



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 DIVISION OF FINANCIAL AND ADMINISTRATIVE SERVICES – FOOD AND NUTRITION SERVICES  
**FREE AND REDUCED POLICY STATEMENT AMENDMENT FOR PROVISION 2**  
**SCHOOL BREAKFAST OR LUNCH PROGRAM PARTICIPATION**

**DIRECTIONS:**

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

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

The following schools meet the criteria for 7 CFR 245.9(b).

| School Name | Breakfast                | Lunch                    | Base Year (month/year) | Number of years cycle is expected to remain in effect | Year provision must be reconsidered (school year) | Data used to support extension, if granted (ex: Census, unemployment, etc.) |
|-------------|--------------------------|--------------------------|------------------------|---|---|---|
|             | <input type="checkbox"/> | <input type="checkbox"/> |                        |   |   |   |
|             | <input type="checkbox"/> | <input type="checkbox"/> |                        |   |   |   |
|             | <input type="checkbox"/> | <input type="checkbox"/> |                        |   |   |   |
|             | <input type="checkbox"/> | <input type="checkbox"/> |                        |   |   |   |
|             | <input type="checkbox"/> | <input type="checkbox"/> |                        |   |   |   |
|             | <input type="checkbox"/> | <input type="checkbox"/> |                        |   |   |   |
|             | <input type="checkbox"/> | <input type="checkbox"/> |                        |   |   |   |
|             | <input type="checkbox"/> | <input type="checkbox"/> |                        |   |   |   |
|             | <input type="checkbox"/> | <input type="checkbox"/> |                        |   |   |   |
|             | <input type="checkbox"/> | <input type="checkbox"/> |                        |   |   |   |
|             | <input type="checkbox"/> | <input type="checkbox"/> |                        |   |   |   |
|             | <input type="checkbox"/> | <input type="checkbox"/> |                        |   |   |   |
|             | <input type="checkbox"/> | <input type="checkbox"/> |                        |   |   |   |
|             | <input type="checkbox"/> | <input type="checkbox"/> |                        |   |   |   |
|             | <input type="checkbox"/> | <input type="checkbox"/> |                        |   |   |   |
|             | <input type="checkbox"/> | <input type="checkbox"/> |                        |   |   |   |
|             | <input type="checkbox"/> | <input type="checkbox"/> |                        |   |   |   |
|             | <input type="checkbox"/> | <input type="checkbox"/> |                        |   |   |   |
|             | <input type="checkbox"/> | <input type="checkbox"/> |                        |   |   |   |
|             | <input type="checkbox"/> | <input type="checkbox"/> |                        |   |   |   |
|             | <input type="checkbox"/> | <input type="checkbox"/> |                        |   |   |   |
|             | <input type="checkbox"/> | <input type="checkbox"/> |                        |   |   |   |

|                                   |                  |
|-----------------------------------|------------------|
| LOCAL EDUCATION AGENCY (LEA NAME) | AGREEMENT NUMBER |
|-----------------------------------|------------------|

|                                     |      |
|-------------------------------------|------|
| AUTHORIZED REPRESENTATIVE SIGNATURE | DATE |
|-------------------------------------|------|

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