FREE AND REDUCED PRICE

MEAL BENEFIT FORM

&

DIRECT CERTIFICATION

INFORMATION - PROCEDURES

2004-2005 SCHOOL YEAR

Missouri Department of Elementary & Secondary Education
School Food Services Section
May 2004

05/04

TABLE OF CONTENTS

INTRODUCTION

FREE AND REDUCED PRICE MEAL BENEFIT FORM

Information - Procedures 1-1

DIRECT CERTIFICATION

Information - Procedures 2-1

Direct Certification Benefits 2-1

Direct Certification Process 2-2

Direct Certification - Steps for Implementation 2-3

Direct Certification – Procedures to Access Data 2-5

Instructions for Downloading Direct Certification Data 2-7

Direct Certification Record Specifications 2-11

MC+ for Kids, MISSOURI'S HEALTH INSURANCE PROGRAM

Instructions for LEA use of Appendix 2 3-1

ATTACHMENTS

Eligibility Criteria ..... Policy Attachment A
Letter to Parents ..... Policy Attachment B
Letter to Parents with Direct Certification ..... Policy Attachment B1
Notice of Direct Certification Approval ..... Policy Attachment B2
Meal Benefit Form (Individual) ..... Policy Attachment C (Individual)
Meal Benefit Form (Family) ..... Policy Attachment C (Family)
Public Release ..... Policy Attachment D
Notice of Approval or Denial ..... Policy Attachment E
Methods of Collection & Meal Counting ..... Policy Attachment F
Income Eligibility Guidelines ..... Appendix 1
MC+ for Kids Request for Information ..... Appendix 2

INTRODUCTION

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

We are providing prototypes of an individual and family Meal Benefit Form. Our office must approve any changes made to these forms before duplication and distribution.

Meal Benefit Forms are also available in the following languages: Cambodian, Chinese (Mandarin), Creole/Haitian, Croatian, French, Hindi, Hmong, Japanese, Korean, Laotian, Portuguese, Russian, Serbian, Somali, Spanish, Thai, Urdu, and Vietnamese. You may download these forms from the Internet at http://www.fns.usda.gov/cnd/Translations/Default.htm These Meal Benefit Forms will not be identical to the prototype forms in this book.

This booklet provides the information necessary for the approval of free and reduced price meals for the 2004-2005 school year. For more detailed information on the general extension of free and reduced price meal benefits, refer to the Free and Reduced Price Guidance booklet.

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

---

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

FREE AND REDUCED PRICE MEAL BENEFIT FORM

INFORMATION - PROCEDURES
2004-2005 SCHOOL YEAR

All schools participating in the Child Nutrition Programs are required by federal regulations to adopt, and have on file with the State agency, an approved policy of standards and procedures for determining eligibility and extending free and reduced price meals under the National School Lunch and School Breakfast Programs. We have incorporated the standard uniform policy into the application-agreement. The following information is provided to assist you in implementing the provisions of your policy standards and procedures for the 2004-2005 school year.

The ELIGIBILITY CRITERIA FOR FREE AND REDUCED PRICE MEALS (Attachment A) must be adopted for the 2004-2005 school year. Appendix 1 is provided as a tool for the determining official to use when determining eligibility.

Concerning the LETTER TO PARENTS (Attachment B) and the MEAL BENEFIT FORM - Attachment C (Individual) and Attachment C (Family):

1. For those LEAs that do not implement Direct Certification, the LETTER TO PARENTS (Attachment B), along with the MEAL BENEFIT FORM (Attachment C - Individual or Family), must be distributed to all children/families at the beginning of school.

2. For those LEAs that do implement Direct Certification, see the Direct Certification Information - Procedures, Section 2, pages 2-1 thru 2-9.

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

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

Use of the 2004-2005 policy attachments will place your LEA in compliance. These policy attachments should be filed with your permanent application-agreement. Unless substantive changes are made to the attachments, it will not be necessary to return copies to our office. LEAs may reword the letters to parents and the public release by deleting the reference to the breakfast program if breakfast is not offered.

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

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

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

A food stamp/Temporary Assistance number is an eight-digit number and may be preceded by a county number (up to 3 digits) and the letter S. It is also referred to as the household's Department Case number. A 16-digit Electronic Benefit Transfer (EBT) card number is NOT acceptable. Possession of the EBT card does not mean the household is currently eligible for food stamps or Temporary Assistance.

LEAs **must** organize their file of Meal Benefit Forms for free and reduced price meals so that they can be easily retrieved by school. For LEAs with multiple attendance units, this may mean making copies of the Meal Benefit Form if more than one student is named on the form and they attend different schools.

VERIFICATION OF THE CURRENT INCOME OF A SELECTED SAMPLE OF THE APPROVED MEAL BENEFIT FORMS ON FILE AS OF OCTOBER 31 OF EACH SCHOOL YEAR MUST BE COMPLETED BY DECEMBER 15. For more detailed information, refer to the Verification Guidance booklet.

Methods of Collection & Meal Counting (Attachment F) does **not** need to be completed and returned to our office unless the systems(s) that will be used for the 2004-2005 school year is different from the previous system(s) submitted to the State agency.

DIRECT CERTIFICATION
INFORMATION - PROCEDURE 2004-2005 SCHOOL YEAR

In authorizing Public Law 101-147, the Child Nutrition and WIC Amendments of 1989, Congress included a paperwork reduction provision in the area of approving children for free meals at school. This provision is referred to as the Direct Certification provision.

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

In implementing this process, our office has entered into an agreement with the Department of Social Services to obtain the necessary basic information; e.g., the names, and other specific identifying information, of all children in the State ages three (3) through nineteen (19). This list will be current as of July 1, 2004, and can be used to certify eligible children for free meals at the beginning of the school year.

Direct Certification is not mandated. It is an option for LEAs to consider. To determine whether or not you wish to participate, please read the following information, which describes the various aspects of Direct Certification.

If you have questions or need assistance, you may contact our office at (573)-751-3526.

Direct Certification - Benefits

1. Families of students eligible for free meals through Direct Certification do not have to submit a Meal Benefit Form.

2. LEAs that implement Direct Certification will have less Meal Benefit Forms to process, approve, and verify.

3. LEAs that implement Direct Certification will most likely increase the number of students eligible for free meals. Students documented to be eligible for free meals through the Direct Certification Process or Meal Benefit Forms may be included in the SB380 FTE Resident Free or Reduced Price Eligible Students count. Please refer to DESE Core Data Section's guidelines on how to report those students; i.e., full-time equivalency, resident, etc.

4. LEAs that implement Direct Certification may substantially lower the risk of fiscal sanctions or overclaims due to incorrectly approved Meal Benefit Forms found as a result of reviews and/or audits.

5. LEAs that implement Direct Certification will have a smaller number of Meal Benefit Forms to verify.

Direct Certification - Process

1. The School Food Services Section of the Missouri State Department of Elementary and Secondary Education has entered into an agreement with the Missouri Department of Social Services to obtain a computerized listing of all the children in Missouri between the ages of three (3) and nineteen (19) from families who are currently (July 1, 2004) eligible to receive food stamps or Temporary Assistance.

2. The computerized listing contains specific identifying information that can be used to automatically approve students for free meals. The specific data include: the name of the child, date of birth, child's social security number, sex, race, the name of the case (approved household) head, the address of the case (approved household) head, and the particular program; e.g., Food Stamp (S), AFDC - Now referred to as Temporary Assistance (C), or both (B).

3. LEAs wishing to implement the process must request the appropriate identifying data from the State agency.

4. To request the required identifying data, LEAs will need to verify/provide the Postal ZIP Codes, via the Web, from areas in which their students reside.

5. From the master computerized listing provided by the Missouri Department of Social Services, a listing of children whose addresses include the Postal ZIP Codes requested by the LEA will be generated. This data will be provided to the requesting LEA via the Web. See pages 2-5 through 2-11 for procedures to access Direct Certification data.

6. The LEA can then certify as eligible for free meals those students enrolled in their school for whom there is a verifiable match with the Department of Social Services data.

7. To be considered a verifiable match, LEA enrollment data and the Department of Social Services data must be matched by specific identifying data such as name, birth date, address, etc. At a minimum, the student's name must be matched with at least one identifier; e.g., birth date. The more matching identifiers noted, the more assurance of a correct match.

8. Students certified are considered eligible for the entire year unless the LEA is notified by the family that the household is no longer eligible for food stamps or Temporary Assistance, at which time the family must be given the opportunity to complete a Meal Benefit Form. The LEA is not required to update this data during the school year.

9. The families of students who have been identified as eligible for food stamps or Temporary Assistance must then be notified by the LEA that the students are eligible to receive free meals.

10. While the master listing of the Department of Social Services data must be kept in the central office, listings of all children determined to be eligible for free or reduced price meals must be compiled and easily retrievable by school.

11. Parents have a right to not have their children receive free meals if they do not want them.

12. LEA Authorized Representatives will have to certify that they will use the food stamp and Temporary Assistance data only for the purpose of determining eligibility under the National School Lunch, School Breakfast, or Special Milk Programs.

13. Free and reduced price Meal Benefit Forms are still required because:

    a) Direct Certification does not apply to students who may be eligible for reduced price meals.

    b) Direct Certification does not apply to students who are approved to receive food stamps or Temporary Assistance after July 1 of each year.

    c) Although eligible, some families do not apply for food stamps or Temporary Assistance.

    d) It is unlikely that there will be a 100 percent match in the database of the names of students who are both enrolled in the LEA and receiving food stamps or Temporary Assistance.

Direct Certification - Steps For Implementation

All Child Nutrition Program documentation must be kept on file for 3 years. Please note, if you participated in Direct Certification last year, you need to backup your Direct Certification data on a CD, disk, or save it in another file. The procedure to access Direct Certification data is different from previous years. Read instructions, page 2-5 through 2-11 carefully.

To participate in the Direct Certification process:

1. Go to http://dese.mo.gov/divadm/food, click on Web Submission, Login, click on School Food Services, scroll down to Menu, click on Direct Certification Download in drop down box. If LEA participated in Direct Certification last year, verify ZIP Codes, add or delete and save as necessary, submit. If LEA did not participate in Direct Certification last year, the LEA needs to click Add, enter ZIP Codes, Save and Submit.

2. Upon receipt of food stamp/Temporary Assistance data, identify and correctly match students from school enrollment data with food stamp/Temporary Assistance data.

3. Inform families for whom an appropriate match has been made that the children listed on the NOTICE OF DIRECT CERTIFICATION OF APPROVAL FOR FREE MEALS BASED ON FOOD STAMP/TEMPORARY ASSISTANCE ELIGIBILITY, (Attachment B2), have been automatically approved to receive free meals.

4. Every precaution must be taken by the LEA to protect the anonymity of students receiving free and/or reduced price meals. The distribution of the notices/letters to parents and Meal Benefit Forms to households at the beginning of the year must be done in such a manner as to prevent overt identification and to ensure that no child is excluded from participation.

   LEAs that implement Direct Certification are not required to send a letter to parents and a Meal Benefit Form to those families deemed eligible under the Direct Certification process if the LEA has a system to distribute to non-certified households the letter to parents and Meal Benefit Form so that children approved through the Direct Certification process will not be overtly identified (direct mail, individual student packets, etc.).

   If the LEA does not have a system to distribute the letter to parents and Meal Benefit Form so that children approved through the Direct Certification process will not be overtly identified, then all families must be provided with a LETTER TO PARENTS (Attachment B1) and a MEAL BENEFIT FORM (Attachment C).

5. Information/lists of all students directly certified and/or approved through use of the Meal Benefit Forms are then to be compiled, maintained, and retrievable by individual school. The LEA's master Direct Certification data list must be retained in the LEA central office.

6. Direct Certification data must be kept for a period of three years after the year to which it pertains.

Direct Certification – Procedures to Access Data

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

   The steps outlined below must be followed in order to gain access to the LEA's Direct Certification data:

   a) Go to School Food Services Web page and click on ***Web Submission*** or go to ***DESE Web Applications Login Page***.

   b) ***Login***

   b) On ***Application Menu***, click ***School Food Services***

   c) Scroll down, click on ***Menu*** drop down box

   d) Single click ***Direct Certification Download***

   e) If LEA participated in Direct Certification last year, verify ZIP Codes, add or delete and save as necessary. The Authorized Representative must login using his/her User Id and Password in order to submit the ZIP Codes. After ZIP Codes have been submitted, Data Entry, Submit and Authorized Representative capabilities can click ***Download.***

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

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

4. If you need assistance or have questions concerning the download of Direct Certification data, please call 573-751-3526.

Authorized Representative - can add, delete, save, and submit ZIP Codes, and download Direct Certification information
Submit - can add, delete, save ZIP Codes, and download Direct Certification information
Data Entry –can add, delete, save ZIP Codes, and download Direct Certification information
View capabilities –can only view the ZIP Codes

If LEA did Direct Certification last year:

Verify ZIP Codes
If correct, click Save
Authorized Representative login click Submit
Click Download
Choose method to download the information; text file, excel file or access file
Follow downloading steps on pages 2-7 through 2-10

If first time participation in Direct Certification:

1. Go to School Foods Services Web page
2. Login
3. Click dropdown menu box
4. Click Direct Certification Download
5. On pop up box, click OK
6. Click Add, type in ZIP Code
7. Click Save
8. Continue entering all ZIP Codes
9. (Only the Authorized Representative can submit ZIP Codes)
10. Click Submit
11. Click OK
12. Click OK
13. After ZIP Codes have been submitted, click Download
14. Choose method to download the information; text file, excel file or access file
15. Follow downloading steps on page 2-7 through 2-10

INSTRUCTIONS FOR DOWNLOADING DIRECT CERTIFICATION DATA FROM THE WEB

Downloading Data to Microsoft Excel

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

6. Go to School Food Services Website and single click ***Web Submission*** or ***DESE Web Applications Login Page***
7. Login
8. Single click ***School Food Services***
9. Scroll down and click on ***Menu*** drop down box
10. Single click ***Direct Certification Download***

Note: If buttons are grayed out the Authorized Representative has not logged in with their User Id and Password

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

16. Single click ***Download Excel*** and single click ***Yes***
17. Single click ***File***, and select ***Save As…***
18. Go to ***Save in;*** click on drop down box and click on ***Local Disk (C:)***
19. Make sure file name says **direct_import**
20. Double click on ***dircert folder*** and click ***Save***
21. Close this screen

22. Go to bottom left hand corner of screen and click on ***Start***
23. Select ***Programs*** then click on ***Microsoft Excel***
24. Single click ***File***
25. Single click ***Open***
26. Go to ***Look in;*** click on drop down box and click on ***Local Disk (C:)***
27. Double click ***dircert folder***
28. Double click ***dircert import***
29. Single click ***Enable Macros***
30. Hold the Ctrl key and hit the letter E
31. Enter your agreement number/county district code
32. Single click ***OK***
33. Single click ***OK***
34. Single click ***File*** and select ***Save As***…
35. Go to ***Save as type***: and click on drop down box and click on ***Microsoft Excel Workbook***
36. Single click ***Save***

Downloading Information to Microsoft Access

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

6. Go to School Food Services Website and single click ***Web Submission*** or ***DESE Web Applications Login Page***
7. Login
8. Single click ***School Food Services***
9. Scroll down and click on ***Menu*** drop down box
10. Single click ***Direct Certification Download***

Note: If buttons are grayed out the Authorized Representative has not logged in with their User Id and Password

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

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

Downloading Information to Text

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

Saving Direct Certification Data as a Text File

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

Note: If buttons are grayed out the Authorized Representative has not logged in with their User Id and Password

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

<u>If LEA cannot download Direct Certification information by clicking on Download Excel or Download Access</u>

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

DIRECT CERTIFICATION RECORD SPECIFICATIONS

FOR COMPUTER USE

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

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

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

CODES:

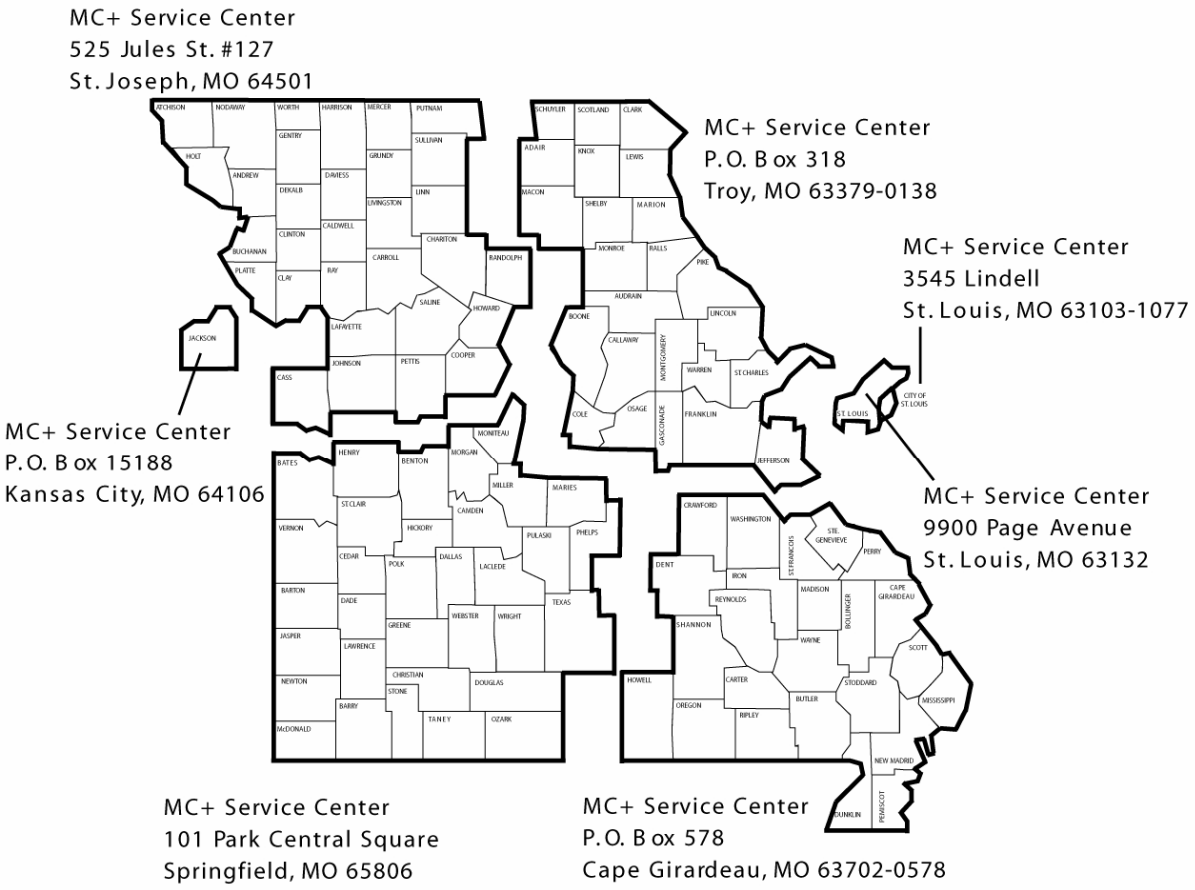
RECORD TYPE	ITEM TYPE
F=FIXED	N=NUMERIC
V=VARIABLE	AN=ALPHANUMERIC
U=UNDEFINED	A=ALPHABETIC
	R=REPORTS

Instructions for LEA use of Appendix 2

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

We are requesting LEAs to cooperate with DSS by distributing the request for information, Policy Attachment G, with the Letter to Parents and Meal Benefit Form. LEAs would then mail any completed forms returned to their schools to the appropriate service centers indicated on the map below. MC+ officials will then contact the families for more information.

You are not required to distribute Appendix 2.



ELIGIBILITY CRITERIA FOR FREE AND REDUCED PRICE MEALS
EFFECTIVE JULY 1, 2004

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	Annually	Monthly	Weekly	Annually	Monthly	Weekly
1	$12,103	$1,009	$233	$17,224	$1,436	$332
2	16,237	1,354	313	23,107	1,926	445
3	20,371	1,698	392	28,990	2,416	558
4	24,505	2,043	472	34,873	2,907	671
5	28,639	2,387	551	40,756	3,397	784
6	32,773	2,732	631	46,639	3,887	897
7	36,907	3,076	710	52,522	4,377	1,011
8	41,041	3,421	790	58,405	4,868	1,124
Each add'l member	4,134	345	80	5,883	491	114

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

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

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

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

(CONTINUED)

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

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

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

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

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

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

LETTER TO PARENTS
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM

Dear Parent/Guardian:

The _____ School serves meals each school day. Children may buy lunch for _____ and breakfast for _____. Eligible children may receive meals free or at a reduced price. The reduced price for lunch is ____ and for breakfast is ____. If you now receive food stamps for your child(ren), your child(ren) is eligible for free meals. If your total household income is the same or less than the amounts on the Income Chart below, your child(ren) can get free or reduced price meals. A foster child may receive free or reduced price meals regardless of your income.

TO RECEIVE FREE OR REDUCED PRICE MEALS FOR YOUR CHILD(REN), YOU MUST COMPLETE A MEAL BENEFIT FORM AND RETURN IT TO THE SCHOOL. WE CANNOT APPROVE AN INCOMPLETE FORM.

For a family getting Food stamps; or child receiving Temp. Assistance:
1) Child's name; 2) Food stamp or Temporary Assistance case number;
3) Adult household member's signature.

For households not getting Food stamps:
1) Child's name; 2) Names of all household members; 3) Income by source for all household members; 4) Social Security number of the adult household member who signs the Meal Benefit Form or the word "NONE" if the adult signing does not have a Social Security number; 5) Adult household member's signature.

For a family with a foster child:
1) Child's name using a separate meal benefit form;
2) Child's personal use income; 3) Adult signature.

Income Chart

Household Size	Annual	Monthly	Weekly
1	17,224	1,436	332
2	23,107	1,926	445
3	28,990	2,416	558
4	34,873	2,907	671
5	40,756	3,397	784
6	46,639	3,887	897
7	52,522	4,377	1,011
8	58,405	4,868	1,124
For each add'l Member add	+5,883	+491	+ 114

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your child(ren) should get free or reduced price meals.

Fair Hearing: If you have questions about the school's decision on your Meal Benefit Form or the results of verification, you may talk to your school officials. You may ask for a fair hearing by calling or writing:

Name_____Telephone _____

Address_____

Reporting Changes: If your child(ren) receives free or reduced price meals because of your income, you must tell the school if your household size decreases or your income increases by more than $50 per month or $600 per year. If your child(ren) gets free meals because your household gets food stamps or Temporary Assistance, you must tell the school when you no longer get these benefits. You may then fill out another Meal Benefit Form giving income information.

Confidentiality: We will use the information on your form to decide if your child(ren) should get free or reduced price meals.

Reapplication: You may apply for free or reduced price meals at any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed, or get food stamps for your household or Temporary Assistance for your child, complete a Meal Benefit Form then.

All meals served MUST meet meal patterns established by the U.S. Department of Agriculture. If a child has a disability, as determined by a doctor, and the disability prevents the child from eating the regular school meal, the school will make substitutions as prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. Please contact the school for a Special Meals form. This form is to be completed by your child's doctor. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of disability.

We will let you know when your Meal Benefit Form is approved or denied.

Sincerely,

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

LETTER TO PARENTS
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM

NOTE: Do not complete the attached meal benefit form if you have recently received notification from your school that your child(ren) has been certified to receive free meal benefits for the 2004-2005 school year.

Dear Parent/Guardian:
The _____ School serves meals each school day. Children may buy lunch for _____ and breakfast for _____. Eligible children may receive meals free or at a reduced price. The reduced price for lunch is ____ and for breakfast is ____. If you now receive food stamps for your child(ren), your child(ren) is eligible for free meals. If your total household income is the same or less than the amounts on the Income Chart below, your child(ren) can get free or reduced price meals. A foster child may receive free or reduced price meals regardless of your income.

TO RECEIVE FREE OR REDUCED PRICE MEALS FOR YOUR CHILD(REN), YOU MUST COMPLETE A MEAL BENEFIT FORM AND RETURN IT TO THE SCHOOL. WE CANNOT APPROVE AN INCOMPLETE FORM.

For a family getting Food stamps; or child receiving Temp. Assistance:
1) Child's name; 2) Food stamp or Temporary Assistance case number;
3) Adult household member's signature.

For households not getting Food stamps:
1) Child's name; 2) Names of all household members;
3) Income by source for all household members; 4) Social Security number of the adult household member who signs the Meal Benefit Form or the word "NONE" if the adult signing does not have a Social Security number; 5) Adult household member's signature.

For a family with a foster child:
1) Child's name using a separate meal benefit form;
2) Child's personal use income; 3) Adult signature.

Income Chart

Household Size	Annual	Monthly	Weekly
1	17,224	1,436	332
2	23,107	1,926	445
3	28,990	2,416	558
4	34,873	2,907	671
5	40,756	3,397	784
6	46,639	3,887	897
7	52,522	4,377	1,011
8	58,405	4,868	1,124
For each add'l Member add	+5,883	+491	+ 114

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your child(ren) should get free or reduced price meals.

Fair Hearing: If you have questions about the school's decision on your Meal Benefit Form or the results of verification, you may talk to your school officials. You may ask for a fair hearing by calling or writing:

Name_____Telephone _____

Address_____

Reporting Changes: If your child(ren) receives free or reduced price meals because of your income, you must tell the school if your household size decreases or your income increases by more than $50 per month or $600 per year. If your child(ren) gets free meals because your household gets food stamps or Temporary Assistance, you must tell the school when you no longer get these benefits. You may then fill out another Meal Benefit Form giving income information.

Confidentiality: We will use the information on your form to decide if your child(ren) should get free or reduced price meals.

Reapplication: You may apply for free or reduced price meals at any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed, or get food stamps for your household or Temporary Assistance for your child, complete a Meal Benefit Form then.

All meals served MUST meet meal patterns established by the U.S. Department of Agriculture. If a child has a disability, as determined by a doctor, and the disability prevents the child from eating the regular school meal, the school will make substitutions as prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. Please contact the school for a Special Meals form. This form is to be completed by your child's doctor. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of disability.

We will let you know when your Meal Benefit Form is approved or denied.

Sincerely,

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer

DIRECT CERTIFICATION ELIGIBILITY
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM

Dear Parent/Guardian:

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

Each student listed below has been approved for free meals during the 2004-2005 school year, based on his/her eligibility for food stamps or Temporary Assistance.

Student Name _____ Student Name_____

Student Name _____ Student Name_____

Student Name _____ Student Name_____

Student Name _____ Student Name_____

Student Name _____ Student Name_____

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

If you have children who are not eligible for food stamps or Temporary Assistance, or if you feel that your child's name has been left out in error, you may then complete a Meal Benefit Form for that child and return it to the school as soon as possible.

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

You must notify the school when you are no longer eligible to receive food stamps or Temporary Assistance.

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

All meals served MUST meet meal patterns established by the U.S. Department of Agriculture. If a child has a disability, as determined by a doctor, and the disability prevents the child from eating the regular school meal, the school will make substitutions as prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. Please contact the school for a Special Meals form. This form is to be completed by your child's doctor. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of disability.

Sincerely,

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

MEAL BENEFIT FORM FOR FREE AND REDUCED PRICE SCHOOL MEALS

INSTRUCTIONS ON BACK OF FORM

1. STUDENT'S NAME

Last Name	First	School	Grade

2. FOOD STAMP OR TEMPORARY ASSISTANCE NUMBER (8-DIGITS) __ __ __ __ __ __ __ __ Go to Section #5.

3. FOR FOSTER CHILD, check here ☐ (Complete a separate form for each foster child)

Foster child's monthly personal use income _____ (Write "0" if the child has no personal use income)

4. LIST ALL HOUSEHOLDS MEMBERS: (complete this part only if you did not complete sections #2 or #3.) List all income. Go to Section #5.

Names of Household Members (Including the Student Listed Above)	**Monthly Earnings from Work** (Before Deductions) JOB 1	JOB 2	**Monthly** Welfare, Child Support, Alimony	**Monthly** Payments from Pensions, Retirement, Social Security	Any Other **Monthly** Income
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$

5. ALL HOUSEHOLDS: (An adult household member **MUST** sign the meal benefit form before it can be approved.) *I certify that all of the above information is true and correct and that the food stamp or Temporary Assistance number is current, correct or all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the meal benefit form; and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.*

Signature of Adult Household Member _____ **Social Security No.** _____ Date _____

Printed Name: _____ Home Phone _____ Work Phone _____

Home Address: _____ City/State/ZIP _____

Privacy Act Statement: Unless you list the child's food stamp or Temporary Assistance number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or Temporary Assistance office to determine current certification for food stamps or Temporary Assistance, the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State, and local education, health, and nutrition programs.

6. RACIAL/ETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so:

Please mark one or more of the following racial identities:

( ) American Indian or Alaska Native ( ) Black or African American

( ) Asian ( ) Native Hawaiian or Other Pacific Islander ( ) White

Please mark one of the following ethnic identities:

( ) Hispanic or Latino ( ) Not Hispanic or Latino

In accordance with Federal law and U.S. Department of Agriculture polic,y this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2

FOR OFFICIAL USE ONLY: Food Stamp/Temporary Assistance Eligible: ( ) Yes ( ) No

Total monthly income: _____ Household size: _____ Eligible: _____ **NOT** Eligible: _____

Eligibility Classification: Free____ Reduced____ Paid _____ Temporary : Free _____ Reduced Price _____ Time Period _____

Signature of Determining Official_____ Date_____

MEAL BENEFIT FORM FOR FREE AND REDUCED PRICE SCHOOL MEALS (INSTRUCTIONS ON BACK OF FORM)

1. Students' Last Name	First Name	School	Grade	2. FOOD STAMP NO.	TEMPORARY ASSISTANCE NO.
				__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __
				__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __
				__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __
				__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __

3. FOR FOSTER CHILD, check here ☐ (Complete a separate form for each foster child) **Foster child's monthly personal use income $_____**(Write "0" if the child has no personal use income)

4. LIST ALL HOUSEHOLDS MEMBERS: (complete this part only if you did not complete sections #2 or #3 for each student.) List all income. Go to Section #5.

Names of Household Members (Including the Students Listed Above)	**Monthly Earnings from Work** (Before Deductions) JOB 1	JOB 2	**Monthly** Welfare, Child Support, Alimony	**Monthly** Payments from Pensions, Retirement, Social Security	**Any Other Monthly** Income
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$

5. ALL HOUSEHOLDS: (An adult household member **MUST** sign the meal benefit form before it can be approved.) *I certify that all of the above information is true and correct and that the food stamp or Temporary Assistance number(s) is current, correct or all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the meal benefit form; and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.*

Signature of Adult Household Member _____ **Social Security No.** _____Date _____ Home Phone _____ Work Phone _____

Printed Name: _____ Home Address: _____ City/State/ZIP _____

Privacy Act Statement: Unless you list the child's food stamp or Temporary Assistance number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or Temporary Assistance office to determine current certification for food stamps or Temporary Assistance, the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State, and local education, health, and nutrition programs.

6. RACIAL/ETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so:

Please mark one or more of the following racial identities: ( ) American Indian or Alaska Native ( ) Black or African American ( ) Asian ( ) Native Hawaiian or Other Pacific Islander ( ) White

Please mark one of the following ethnic identities: ( ) Hispanic or Latino ( ) Not Hispanic or Latino

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

FOR OFFICIAL USE ONLY: MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2Food Stamp/Temporary Assistance Eligible:

( ) Yes ( ) No Total monthly income: _____ Household size: _____ Eligible: __ **NOT** Eligible: __ Eligibility Classification: Free__ Reduced___Paid ___ Temporary : Free _____ Reduced Price _____
Time Period _____ Signature of Determining Official_____ Date_____

HOW TO COMPLETE THE MEAL BENEFIT FORM

To apply for free and reduced price meals, complete the Meal Benefit Form using these instructions. Sign the form and return it to the school. If you need help, call _____.

---

1. STUDENT(S) INFORMATION: All households must complete this part.

(a) Print the student(s) name, school, and grade.

---

2. HOUSEHOLDS RECEIVING FOOD STAMPS/TEMPORARY ASSISTANCE: Complete this part and sign the form in Section #5. (For Family Applications: If you listed a food stamp or Temporary Assistance case # for each student, go to Section #5. If not, complete both Section #4 and Section #5.)

(a) List a current food stamp/Temporary Assistance case number for each child (8-digit number may be preceded by county number and the letter S). Food stamp numbers are for any individual or group of individuals. A Temporary Assistance number is for an individual child and cannot be extended to other family members. A 16-digit Electronic Benefit Transfer (EBT) card number is not acceptable.

(b) An adult household member **must** sign the application in #5.

---

3. HOUSEHOLDS WITH A FOSTER CHILD: Complete this part and sign the form in Section #5. (A foster child is the legal responsibility of a welfare agency or court.)

(a) Check if student is foster child. (Complete a separate form for each foster child.)

(b) List the foster child's monthly personal use income. Write "0" if the foster child does not get personal use income. Personal use income is (a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (b) all other money the child gets, such as money from his/her family and money from the child's full-time or regular part-time jobs.

(c) **Skip Monthly Income Section** -Do not list any other children, household members or income.

(d) A foster parent or other official representing the child must sign the form in #5. You do not have to list a social security number.

---

4. HOUSEHOLD MEMBERS AND MONTHLY INCOME: Complete this part and sign the form in Section #5.

(a) Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, all children you are applying for (including those listed in #1), grandparents, and all other related and unrelated people in your household.

(b) Write the amount of income each person member received last month, before taxes or anything else is taken out, and where it came from, such as earnings, welfare, pensions, and other income (see the examples below for types of income to report). Each income amount should be entered in the appropriate column on the form. If any amount last month was more or less than usual, write that person's usual monthly income.

(c) If anyone is self-employed, write the amount of income the person earns from self-employment; for example, income from being a family day care home provider, or operating a farm. Please call the number at the top of this page if you need help.

(d) An adult household member must sign the form and give his/her social security number in #5. *If you do not have a social security number, write "none."*

To Figure Monthly Income: Weekly x 4.33 Every 2 Weeks x 2.15 Twice a Month x 2

---

5. SIGNATURE AND SOCIAL SECURITY NUMBER: All households complete this part.

(a) The form must have the **signature** of an adult household member.

(b) The adult household member who signs the form must include his/her **social security number**. *If he/she does not have a social security number, write "none."* A social security number is not needed if you listed a food stamp/Temporary Assistance case number for each child or if you are applying for a foster child.

---

6. RACIAL/ETHNIC IDENTITY: You are **not required** to answer this question to get meal benefits, but completion of this information will help ensure that everyone is treated fairly.

INCOME TO REPORT

Earnings from Work
- Wages/salaries/tips
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-owned business or farm

Welfare/Child Support/Alimony
- Public assistance payments
- Welfare payments
- Alimony/child support payments

Pensions/Retirement/Social Security
- Pensions
- Supplemental Security Income
- Retirement income
- Veteran's payments
- Social Security

Other Income
- Disability benefits
- Cash withdrawn from savings
- Interest /Dividends
- Income from Estates/Trusts/ investments
- Regular contributions from people not living in the household
- Net royalties/annuities/ net rental income
- Military allowance for off-base housing
- Any other income

PUBLIC RELEASE

DATE _____

_____today announced its revised free and reduced price policy for school children unable
(Local Education Agency)
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	$12,103	$1,009	$ 233	$17,224	$1436	$ 332
2	16,237	1,354	313	23,107	1,926	445
3	20,371	1,698	392	28,990	2,416	558
4	24,505	2,043	472	34,873	2,907	671
5	28,639	2,387	551	40,756	3,397	784
6	32,773	2,732	631	46,639	3,887	897
7	36,907	3,076	710	52,522	4,377	1,011
8	41,041	3,421	790	58,405	4,868	1,124
Each add'l member	4,134	+ 345	+ 80	+ 5,883	+ 491	+ 114

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

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

If a family member becomes unemployed or if family size changes, the family should contact the school to file a new Meal Benefit Form. Such changes may make the children of the family eligible for these benefits. Recipients of free and reduced price benefits must notify the school of any changes during the school year in family size and increases of income of over $50.00 per month or a change in eligibility for food stamps or Temporary Assistance.

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

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

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

NOTICE OF APPROVAL OR DENIAL

_____
(Date)

STATUS OF MEAL BENEFIT FORM FOR FREE OR REDUCED PRICE MEALS

Dear _____:
(Parent)

_____ Your Meal Benefit Form has been approved for free meals.

_____ Your Meal Benefit Form has been approved for a reduced price of _____ cents for lunch, ____ cents for breakfast.

_____ Your Meal Benefit Form for free or reduced price benefits for your child has been denied for the following reason:

_____ 1. Meal Benefit Form incomplete as shown below:
- _____ a. Total household income.
- _____ b. Names of all household members.
- _____ c. Signature of adult household member.
- _____ d. Social security number of adult household member signing Meal Benefit Form.

_____ 2. Income too high for family size.
_____ 3. Other _____

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

_____
(Name and Title of Hearing Official)

at _____ _____
(Address) *(Phone)*

If your child is approved for meal benefits based on family income, you must tell the school when your household income increases by more than $50 per month ($600 per year) or when your household size decreases. If you gave a food stamp or Temporary Assistance number, you must tell the school when you no longer receive food stamps or Temporary Assistance.

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 a Meal Benefit Form at that time.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Sincerely,

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

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

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
SCHOOL FOOD SERVICES

METHODS OF COLLECTION & MEAL COUNTING

Local Education Agency_____ Date _____ Agreement No. _____

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

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

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

_____a. Students pay for meals daily_____, weekly_____, monthly_____, by the semester_____, yearly_____. (Check all that apply.)
_____b. Students may_____/may not_____ prepay meals.
_____c. Students may charge meals and pay at a later date.
_____d. Students do not pay for meals.
_____e. Meal payment is made in the classroom_____, school office_____, cafeteria_____, another location_____. (Check all that apply.)
_____f. Another method is used. Explain:_____

II. Cards, Tickets, Tokens

_____a. All_____/some _____schools in the LEA use meal cards, tickets or tokens: elementary_____, middle/junior high_____, senior high_____. (Check all that apply.)
_____b. All_____/some _____students at these school(s) use meal cards, tickets or tokens.
_____c. Meal cards, tickets or tokens are distributed in the classroom_____, school office_____, cafeteria_____, another location_____. (Check all that apply.)
_____d. Meal cards, tickets or tokens are coded using a number code_____, letter code_____, date code_____, signature code_____, another code_____. (Check all that apply.)
_____e. All student meal cards, tickets or tokens are the same size and color.

III. Meal Accountability and Monitoring Methods

_____a. All_____/some _____schools in the LEA use a roster system: elementary_____, middle/junior high_____, senior high_____. (Check all that apply.)
_____b. All students' names are listed on the roster.
_____c. The roster is marked by the classroom teacher_____, food service employee_____, another person_____. (Check all that apply.)
_____d. The students' names are marked on the roster after a reimbursable meal is served/selected.
_____e. The students' names are marked on the roster before a reimbursable meal is served/selected. (Requires State agency approval.)
_____f. Marks on the roster are counted to arrive at a total number of free, reduced price, and full price reimbursable student meals served. (Must count each category.)
_____g. Each student presents their meal card, ticket or token to a teacher_____, food service employee_____ or another person _____at the point of service after a reimbursable meal is served/selected.
_____h. Each student presents their meal card, ticket or token to a teacher_____, food service employee_____, another person_____ before a reimbursable meal is served/selected. (Check all that apply.) (Requires State agency approval.)
_____i. Meals are monitored for compliance to the appropriate meal pattern.
_____j. All students eligible for free or reduced price meals have access to all serving areas offering a reimbursable meal.
_____k. Another method is used. Explain: _____

IV. Computerized Point of Sale Systems

_____a. The name(s) of the computerized system used _____.

_____b. All_____/some_____ schools in the LEA use this system: elementary_____, middle/junior high_____, senior high_____. (Check all that apply.)

_____c. This is a debit system. Students deposit money into an account. Purchases are subtracted from the balance.

_____d. This is a meal card_____/cardless_____ system. (Check all that apply.)

_____e. Meal cards are scanned at the point of service.

_____f. Meal cards are collected at the point of service and scanned later.

_____g. Students_____, food service employee_____, another person_____ enters an identifying number into a keypad at the point of service.

_____h. Each student presents medium of exchange to cashier before a reimbursable meal is served/selected. (Requires state agency approval.)`

_____i. Meals are monitored for compliance with the meal pattern.

_____j. After all students are served a daily report is generated indicating the number of free, reduced price, and full price reimbursable student meals served/selected.

_____k. All students eligible for free or reduced price meal benefits have access to all serving areas offering a reimbursable meal.

_____l. Another method is used. Explain:_____

SAMPLE CODING METHODS

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

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

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

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

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

NOTE: Marking codes that can be easily duplicated or altered to a different code must be avoided.
PROHIBITED CODES: Free, reduced price, or paid. F, R. P. Color Coding.
CODES NOT RECOMMENDED: X,Y,Z. 1,2,3. A,B,C. AAA,BBB,CCC

If the Methods of Collection & Meal Counting system(s) that will be used for the 2004-2005 school year is different from the previous school year, please complete and return form to:

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

Appendix 1

INCOME ELIGIBILITY GUIDELINES

(Effective From July 1, 2004 to June 30, 2005)

	FREE MEALS - 130%					REDUCED PRICE MEALS – 185%				
House-hold Size	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month
1	$12,103	$1,009	$233	$466	$505	$17,224	$1,436	$332	$663	$718
2	$16,237	$1,354	$313	$625	$677	$23,107	$1,926	$445	$889	$963
3	$20,371	$1,698	$392	$784	$849	$28,990	$2,416	$558	$1,115	$1,208
4	$24,505	$2,043	$472	$943	$1,022	$34,873	$2,907	$671	$1,342	$1,454
5	$28,639	$2,387	$551	$1,102	$1,194	$40,756	$3,397	$784	$1,568	$1,699
6	$32,773	$2,732	$631	$1,261	$1,366	$46,639	$3,887	$897	$1,794	$1,944
7	$36,907	$3,076	$710	$1,420	$1,538	$52,522	$4,377	$1,011	$2,021	$2,189
8	$41,041	$3,421	$790	$1,579	$1,711	$58,405	$4,868	$1,124	$2,247	$2,434
For each add'l Family member, add	$4,134	$345	$80	$159	$173	$5,883	$491	$114	$227	$246

REQUEST FOR INFORMATION

Dear Parent/Guardian:

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

Children with health insurance are more likely to receive needed vaccinations and get treated for illnesses. Without treatment, these illnesses can slow a child's learning and have lifelong effects. Check the box below to receive information about free and low-cost health insurance for children. **It is important to understand that you are not required to complete this form. It is strictly voluntary.**

Health Insurance ☐ Yes, I give permission for MC+ officials to contact me for more information. An MC+ service representative will send me information/application for the health insurance program.

Please submit this request with your Meal Benefit Form or return it to your school.

Signature of parent/guardian: _____

Printed name of parent/guardian: _____

Street Address: _____ City/State _____ZIP_____

MC+ for Kids - Missouri's Health Insurance Program 1-888-275-5908

Do your Children Qualify?

	Maximum Monthly Family Income			
FAMILY SIZE (includes parents)	2	3	4	5
INCOME (subject to change annually)	$3,123	$3,918	$4,713	$5,508
Some families may be required to pay co-payments and premiums.				

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

- Under age 19
- Uninsured for 6 months or more (some exceptions apply)
- The family's income falls within eligibility guidelines.