kids 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 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), and
- whose countable family income meets the income guidelines.

NOTE: The parent/caretaker must cooperate with Child Support Enforcement (CSE) in the pursuit of medical support.

TYPES OF COVERAGE AVAILABLE:

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; must be uninsured

MO HealthNet for Kids (SCHIP) Premium

- family gross income over 150% FPL up to 300% FPL;
- they are uninsured for 6 months; effective: 7/1/14 uninsured for 3 months;
- children in families with gross income over 150% FPL without access to affordable health insurance (from \$74 to \$185 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.

Apply on line at www.mydss.mo.gov by choosing the "Apply for Health Benefits" option or request an application from 1-855-FSD-INFO.

(If applying online please email us at cole.mhnpolicy@dss.mo.gov subject line "School" to let us know to watch for your application.)

004 5280 REVISED 03/05/2014

INCOME GUIDELINES EFFECTIVE APRIL 1, 2014

Children under age 1 at 196% of the federal poverty level:	
Family Size	Income Limit*
1	\$1907
2	\$2570
3	\$3233
4	\$3896
5	\$4559

Children ages 1-18 at 148% of the federal poverty level:	
Family Size	Income Limit*
1	\$1440
2	\$1941
3	\$2441
4	\$2942
5	\$3443

150% of the federal poverty level:	
Family Size	Income Limit*
1	\$1459
2	\$1967
3	\$2474
4	\$2982
5	\$3489

300% of the federal poverty level:	
Family Size	Income Limit*
1	\$2918
2	\$3933
3	\$4948
4	\$5963
5	\$6978

*If appropriate the Federal Poverty level changes in April.

If a family responds NO, you need to send them these forms.



MO HealthNet for Kids Data Collection form

- Complete the MO HealthNet for Kids Data Collection form
 - Return Collection form to DESE, SFS (usually the end of November)
 - If information is updated after the initial due date, submit a revised form to DESE, SFS

ATTACHMENT I

 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: *November 30, 2014

DIRECTIONS:
Mail or fax the completed form to: Food and Nutrition Services Section, Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102-0480 Fax to: (573) 526-3897
***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 of families who indicated the absence of healthcare insurance on the "Request for Information" form. (Attachment G1)
- _____ Number of families who received the "Does Your Child Need Healthcare Coverage?" form provided by the Department of Social Services. (Attachment H)

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.

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 to persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator - Civil Rights Compliance (Title IX/Title 1020A/ADA/Age 403), 4th Floor, 325 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480, telephone number 573-526-4737 or TTY 503-725-2966, email ada@doe.mo.gov.
MO 503-3799 (Rev. 05/14)

Sharing information form

- Attachment N
- See handout (page 73 of Eligibility manual)

Attachment N

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: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

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

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



Application Questions?





SCHOOL FOOD SERVICES

[HTTP://DESE.MO.GOV/FINANCIAL-ADMIN-SERVICES/FOOD-NUTRITION-SERVICES/](http://DESE.MO.GOV/FINANCIAL-ADMIN-SERVICES/FOOD-NUTRITION-SERVICES/)

(573) 751-3526

DIRECT CERTIFICATION



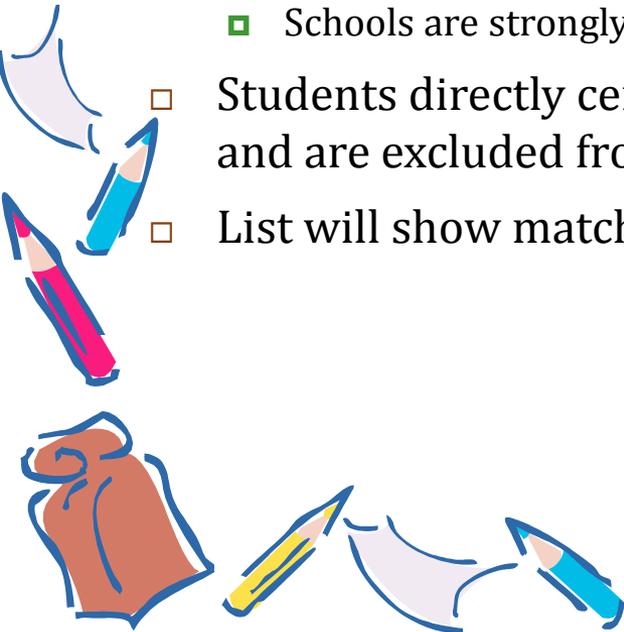
Direct Certification

- Direct certification is the process under which LEAs certify children who are members of households receiving assistance under the Assistance Programs (SNAP, TANF or FDPIR) as eligible for free school meals, without further application, based on information provided by the State/local agency administering those programs.
- Downloads will be updated monthly (around the 5th of each month)
- Must download July/August, October and January
- Public schools use MOSIS
- Nonpublic use zip code list on web applications



Direct Certification – MOSIS

- Missouri Department of Social Services will provide a computerized listing of all the children in Missouri between the ages of zero (0) and twenty-one (21) that are receiving an eligible benefit.
- The list will be updated monthly.
- All LEAs are required to download at a least 3 times a year, (July/August, October, January)
 - Schools are strongly encouraged to download Direct Certification on a monthly basis.
- Students directly certified are considered eligible for the entire school year and are excluded from Verification.
- List will show match and near match students



Direct Certification – Zip Codes

- Required to be downloaded at least 3 times (July/August, October, January) for all non-public schools
- Public schools will still have access to this file
- List will have all eligible students in the entire chosen zip code.
 - Manually have to check against roster



Direct Certification Notification

- The LEA must notify the household about eligibility established through direct certification. The notification must include the following information:
 - The child is eligible for free meal benefits;
 - No further application is necessary;
 - If applicable, an explanation of extended eligibility and how to notify the LEA of any additional children in the household; and
 - How to notify the LEA if free meal benefits for directly certified children are not wanted.

Attachment C

DIRECT CERTIFICATION ELIGIBILITY
NATIONAL SCHOOL LUNCH SCHOOL/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 or a child receiving TANF 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 2015-2016 school year, based on his/her eligibility for SNAP or TANF.

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 also qualify for free meals.

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]

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

Direct Certification Questions?



VERIFICATION



Verification



- Verification is confirmation of eligibility for free and reduced price meals under the National School Lunch Program and School Breakfast Program.
- Verification must include either confirmation of income eligibility or confirmation that the child is included in a certified Food Stamp household or Temporary Assistance unit.



Verification Terms

- ❑ *DIRECT VERIFICATION* is using records from public agencies to verify income and/or program participation.
- ❑ *ERROR PRONE* means applications within \$100 per month of the applicable Income Eligibility Guideline. Error prone replaces the term “Focused Sample.”
- ❑ *RANDOM SAMPLING* means each application has an equal chance of being selected. A statistically valid random sample is not required. The LEA must determine a selection interval by dividing the number of applications by the required sample size.
- ❑ *SAMPLE POOL* means the total number of applications approved as of October 1.
- ❑ *SAMPLE SIZE* means the number of applications subject to verification; the minimum and maximum sample size is three percent total.



Verification

- Establish a sample pool
 - The sample pool uses the total number of approved applications on file as of October 1 of the current school year.

- Establish a sample size
 - Once the sample pool is determined, the LEA calculates the sample size—the number of applications that must be verified.
 - When calculating the sample size, all fractions or decimals are rounded upward to the nearest whole number.
 - At least one application must always be verified.
 - The LEA must complete verification of the exact required sample size by November 15.
 - The LEA must complete a verification summary report on our web application system by December 15.



Verification

- There are three sample sizes established for verification activities. The standard sample size must be used by LEAs unless it qualifies to use one of the alternate sample sizes.

- The standard sample size
 - Three percent (3%) of all applications approved by the LEA for the school year, as of October 1 of the school year, selected from error prone applications
 - Error-prone applications are applications within \$100 monthly or \$1,200 annually of the maximum amount allowed for a household.



Alternate Sample Sizes

- LEAs that qualify may select one of the following sample sizes.
- *Alternate One:*
 - Three percent (3%) of all applications approved by the LEA for the school year, as of October 1 of the school year, selected at random
- *Alternate Two:*
 - One (1) percent of all applications approved by the LEA as of October 1 of the school year, selected from error prone applications
 - and
 - One-half ($\frac{1}{2}$) percent of applications approved by the LEA as of October 1 of the school year that provide a case number.



Confirming Official

- Prior to any other verification activity, an LEA official, other than the official who made the initial eligibility determination, must review each approved application selected for verification to ensure that the initial determination was accurate.
- This requirement is waived if the LEA uses a technology-based system that demonstrates a high level of accuracy in processing an initial eligibility determination. LEAs must contact the State agency to determine if their system qualifies them for this waiver.
 - See application



Verification: Contacting the Household

- A letter is sent home to the household
- Must contain
 - That the household was selected for verification
 - The types of acceptable information that may be provided to confirm current income, including pay stubs, award letters from assistance agencies for benefits such as social security or supplemental security income, and support payment decrees from courts
 - That the household may provide proof that a child or any household member is receiving benefits under the Assistance Programs instead of providing income information or that a child is Other Source Categorically Eligible; that documentation of income or receipt of assistance may be provided for any point in time between the month prior to application and the time the household is required to provide income documentation
 - That information must be provided by a date as specified by the LEA and that failure to do so will result in termination of benefits
 - Name and phone number of an LEA official who can answer questions and provide assistance



Verification: Considered Complete

- The household submits adequate written evidence of income or categorical eligibility then verification is complete.
- The household submits adequate written evidence of income which indicates that the child(ren) should receive either a greater or lesser level of benefits verification is considered complete for this household when the notice of adverse action is sent or household is notified that its benefits will be increased or decreased.
- The household indicates, verbally or in writing, that it no longer wishes to receive free or reduced price benefits then verification is considered complete when the notice of adverse action is sent.
- The application provides case numbers and it is determined that no household member is receiving benefits from an Assistance Program then verification is considered complete when the notice of adverse action is sent.



Notice of Adverse Action

- All households for whom benefits are to be reduced or terminated **MUST** be given 10 **calendar** days advance notice of the change.
- The first day of the advance notice period is the day the notice is sent.
- The notice **MUST** advise the household of the following:
 - The change in benefits.
 - The reasons for the change.
 - That an appeal **MUST** be filed within the 10-day advance notice period to ensure continued benefits while awaiting a hearing and decision.
 - The instructions on how to appeal.
 - That the household may reapply for benefits at any time during the school year.
 - That Food Stamp/Temporary Assistance households may submit an application containing household names and income information and provide written evidence of household income and the social security numbers of adult household members.



Follow-up Activities

The LEA must make at least one attempt to obtain the necessary verification information from households that fail to respond to the initial request for verification.

The attempt may be made through the mail, by telephone, by e-mail, or through personal contact. The LEA must document any attempts and the results.

If the LEA is unable to verify the household's eligibility status after the follow-up attempt(s), the household's benefits must be terminated through a written notice of adverse action.



Reporting Verification

The Verification Report is available in the School Food Services Web Application system. Click on the Applications Tab.



The screenshot shows the 'School Nutrition Programs' web application interface. At the top, the title 'School Nutrition Programs' is displayed in a dark blue banner. To the right of the title is the logo for the Missouri Department of Elementary & Secondary Education, featuring a stylized torch and the text 'Missouri Department of Elementary & Secondary Education'. Below the title is a navigation menu with several tabs: 'Applications', 'Claims', 'Reports', 'Security', 'Search', 'Year', 'Help', and 'Log Out'. A green arrow points to the 'Applications' tab. Below the navigation menu, the main content area displays the text 'Welcome to the School Nutrition Programs' in a bold, black font. Underneath this text is an illustration of three stacks of books, each with an apple on top. At the bottom of the main content area, the text 'Last Updated: 9/9/2010' is displayed.



Reporting Verification

Select Verification Report.



School Nutrition Programs

Missouri Department of Elementary & Secondary Education

Applications | Claims | **Reports** | Security | Search | Programs | Year | Help | Log Out

Applications > School Year: 2010 - 2011

Item	Description
Application Packet	Applications and Agreement Forms (Sponsor and Site)
Verification Report	Mandatory Annual Verification Report
Food Safety Inspections	Number of Food Safety Inspections by Site
Financial Report	School Food Annual Revenues and Expenditures Report



Reporting Verification

School Nutrition Programs

Applications | Claims | Compliance | Reports | Security | Search

Applications > Verification Report >

SFA Verification Collection Report For School Year: 2014 - 2015

109-003
WARREN CO. R-112
225 KUMM AVENUE
WASHINGTON, MO 63269
CASSIA LINDA
(573) 455-5901 FAX:
linda@warrenr112.k12.mo.us

Verification Open Date: 11/1/2014
Verification Close Date: 12/31/2014

General Information

Type of Organization: Public

Verification Contact Information

1. Name:	Position:	First Name:	Last Name:
	<input type="checkbox"/>	Debbie	Linda
2. Email Address:	linda@warrenr112.k12.mo.us		
3. Phone:	(573) 455-5901	Ext: 5301	Fax: (573) 455-5991
4. Title:	Food Service Director		

Due Date: December 15, 2014

Instructions

ANNUALLY, each SFA, including ALL RDCs, with schools operating the National School Lunch Program (NSLP) and/or School Breakfast Program (SBP) must report verification information. All SFAs, including SFAs with all schools except from verification requirements, must complete applicable sections.

NOTE: SFAs that are Special Milk Only are exempt from filing an SFA Verification Collection Report.

Section 1 - Total Schools, Residential Child Care Institutions (RCCIs), and Enrolled Students

All SFAs must report Section 1. Report schools or institutions operating the NSLP and/or SBP as of the last operating day in October.

	A. Number of Schools OR Institutions	B. Number of Students
1-1 Total schools (Do not include RCCIs):	0	0
1-2 Total RCCIs (Do not include schools counted in 1-1):	0	0
1-2a RCCIs with day students (Report ONLY day students in 1-2a):	0	0
1-2b RCCIs with NO day students:	0	0

Section 2 - SFAs with schools operating alternate provisions

Only SFAs with alternate provisions must report Section 2. Report schools or institutions operating the NSLP and/or SBP as of the last operating day in October.

	A. Number of Schools AND Institutions	B. Number of Students
2-1 Operating Provision 2/3 in a BASE year for NSLP and SBP:	0	0
2-2 Operating Provision 2/3 in a NON BASE year for NSLP and SBP:	0	0
2-2a Provision 2/3 students reported as FREE in a NON BASE year:	0	0
2-2b Provision 2/3 students reported as REDUCED PRICE in a NON BASE year:	0	0
2-3 Operating the Community Eligibility Provision (CEP):	0	0
2-4 Operating other alternatives for NSLP and SBP:	0	0
2-5 Operating an alternate provision(x) for only SBP or only NSLP:	0	0

Section 3 - Students approved as FREE eligible NOT subject to verification

All SFAs must report Section 3 or check box 3-1 if applicable. Report students approved FREE eligible as of the last operating day in October.

3-1 Check the box only if all schools and/or RCCIs in the SFA were not required to perform direct certification with SNAP (i.e. NON BASE year Provision 2/3 for all schools)

	B. Number of FREE Students
3-2 Students directly certified through Supplemental Nutrition Assistance Program (SNAP): Do NOT include students certified with SNAP through the letter method.	0
3-3 Students directly certified through other programs: Include those directly certified through Temporary Assistance for Needy Families (TANF), Food Distribution Program on Indian Reservations (FDPIR), or Medicaid (if applicable); those documented as homeless, migrant, runaway, foster, head start, Head Start, or nonapplicable but approved by local officials. DO NOT include SNAP students already reported in 3-2.	0
3-4 Students certified categorically FREE eligible through SNAP letter method. Include students certified for free meals through the family providing a letter from the SNAP agency.	0

Section 4 - Students approved as FREE or REDUCED PRICE eligible through a household application

All SFA collecting applications must report Section 4. Report number of applications (A) approved as of October 1st. Report number of students (B) as of the last operating day in October.

	A. Number of Applications	B. Number of Students
4-1 Approved as categorically FREE eligible. Based on those providing documentation (e.g. case number for SNAP, TANF, FDPIR on an application).	0	0
4-2 Approved as FREE eligible. Based on household asset and income information.	0	0
4-3 Approved as REDUCED PRICE eligible. Based on household asset and income information.	0	0

T-1 Total FREE Eligible Students Reported 0
T-2 Total REDUCED PRICE Eligible Students Reported 0

- Completed on web applications
- Have to report some direct certification numbers
- Results of verification



Reporting Verification

- Report applications on October 1
- Students eligible count from October 31
- Must separate and report in the same categories:
 - Free Eligible-Not Subject to Verification
 - Free Eligible-Categorically Eligible
 - Free Eligible-Income Eligible Free
 - Reduced Price Eligible – Income Eligible Reduced Price
- The food stamp eligible students will be separated from temp/foster etc...



WHERE DO FOSTER CHILDREN GO?

On list from Department of Social Services, Children's Division:

- Free Eligible – Not Subject to Verification

On application but has letter from Department of Social Services, Children's Division:

- Free Eligible – Categorically Eligible

On application with no documentation:

- Free Eligible – Categorically Eligible



EXTENDED CATEGORICAL ELIGIBILITY TO ADDITIONAL CHILDREN IN THE HOUSEHOLD

Children eligible for free meals based on categorical eligibility are classified under the same category as the person who extended the eligibility.

- If the person who extended eligibility was directly certified, all children in the household are directly certified.
 - Report as Free Eligible – Not Subject to Verification
- If a child is listed on an application with a person having a Food Stamp/Temporary Assistance or FDPIR case number, then all children in the household would be eligible for free meals.
 - Report as Free Eligible – Categorically Eligible



Verification Date Summary

- October 1 – Select Sample Size of Applications
(Students as of October 31)
- November 15 – Verification Completed
- December 15 – Verification Report Due



School Nutrition Programs

Applications | Claims | Compliance | Reports | Security | Search | Year | Help | Log Out

Applications > Verification Report >

SFA Verification Collection Report
For School Year: 2014 - 2015

100-003
WARREN CO. R-III
303 KUHNS AVENUE
WARRINGTON, MO 63263
Dottie Liska
(816) 456-6901 x301
lliska@warrencor3.k12.mo.us

Verification Open Date: 11/1/2014
Verification Close Date: 12/31/2014

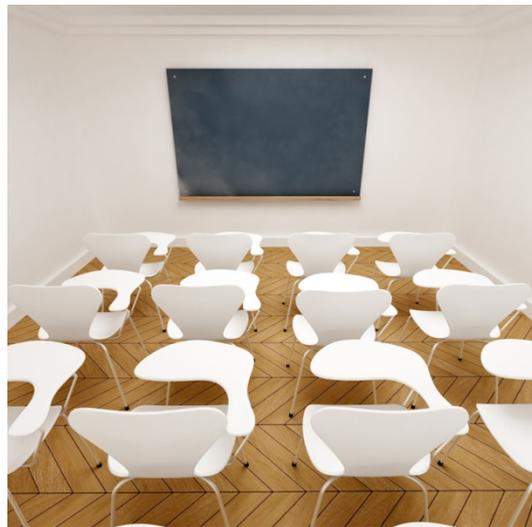
General Information

Type of Organisation: Public



VERIFICATION GUIDANCE

- *Verification Guidance* will be updated. Located under Handbooks on the School Food Services website - <http://dese.mo.gov/financial-admin-services/food-nutrition-services/handbooks>
- *USDA's Eligibility Manual for School Meals* is also located under Publications and provides guidance for verification.
- Emails to Authorized Representatives of the program will also be sent.



Verification Questions?





SCHOOL FOOD SERVICES

[HTTP://DESE.MO.GOV/FINANCIAL-ADMIN-SERVICES/FOOD-NUTRITION-SERVICES/NEWS-AND-UPDATES](http://DESE.MO.GOV/FINANCIAL-ADMIN-SERVICES/FOOD-NUTRITION-SERVICES/NEWS-AND-UPDATES)

(573) 751-3526



SCHOOL FOOD SERVICES

RECORDS UPDATE

Topics to discuss

- New Information
- Paid Lunch Equity Tool
 - How often
 - How to complete
 - Where can the money come from
- Non Program Foods
 - What are they
 - USDA tool
- Updates from the reviewers



Food & Nutrition Services

Home > Financial & Admin. Services

The Food and Nutrition Services Section administers the USDA Food Distribution Program and the following USDA Child Nutrition Programs: National School Lunch Program (NSLP), School Breakfast Program, Special Milk Program, and the Fresh Fruit and Vegetable Program. Under the NSLP, the After School Snack Program and Seamless Summer Option are also available. The programs are operated in public, non-public, and residential child care institutions. The goal of the Food and Nutrition Services Section is to providing safe food and technical assistance to ensure well balanced nutritious meals are served to the students of Missouri.

News and Updates

Quick Links

- News and Updates
Administrative State Agency Review
Civil Rights
Community Eligibility Provision (CEP)
Email Bag
Food Allergy Information
Food and Nutrition Services Contact Information
HealthierUS School Challenge
Meal Pattern
Newsletters, Webinars & Workshops
Professional Standards
Reimbursement Rates

Financial & Admin. Services

- News and Updates
Accounting & Procurement
Budget
Career Education Finance
ESDA/NCLB Finance
Food & Nutrition Services
News and Updates
Food Safety/HACCP
Food Service Management
Guidance & Resources
Handbooks
HealthierUS School Challenge
School Breakfast Challenge
Smart Snacks in Schools
Statistics
USDA Foods
USDA Memos
USDA Programs/Regulations
Related Links
USDA Guidance Policies
Wellness
Human Resources
School Finance

http://dese.mo.gov/financial-admin-services/food-nutrition-services/

Webinars
Web Applications

Main Office

225 Jefferson St.
Jefferson City, MO 65101
Map
Mailing Address:
P.O. Box 400
Jefferson City, MO
65102-0400

About Us

Careers
Commissioner of Education
Communications
State Board of Education
Vision, Mission, Goals

Resources

Date Acquisition Calendar
MCDS Portal
Missouri Learning Standards
Top 10 by 20
Web Applications
Employee Email Access

Social Links



Whole Grain-Rich Waiver Request Form

2015-2016 Fresh Fruit and Vegetable Information

- [Eligible Participants for SY 2015-16 FFVP !\[\]\(352da5e2b1722f762fa2d174c263fd42_img.jpg\)](#)
 - [Informational Letter for SY 2015-16 FFVP !\[\]\(06399fc98863d43269a43c7ab07b2b3a_img.jpg\)](#)
 - [Instructions to Complete the 2015-16 FFVP Application Packet !\[\]\(4cd23ea03f2c079bb97de9e5c2cc83ce_img.jpg\)](#)
-

Application for Salad Bar Grant Available with DHSS

2015 Food and Nutrition Services Summer Workshops Information

2015 Summer Workshop Registration

Save the Date! Missouri Farm to School 2015 Regional Meet & Greet Tour

Changing the Future of Childhood Obesity: Aligning and Amplifying Statewide Efforts - April 21-22, 2015

Equipment Assistance Grant

- [2013 Equipment Assistance Grant Claim Form !\[\]\(aad8aebc560f111d1beb27f9344123ae_img.jpg\)](#)
 - [FY13 Equipment Assistance Grant Recipients !\[\]\(d557b0aceb43334a50d6d68e998cd8a4_img.jpg\)](#)
 - [FY13 Equipment Assistance Grant Additional Recipients !\[\]\(8568744fb6866a8c1d2a42a3280bb838_img.jpg\)](#)
 - [Informational Letter !\[\]\(ad1ccc8146b791971cbf70a738cf22ea_img.jpg\)](#)
-

- [News and Updates](#)
- [Accounting & Procurement](#)
- [Budget](#)
- [Career Education Finance](#)
- [ESEA/NCLB Finance](#)
- [Food & Nutrition Services](#)
 - [News and Updates](#)
 - [Food Safety/HACCP](#)
 - [Food Service Management](#)
 - [Guidance & Resources](#)
 - [Handbooks](#)
 - [HealthierUS School Challenge](#)
 - [School Breakfast Challenge](#)
 - [Smart Snacks in Schools](#)
 - [Statistics](#)
 - [USDA Foods](#)
 - [USDA Memos](#)
 - [USDA Programs/Regulations](#)
 - [Related Links](#)
 - [USDA Guidance Policies](#)
 - [Wellness](#)
- [Human Resources](#)
- [School Finance](#)
- [School Governance](#)
- [School Transportation](#)
- [Special Education Finance](#)
- [General Federal Guidance](#)

OPTIONAL Children's Racial and Ethnic Identities

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

Ethnicity (check one):

- Hispanic or Latino
 Not Hispanic or Latino

Race (check one or more):

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

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 (FDPRI) case number or other FDPRI identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an

individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

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

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

USDA is an equal opportunity provider and employer.

District:
 ↓ Payment Year: 2014-2015 ▼ Month: March ▼
 Deposit Date: 5/16/2015 ▼ Check/EFT Number: 16

Payment Transmittal
 Change Information



For questions regarding payments please see the [Payment Contact List](#)

Deposit Date	Check/EFT Number	Deposit Amount
5/16/2015	16	\$1,000.00
5/15/2015	15	\$57,475.00
5/14/2015	14	\$136,000.00
5/13/2015	13	\$840,000.00
5/12/2015	12	\$255,930.86
5/11/2015	11	\$6,027.40
5/10/2015	10	\$86,661.75
5/9/2015	9	\$954,000.00
5/8/2015	8	\$1,051,926.00
5/7/2015	7	\$264,197.00
5/6/2015	6	\$702,641.62
5/5/2015	5	\$49,077.33
5/4/2015	4	\$5,928.41
5/3/2015	3	\$34,375.80
5/2/2015	2	\$171,216.15
5/1/2015	1	\$71,643.64

- The district’s bookkeeper and superintendent will receive an email notification from the Department once the payment deposit date is determined. Payment transmittals will be available at this time. Please ensure emails received from this address are not blocked or spammed: Itsd-dese-techlead@oa.mo.gov.

From: itsd-dese-techlead@oa.mo.gov [mailto:itsd-dese-techlead@oa.mo.gov]
 Sent: Thursday, May 07, 2015 8:00 AM
 To: DESE.PM.AccountingGroup
 Subject: Deposit



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

A payment was prepared for credit to OREGON COUNTY SHELTERED WORKSH (777060) on 11-May-2015. The total amount of the direct deposit is \$5,140.98.

IMPORTANT NOTE

The banking system normally takes one to three business days to transmit the payment and is dependent upon your financial institution’s processing schedule for crediting your account. Please verify with your financial institution that this deposit has been credited to your account before disbursing or withdrawing these funds.

Waivers, waivers, waivers

- Form showing all the waivers
- Stay tuned



PAID LUNCH EQUITY TOOL



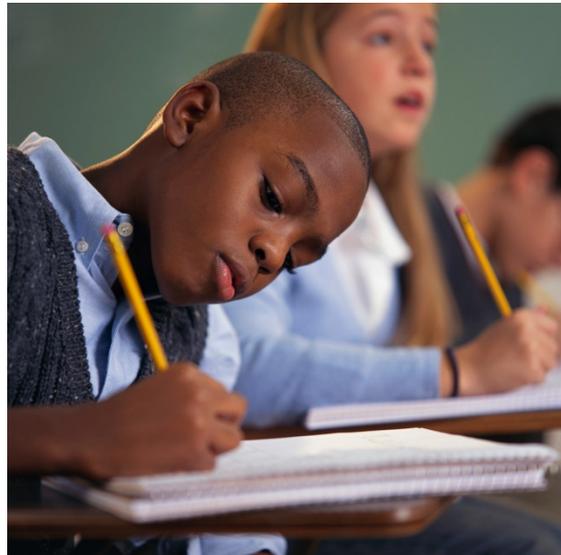
Paid Lunch Equity Tool

- To ensure that sufficient funds are provided to the food service account for paid lunches
- Paid Lunch Equity (PLE) is an **annual** calculation
- Found on the Food and Nutrition homepage



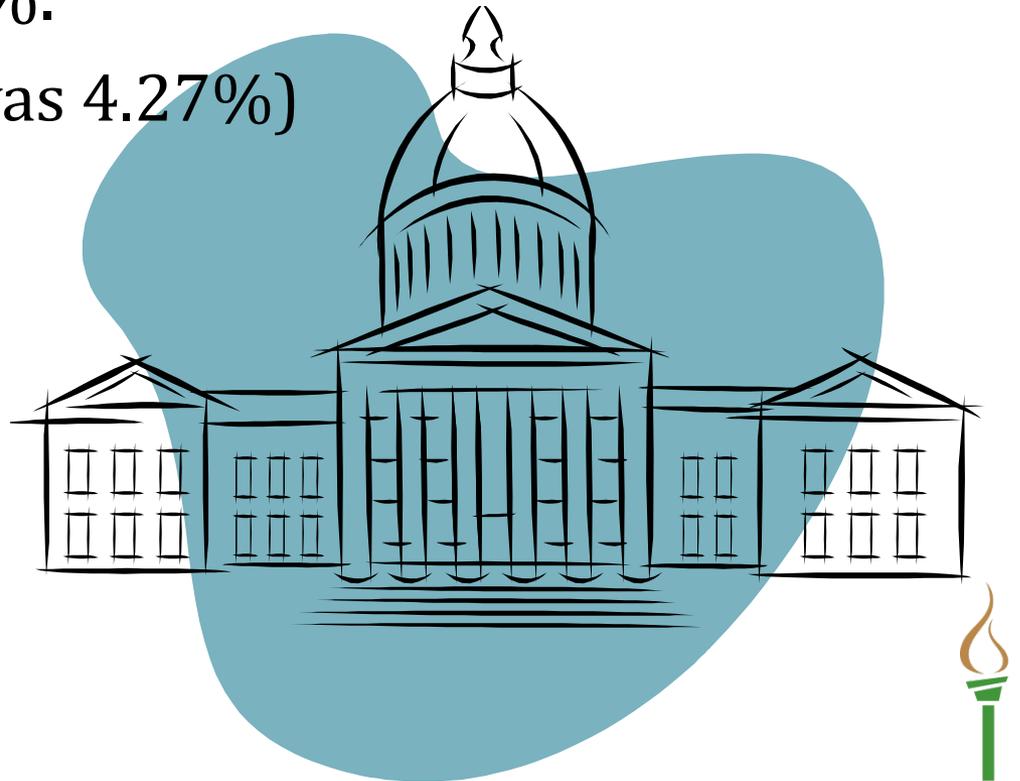
Paid Lunch Equity Tool

- Compare the average price for paid lunches to the difference between free and paid lunches.
- Federal reimbursement for free (\$3.04) and paid (\$0.34) meals



Paid Lunch Equity Tool

- 2015-16 lunch increase is calculated using 2% (inflation) plus 2.19% (consumer price index), for a total of 4.19%.
 - (last years total was 4.27%)



Paid Lunch Equity Tool

- Use the USDA Paid Lunch Equity Tool
(Fill in the “peach” colored areas)
- Will never be required to increase more than 10 cents per year
 - Tool always rounds down to 5 or 10 cents
 - Any extra amount, positive or negative, will be carried forward each year



Paid Lunch Equity Tool

- If your school charges less than \$2.70 for paid lunches:
 - must adjust weighted average lunch price
 - add non-federal funds to the non-profit school food service account.
 - Memo released October 8, 2014
 - Guidance for SY 15-16



Paid Lunch Equity Tool

Open Tool



Non Federal Sources

- SFAs that choose to contribute non-Federal sources to the nonprofit school food service account in lieu of raising paid lunch prices must calculate the appropriate amount to contribute (Still have to do the tool).
- To determine the amount of required revenue in lieu of a paid lunch price increase, the SFA determines the total number of paid reimbursable lunches claimed for the previous school year and multiplies by the difference between the SY 2014-2015 weighted average paid lunch price requirement and the SY 2014-2015 weighted average paid lunch price.



Non Federal Sources

- For SY 2015-16, SFAs may continue to count as a non-Federal source:
 - Per-meal non-Federal reimbursement for any paid meal (not relevant in Missouri)
 - Any funds provided by organizations for any paid meal
 - Any proportion attributable to paid meals from direct payments made from school district funds to support lunch service
 - Make an adjustment to balance on R and E report



Non-Federal Sources - Unallowable

- Money (cash) from non program foods
 - A la Carte items
 - Catering
 - Adult meals
 - Vending, school store, etc...

- In-kind contributions
 - Charging for janitorial services, café monitors, office supplies, utilities that were provided without cost prior to July 1, 2011



Waivers

□ SP-19-2015 and SP-28-2014

- Schools can submit a letter to the State Agency providing justification of all factors specified in SP:
 - Meal Standards
 - Competitive Foods
 - Administrative Reviews (if applicable)
 - Meal Service and Participation
 - Resource Management (PLE requirements and non-program food revenue requirements)
 - Non-program food revenue (submit most recent non-program food revenue tool)
 - PLE requirement
 - SY 2014-15 Average Weighted Paid Lunch Price
 - SY 2015-16 Required Price Increase (submit most recent PLE tool)
 - How did you meet the PLE requirement in SY 2011-12
 - How did you meet the PLE requirement in SY 2012-13
 - How did you meet the PLE requirement in SY 2013-14
 - How did you meet the PLE requirement in SY 2014-15
 - Professional Support
 - Cafeteria and Kitchen Equipment
 - Free/Reduced Price Eligibility Determinations



Waiver

Three-month excess balance

- Schools can ask for a waiver from the PLE tool
- 127 schools were notified last year
 - Doubled from last year



All school with an excess balance must report how they are spending the balance or payment will be held



Paid Lunch Equity Tool

- Each year print a copy of the PLE Tool and keep in your records



Paid Lunch Equity Questions?



REVENUE FROM NON-PROGRAM FOODS



Non-Program Foods

The purpose of the Revenue from Non-Program foods rule is to ensure that revenue from the sale of non-program foods generates at least the same proportion of revenue as they contribute to the LEAs food costs.

Requirements:

- LEAs must complete revenue calculations to determine if the revenue from non-program foods generates at least the same proportion of revenue as they contribute to the LEAs food cost.
 - Track non-program food costs separately from program food costs
 - Track non-program revenue separately from program food revenue
- If the proportion of non-program food revenue is less than the proportion of non-program food costs, LEAs must increase prices of non-program foods.

□



Non-Program Foods

- A non-program food is a food (including beverages) that is sold in a participating school other than a reimbursable meal and is purchased using funds from the school food service account. These include but are not limited to:
 - A la carte items sold in competition with school meals
 - Adult meals
 - Items purchased for fund raisers, vending machines, school stores, etc...
 - Items purchased for catering and vended meals.



Non-Program Foods Tool

- Must be done every year (annually)
- SP 39-2011
 - Tool available
 - Question and Answers



Nonprogram Revenue Calculator		
Enter the cost for reimbursable meal, cost of nonprogram food and total revenue		
Cost for Reimbursable Meal Food	\$	450,000
Cost of Nonprogram Food	\$	50,000
Total Food Costs	\$	500,000
Total Nonprogram Food Revenue	\$	90,000
Total Revenue	\$	1,000,000
Minimum portion of revenue from nonprogram funds		10%
Minimum Revenue Required from the Sale of Nonprogram Foods	\$	100,000
Additional Revenue Needed to Comply	\$	10,000

Non-program Foods Revenue Tool

- Must keep at the school
- Will be looked at on 3 year review



Nonprogram Foods Questions?



Comments from the reviewers

- Community Eligibility Provision (CEP)
- Application approval date
- New non discrimination statement
- Poster identifying a reimbursable meal
- Dates and deadlines



CEP vs Provision 2

Community Eligibility Provision (CEP)

- The Community Eligibility Provision (CEP) provides the option to offer free meals to all students in eligible high poverty Local Education Agencies (LEA) and schools without collecting household applications. Eligible LEAs and schools use a claiming percentage based on the number of identified students (primarily directly certified students) of at least 40%, multiplied by a factor of 1.6, to determine a free claiming percentage. The difference between the free claiming percentage and 100% determines the percentage of meals to claim in the paid category.

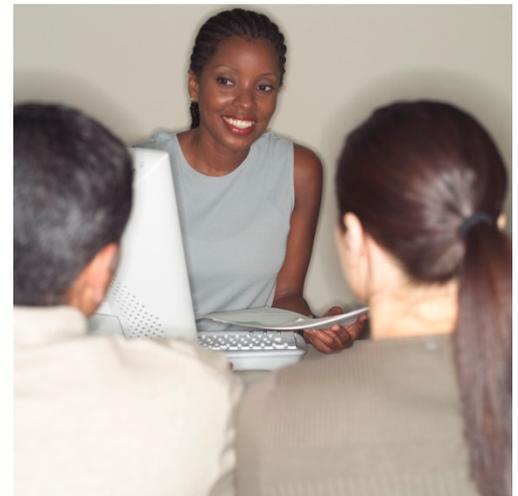
Quick Links

- [News and Updates](#)
- [Administrative State Agency Review](#)
- [Civil Rights](#)
- [Community Eligibility Provision \(CEP\)](#)
- [Email Bag](#)
- [Food Allergy Information](#)
- [Food and Nutrition Services](#)
- [Contact Information](#) 



Approving Applications

- Memo SP 11-2014
 - A school could establish the date of submission of an application as the effective date of eligibility, rather than the date the official approves it.
 - Application must be complete and contain all required information
 - Can be used for income based applications as well as for homeless/migrant applications.
 - Must notify the State agency
 - On the methods of collection form



Edit Checks & Participation Records

Free, reduced, and Paid daily counts

Edit Checks

ADA

Attend factor

Adult meals

DAILY PARTICIPATION RECORD																				
SCHOOL LUNCH PROGRAM										SPECIAL MILK PROG.			SCHOOL BREAKFAST PROGRAM							
STUDENT LUNCHES ELIGIBLE FOR REIMBURSEMENT										NOT ELIGIBLE FOR REIMBURSEMENT			FREE MILK SERVED TO ELIGIBLE STUDENTS		MILK SOLD TO STUDENTS		STUDENT BREAKFAST (CHECK ONE) BASIC RATE _____ SEVERE NEED _____		BREAKFASTS NOT REIMBURSABLE	
DAY OF MONTH	PART 02 ITEMS				INCLUDE THESE IN		STUDENT LUNCHES PART 02 ITEM 5	ADULTS PART 02		PART 03 ITEM 4	PART 03 ITEM 5	PART 04 ITEM 3			PART 04 ITEM 6					
	COL 1 3a +	COL 1 3b +	COL 1 3c =	COL 1 3d	COL 1 3a	COL 1 3b or 3c		ITEM 6	ITEM 6			COL 1 3a +	COL 1 3b (1 or 2)	COL 1 3c (1 or 2)	COL 1 3d	ITEM 5	ITEM 6			
	FULL PRICE	RED. PRICE	FREE ONLY	TOTAL ELIG FOR REIMB.	STUDENT WORKERS CLASSIFIED AS			HEAD START, ETC.	PAID LUNCHES	UNPAID LUNCHES	1/2 PINTS MILK	1/2 PINTS MILK	FULL PRICE	RED. PRICE	FREE ONLY	TOTAL ELIGIBLE FOR REIMB.	STUDENTS	ADULTS		
					NON-NEEDY	NEEDY	FREE													
1																				
2																				
3																				
4																				
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31																				
TOTAL																				

Number of days meals and milk were served: Lunches (Part 02, Item 2) _____; Milk (Part 03, Item 2) _____; Breakfast (Part 04, Item 2) _____.
 Number of children eligible/approved for: Full Price Lunches _____; Reduced Price Lunches (Part 02, Item 7) _____; Free Lunches (Part 02, Item 8) _____.
 Projected Daily Limits (Number eligible by category times (x) attendance factor): Full Price _____ Reduced Price _____ Free _____.

MO 500-0126



Non discrimination statement

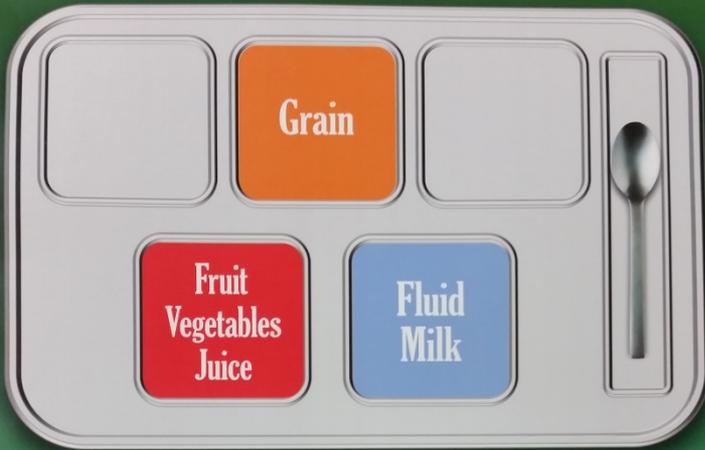
The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental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

- We will update on our forms and guidance
- Must be on all food service materials
- If the material is too small to permit the full statement to be included, in print no smaller than text
 - “The USDA is an equal opportunity provider and employer.”



Identifying a reimbursable meal

Build a Healthy School Breakfast



Grain

Fruit Vegetables Juice

Fluid Milk

Today's Menu

Grain	
M/MA	
F/V/J	
Fluid Milk	
Additional items	



Missouri DEPARTMENT OF ELEMENTARY & SECONDARY EDUCATION

Build a Healthy Lunch



Meat or Meat Alternate

Grains

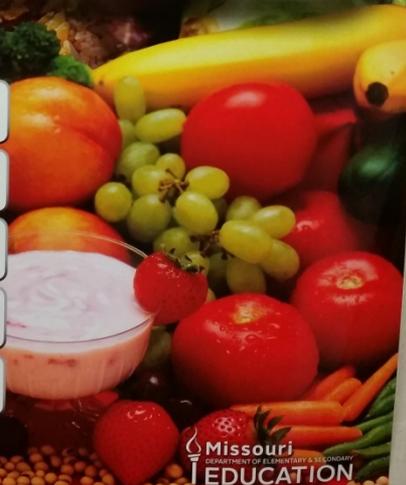
Fluid Milk

Fruits

Vegetables

Today's Menu

Fruits	
Vegetables	
Fluid Milk	
Grains	
Meat or Meat Alternate	



Missouri DEPARTMENT OF ELEMENTARY & SECONDARY EDUCATION



Dates and deadlines

School Food Services Calendar

July

- Regular Term Application/Agreement Available in Web Application System
- Financial Report Available in Web Application System (Non-Public Schools)
- June Claim Form Due in Web Application System by the 15th (Separate Claim Form Required for Seamless Summer Option Meals Claimed in June)
- Perform and Document Monthly Edit Checks (Year Round and Seamless Summer Option/Summer School Programs)
- Commodity Open Order Deadline, 12:00 Noon by the 15th (Aug. delivery)
- Download Direct Certification Data (First Mandatory File)
- Value of Commodities Distributed Report Available on Website
- Commodity Entitlement Letters Available on Website

August

- Distribute Free/Reduced Price Applications to Households
- Notify Direct Certification Households of Free Meal Benefit
- Provide Request for Information Form to Households for Collection of Mo Healthnet Data
- Food Safety Inspections Report Available in Web Application System
- July Claim Form Due in Web Application System by the 15th
- Perform and Document Monthly Edit Checks
- Commodity Open Order Deadline, 12:00 Noon by the 15th (Sept. delivery)
- Check Web Application System for Availability of Financial Report (Public Schools); Review and Submit Report
- View Civil Rights Presentation and Complete Civil Rights Training Documentation, Available on Website

September

- Conduct First After School Snack Program On-Site Review (Required During First 4 Weeks of Operation)
- Update Methods of Collection and Meal Counting Form (if methods/procedures/software have changed from previous year)
- August Claim Form Due in Web Application System by the 15th
- Perform and Document Monthly Edit Checks
- Food Safety Inspection Report Due in Web Application System
- Financial Report Available in Web Application System; Review and Submit Report (Public Schools)
- Commodity Open Order Deadline, 12:00 Noon by the 15th (Oct. delivery)

October

- Count Approved Free and Reduced Price Applications for Verification as of Oct. 1; Begin Verification Process
- Regular Term Application/Agreement Renewal Deadline
- September Claim Form Due in Web Application System by the 15th
- Perform and Document Monthly Edit Checks
- Commodity Open Order Deadline, 12:00 Noon by the 15th (Nov. delivery)
- Download Direct Certification Data (Second Mandatory File)

November

- Check School Food Services Website for Commodity Expo Dates
- Financial Report Due in Web Application System
- October Claim Form Due in Web Application System by the 15th
- Perform and Document Monthly Edit Checks
- Commodity Open Order Deadline, 12:00 Noon by the 15th (Dec. delivery)
- Verification Process Must be Completed by the 15th
- Mo Healthnet for Kids Data Collection Form due by the 30th (fax or mail)

December

- November Claim Form Due in Web Application System by the 15th
- Perform and Document Monthly Edit Checks
- Verification Summary Report Due in Web Application System by December 15th
- Commodity Open Order Deadline, 12:00 Noon by the 15th (Jan. delivery)

January

- Conduct Second After School Snack Program On-Site Review
- USDA Food Packet Available on Website
- December Claim Form Due in Web Application System by the 15th
- Perform and Document Monthly Edit Checks
- Commodity Open Order Deadline, 12:00 noon by the 15th (Feb. delivery)
- On-Site Reviews Must Be Completed Prior to February 1
- Download Direct Certification Data (Third Mandatory File)

February

- Paid Lunch Equity Tool Available on Website
- January Claim Form Due in Web Application System by the 15th
- Perform and Document Monthly Edit Checks
- Commodity Open Order Deadline, 12:00 Noon by the 15th (March delivery)
- Food Service Management Re-bid and Renewal Notices Sent to Contracted LEAs

March

- USDA Food Packet Due
- Seamless Summer Option Application Agreement Available in Web Application System
- Check Website for Summer Workshop Dates and Locations
- February Claim Form Due in Web Application System by the 15th
- Perform and Document Monthly Edit Checks
- Commodity Open Order Deadline, 12:00 Noon by the 15th (April Delivery-Last Delivery of School Year)

April

- March Claim Form Due in Web Application System by the 15th
- Perform and Document Monthly Edit Checks

May

- Update End of Year Date in Application Agreement if Needed Due to Extension of School Year
- Free and Reduced Price Application and Direct Certification, School Year Booklet Available on Website
- April Claim Form Due in Web Application System by the 15th
- Perform and Document Monthly Edit Checks
- Registration for Summer Workshops Due by End of May

June

- May Claim Form Due on Web Application System by the 15th (Separate Claim Form Required for Seamless Summer Option School Meals Claimed in May)
- Perform and Document Monthly Edit Checks





SCHOOL FOOD SERVICES

[HTTP://DESE.MO.GOV/FINANCIAL-ADMIN-SERVICES/FOOD-NUTRITION-SERVICES/](http://DESE.MO.GOV/FINANCIAL-ADMIN-SERVICES/FOOD-NUTRITION-SERVICES/)

(573) 751-3526

Methods of Collection form

ATTACHMENT F

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 fax the completed form to: Food and Nutrition Services Section, Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102-0480 or Fax to: (573) 526-3897
The Methods of Collection and Meal Counting system(s) form must be completed for the 2014-2015 School Year. 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: _____
If all buildings participate in CEP – go to Section VI.

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: _____

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability. If a program and activities require 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-Floor, 222 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4397 or TTY 502-726-2266; email equity@doe.mo.gov
MO 502-2735 (Rev 05/14)

- Not mandatory this school year
- Only submit if process changes



DOCUMENTS TO KEEP



Documents to Keep

- Approved/Denied Meal Benefit Forms
 - Correspondence or notes
- Direct Certification Documents
 - Printed copy of lists
 - Do not need to keep an application if family is on the Direct Certification list too
- All Verification Documents
 - Method of Selection Form
 - Notices of Selection
 - Documents Submitted by Household
 - Notification of Change in Benefit Level
 - Verification Summary Form



Documents to Keep



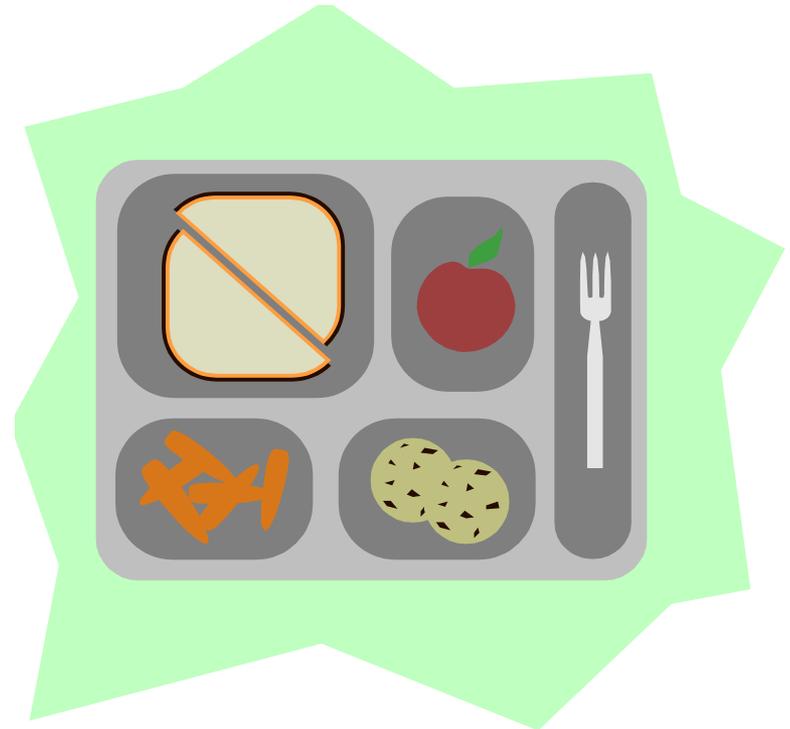
- Daily Participation Records
 - Supporting Documents
- Paid Lunch Equity Tool
- Non-program Tool
- Civil Rights Training



Documents to Keep

Kitchen Records:

- Menus
 - Production Records, Recipes
- Labels
 - CN (Child Nutrition)
 - Nutrition Facts
- Invoices
 - Repairs and Services Purchased
- Inventories of Food and Equipment
- Bid Documents



How will I be updated?

- USDA memos on School Food Services website
- Notifications emailed to Authorized Representative of the NSLP
- Administrative memos to Superintendents in public schools
- Future trainings and webinars

