

ELIGIBILITY


SY23-24

"Healthy school
lunches
mean students
are getting the
nourishment
they need to power
their minds and
bodies to learn."

-CHEF ANN COOPER

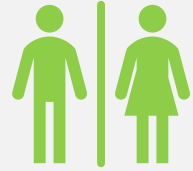
ACKNOWLEDGMENT STATEMENT

You understand and acknowledge that:

- the training you are about to take does not cover the entire scope of the program; and that
 - you are responsible for knowing and understanding all handbooks, manuals, alerts, notices and guidance, as well as any other forms of communication that provide further guidance, clarification or instruction on operating the program.
- 

HOUSEKEEPING

- Restrooms



- Food, coffee



- Phones



- Questions



- Materials



WHO SHOULD ATTEND THIS CLASS?

Those who will process or oversee the processing of applications and reporting requirements



**ADMINISTRATIVE
PERSONNEL**

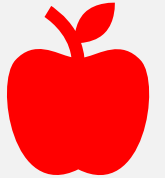
DIRECTORS



PROGRAM MANAGERS



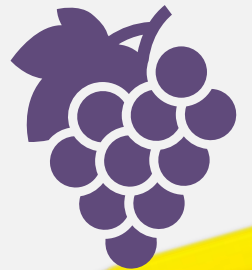
SCHOOL ADMINISTRATORS





**BUSINESS OR
FINANCIAL MANAGERS**



APPLICATION PROCESSORS



SEEDS & WEEDS

- Write down new ideas, skills or tasks (seeds) 
- List obstacles that could hinder the process (pull weeds). 

ON THE MENU

MODULE 1:
Prior to Determining Eligibility

MODULE 4:
Course
Review

MODULE 3:
Compliance

MODULE 2:
Determining Eligibility

YOUR NSLP TEAM



**HEATHER
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ELISHA BURY

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Guess the Acronym!

EDG

NSLP

IEG

CE

SNAP

ARE YOU A WISE OWL?

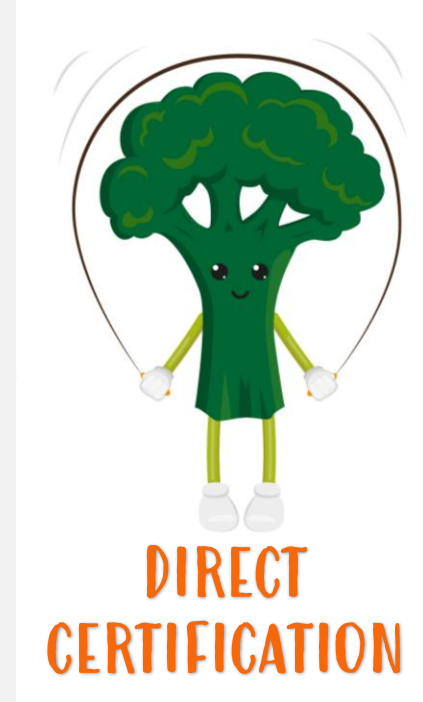


TIME FOR SOME MENTAL AEROBICS



When income comes into the household at different frequencies – weekly, bimonthly or monthly, the use of this process allows the reviewing official to convert to total income on an annual basis

Determination of eligibility for free and reduced-price meals based on documentation obtained directly from a state or local agency or authorized program representative



A _____ is a group of related or unrelated individuals who live as a unit sharing housing, income and expenses

All money earned before such deductions as income taxes, employee's Social Security taxes, insurance premiums and bonds

Any money received on a recurring basis, including earnings, pensions, and child or spousal support, unless an income source is specifically excluded by law for the Child Nutrition Programs




A yellow school tray with four compartments is shown in the background. A black banner with white text is overlaid across the middle of the tray.

PRIOR TO DETERMINING ELIGIBILITY

- The School Meals Application
- Distributing the Application
- Information Disclosure

MODULE 1 OBJECTIVES

By the end of this module, participants will be able to

- Classify the different types of school meals applications
 - Outline the application distribution process
 - Implement media release requirements
 - Identify circumstances when it is appropriate to disclose eligibility information
- 

A yellow school lunch tray with five compartments. The text is centered in the top row of compartments.

**THE SCHOOL MEALS
APPLICATION**

APPLICATION PACKAGE FOR HOUSEHOLDS



- CEs must provide households with an application package that includes information letters, school meals applications with instructions and IEGs for reduced-price meals
- [TDA applications and letter templates](#)
- [Income Eligibility for 2023-2024](#)

APPLICATION LETTER TO THE HOUSEHOLD FOR FREE AND REDUCED-PRICE SCHOOL MEALS

[Insert Name of Contracting Entity (CE)]

Dear Parent/Guardian:

Children need healthy meals to learn. [insert name of contracting entity (CE) name] offers healthy meals every school day. Breakfast costs [insert \$], lunch costs [insert \$]. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is [insert \$] for breakfast and [insert \$] for lunch. If you received a notification letter that a child is directly certified for free or reduced-price meals, do not complete an application. Let the school know if any children in the household attending school are not listed in the letter.

The questions and answers that follow and attached directions provide additional information on how to complete the application. Complete only one application for all the students in the household and return the completed application to [insert name, address, and phone number]. If you have questions about applying for free or reduced-price meals, contact [insert phone number of determining or reviewing official and email, if appropriate].

1. Who Can Get Free Meals?

- **Income**—Children can get free or reduced-price meals if a household's gross income is within the limits described in the *Federal Income Eligibility Guidelines*.
- **Special Assistance Program Participants**—Children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program for Households on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF), are eligible for free meals.
- **Foster**—Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
- **Head Start or Early Head Start**—Children participating in these programs are eligible for free meals.
- **Homeless, Runaway, and Migrant**—Children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told about a child's status as homeless, runaway, or migrant or you feel a child may qualify for one of these programs, please call or email [insert homeless liaison and migrant coordinator information].
- **WIC Recipient**—Children in households participating in WIC may be eligible for free or reduced-price meals.

2. What If I Disagree with the School's Decision About My Application?

- Talk to school officials. You also may ask for a hearing by calling or writing to [insert hearing official name, address, phone number, email].
- ## 3. My Child's Application Was Approved Last Year. Do I Need to Fill Out A New One?
- Yes. An application is only good for that school year and for the first few days of this school year. Send in a new application unless the school has told you that your child is eligible for the new school year.

- ## 4. If I Don't Qualify Now, May I Apply Later?
- Yes. Apply at any time during the school year. A child 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.
- ## 5. What If My Income Is Not Always the Same?
- List the amount normally received. If a household member lost a job or had hours/wages reduced, use current income.
- ## 6. We Are in The Military. Do We Report Our Income Differently?
- Basic pay and cash bonuses must be reported as income. Any cash value allowances for off-base housing, food, or clothing, or Family Subsistence Supplemental Allowance payments count as income. If housing is part of the Military Housing Privatization Initiative, do not include the housing allowance as income. Any additional combat pay resulting from deployment is excluded from income.
- ## 7. 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.
- ## 8. Will Application Information Be Checked?
- Yes. We may also ask you to send written proof of the reported household income.
- ## 9. My Family Needs More Help. Are There Other Programs We Might Apply For?
- To find out how to apply for other assistance benefits, contact your local assistance office or 2-1-1.
- ## 10. Can I Apply Online?
- Yes! The online application has the same requirements and will ask you for the same information as the paper application. Visit [insert website] to begin or to learn more about the online application process. Contact [insert name, address, phone number, and email] if you have questions about

MULTI-CHILD HOUSEHOLD APPLICATIONS



STANDARD HOUSEHOLD APPLICATION AVAILABLE FOR PUBLIC AND NON-PUBLIC SCHOOLS

- Households establish eligibility for all school-age children in the household
- Available in English and Spanish

STANDARD (MULTI-CHILD) APPLICATION & APPLICATION DIRECTIONS

2023-2024 Application for Free and Reduced-Price School Meals
Complete one application per household. Please use a pen (not a pencil).

Return to: Contracting Entity (CE) Name
or Apply Online: CE Mailing Address
CE Website

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12
If more spaces are needed, use the Additional Names section on the back.

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in **Foster Care, Head Start**, and children who meet the definition of **Homeless, Migrant, or Runaway** are eligible for free meals. Read the directions for more information.

Child's First Name	MI	Child's Last Name	Student?		Grade	Head Start	Foster Child	Homeless, Migrant, Runaway
			Yes	No				
			<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"/>				

STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?
If NO → Go to STEP 3 If YES → Write the Eligibility Determination Group (EDG, n/a for FDPIR) number here, then go to STEP 4 (do not complete STEP 3). EDG Number: _____

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

A. Last four digits of Social Security Number (SSN) of an Adult Household Member XXX- XX- _____ Check if no SSN

B. Income for 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 gross income (before taxes) for each source in whole dollars (no cents) only. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. 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. *If more spaces are needed, use the Additional Names section on the back.*

Name of Adult Household Members (First & Last)	Work Earnings	Frequency					Public Assistance/Child Support/Alimony	Frequency	Pensions/Retirement/Social Security/SSI/VA Benefits/All Other	Frequency										
		W	E	T	M	A				W	E	T	M	A	W	E	T	M	A	
	\$	<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"/>	<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"/>

C. Income for Children in the Household
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Child Household Members listed in STEP 1 here. *If applicable, include income from additional children listed on back. Income frequency conversion key provided on back.*

Total Child Income	W	E	T	M	A
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Total Household Members (Children & Adults) _____

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."

Instructions for Applying for Free and Reduced-Price School Meals, 2023-2024

Contracting Entity (CE) Name
Phone Number
Email Address
Mailing Address

Return completed applications here:

Please use these instructions to complete the free or reduced-price school meals application. Submit one application per household, even if the children in the household attend more than one school in your school district. Please use a **pen** (not a pencil), if completing the application by hand. The application must be filled out completely in order for the school to make a determination if the children in your household qualify for free or reduced-price school meals. **An incomplete application cannot be approved.** Please contact the school district at the number or email address listed above with questions.

Step 1: List All Household Members Who Are Infants, Children, And Students Up to and Including Grade 12.

- List each child's name.
 - Print first name, middle initial, and last name for each child in the household in the spaces. If there are more children than lines, use the back of the application to record additional names.
 - Include all household members who are age 18 or under and are supported with the household's income including children who are not enrolled in the district. Children do NOT have to be related to anyone in the household to be a part of the household.
- Mark the box following the child's name to show if the child is a student in the school district.
- Record the child's grade if the child is in school.
- Check the appropriate box if a child qualifies for free meals as participant in the foster care system, Head Start (including Early Head Start) or if a child meets the criteria for homeless, migrant, or runaway.
 - Checking Foster indicates that a foster care agency or court has placed the child in your home. If the application is being submitted for foster children only, complete Step 1, skip Steps 2-3, and complete Step 4.

Step 2: Participating in a Categorical Eligibility Program

- Do any household members (including you) currently participate in SNAP, TANF, and/or FDPIR?
 - If a child or adult in the household participates in Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance to Needy Families (TANF), record the Eligibility Determination Group (EDG) number in the space.
 - If a child or adult in the household is a participant in Food Distribution Program for Households on Indian Reservations (FDPIR), circle YES to indicate participation. The school district will contact you to obtain documentation of FDPIR participation.
- If the students in the household are eligible based on SNAP, TANF, or FDPIR, skip Steps 3, and complete Step 4.
- If any children in the household are participants in one of the following programs—Foster, Head Start, Homeless, Migrant, or Runaway, skip Steps 3 and complete Step 4.

Step 3: Report Income for All Household Members

Part A. Last Four Digits of Social Security Number (SSN) of an Adult Household Member

- Provide the last four digits of the Social Security number (SSN) of an adult in the household or check the box for no SSN. A social security number is **not required** to apply for these programs.

MULTI-USE HOUSEHOLD APPLICATION

- For CEs who wish to share free and reduced-price meal eligibility determinations for purposes other than the school meals programs



MULTI-USE APPLICATION FOR F/R SCHOOL MEALS

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

A. Last four digits of Social Security Number (SSN) of an Adult Household Member XXX- XX- Check if no SSN

B. Income for 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 gross income (before taxes) for each source in whole dollars (no cents) only. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. 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. *If more spaces are needed, use the Additional Names section on the back.*

Name of Adult Household Members <small>(First & Last)</small>	Work Earnings	Frequency					Public Assistance/ Child Support/Alimony	Frequency	Pensions/Retirement/ Social Security/SSI/ VA Benefits/All Other	Frequency								
		W	E	T	M	A				W	E	T	M	A	W	E	T	M
<input style="width: 100%;" type="text"/>	\$ <input style="width: 60px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 60px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 60px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="width: 100%;" type="text"/>	\$ <input style="width: 60px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 60px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 60px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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C. Income for Children in the Household

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Child Household Members listed in STEP 1 here. *If applicable, include income from additional children listed on back. Income frequency conversion key provided on back.*

Total Child Income \$ W E T M A

D. Total Household Members (Children & Adults)

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."

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<small>Street Address (if available)</small>	<small>Apt #</small>	<small>City</small>	<small>State</small>	<small>Zip code</small>	<small>Daytime Phone and Email (optional)</small>

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<small>Printed name of adult signing the form</small>	<small>Signature of adult</small>	<small>Today's date</small>	<small>June 12, 2023</small>

STEP 5 (Optional) Sharing Information with Other Programs

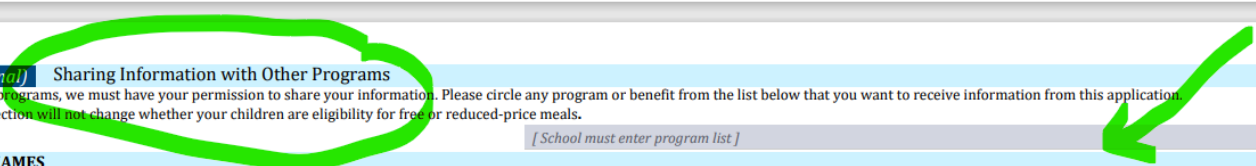
For the following programs, we must have your permission to share your information. Please circle any program or benefit from the list below that you want to receive information from this application. Completing this section will not change whether your children are eligible for free or reduced-price meals.

[School must enter program list]

ADDITIONAL NAMES

List any additional **child** household members not listed in STEP 1.

Child's First Name	MI	Child's Last Name	Student?		Grade	Homeless, Migrant, Runaway
			Yes	No		
<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 40px;" type="text"/>	<input type="checkbox"/>



INCOME ELIGIBILITY GUIDELINES 2023-2024

Effective July 1, 2023 – June 30, 2024

Household Size	Total Income									
	Annual		Monthly		Twice-Monthly		Bi-Weekly		Weekly	
No. of Household Members	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$18,954	\$26,973	\$1,580	\$2,248	\$790	\$1,124	\$729	\$1,038	\$365	\$519
2	\$25,636	\$36,482	\$2,137	\$3,041	\$1,069	\$1,521	\$986	\$1,404	\$493	\$702
3	\$32,318	\$45,991	\$2,694	\$3,833	\$1,347	\$1,917	\$1,243	\$1,769	\$622	\$885
4	\$39,000	\$55,500	\$3,250	\$4,625	\$1,625	\$2,313	\$1,500	\$2,135	\$750	\$1,068
5	\$45,682	\$65,009	\$3,807	\$5,418	\$1,904	\$2,709	\$1,757	\$2,501	\$879	\$1,251
6	\$52,364	\$74,518	\$4,364	\$6,210	\$2,182	\$3,105	\$2,014	\$2,867	\$1,007	\$1,434
7	\$59,046	\$84,027	\$4,921	\$7,003	\$2,461	\$3,502	\$2,271	\$3,232	\$1,136	\$1,616
8	\$65,728	\$93,536	\$5,478	\$7,795	\$2,739	\$3,898	\$2,528	\$3,598	\$1,264	\$1,799
For each additional family member, add	+\$6,682	+\$9,509	+\$557	+\$793	+\$279	+\$397	+\$257	+\$366	+\$129	+\$183

These guidelines are based on 130% (free) and 185% (reduced) of the federal poverty guidelines and are effective July 1, 2023 – June 30, 2024.

TRANSLATED APPLICATIONS

Spotlights

Food Buying Guide for Child Nutrition Programs

Resources

Policy

Technical Assistance & Guidance

Research, Analysis & Background

Additionally, an "[I Speak](#)" resource document is available to help identify the primary language of non-English speakers. It uses a short phrase in each of the 49 languages that an applicant can check to indicate the language they speak. "I Speak" can help Local Educational Agencies select the appropriate translation as well as ensure consistent and effective interaction with applicants who have limited English proficiency.

Albanian	Farsi	Italian	Nepali	Spanish
Amharic	French	Iu Mien	Polish	Tagalog
Arabic	French Creole	Jamaican Creole	Portuguese	Thai
Armenian	Greek	Japanese	Punjabi	Tigrinya
Bengali	Gujarati	Karen	Romanian	Ukrainian
Bosnian	Haitian Creole	Khmer	Russian	Urdu
Burmese	Hindi	Korean	Samoan	Vietnamese
Chinese (Simplified)	Hmong	Kru	Serbian	Yiddish
Chinese (Traditional)	Igbo	Kurdish	Somali	Yoruba
Croatian	Ilokano	Laotian	Sudanese	

08/13/2013



ELECTRONIC/WEB-BASED APPLICATIONS



- CEs are encouraged to make use of technology by providing online/ Web-based applications



SCANNED AND WEB-BASED APPLICATION CHECKLIST

<u>Form Name</u>	<u>Form Number</u>	Form Download	Instructions Download	<u>Program Name</u>
scanned				
Scanned and Web-based Application Checklist, National School Lunch Program (NSLP), School Breakfast Program (SBP), and Special Milk Program (SMP)		 		School Nutrition Program Forms

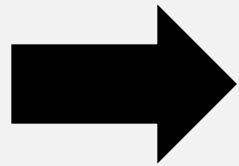
SCANNED, FAXED OR ELECTRONIC/WEB-BASED APPLICATIONS

School Nutrition Programs TX-UNPS

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

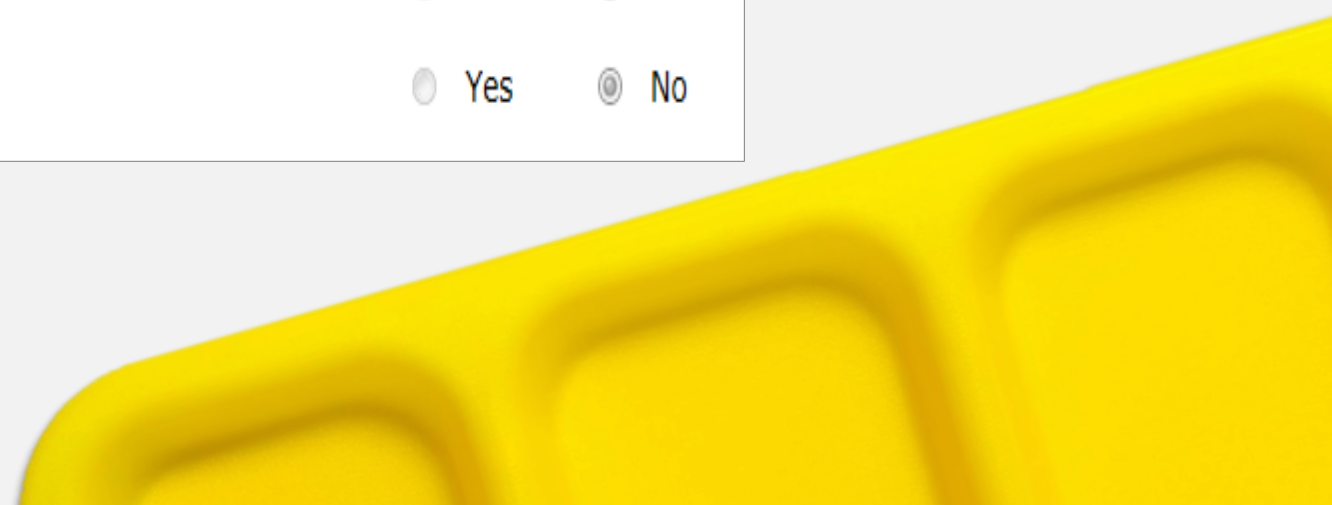
Applications > Application Packet > School Year: 2021 - 2022

2021 - 2022 Application Packet



Eligibility Information

- A26. Does your organization use scanned applications? Yes No
- A27. Does your organization use online applications? Yes No



ATTACHMENT B: UPLOAD ATTACHMENTS

ANNUAL REQUIREMENT

Due **October 31**

Template for all household application(s), directions, and notification letters for approval/denial

Paper and electronic versions

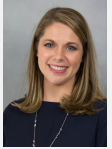
Local or TDA templates

English and Spanish

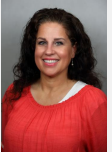
TX-UNPS

- [Instructions – SNP Form 134](#)
- Attachment B Upload: Upload Attachments
- Link will open August 1
- Submission by CE Authorized Representative

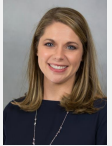
KEY ROLES



- Determining/Reviewing Official



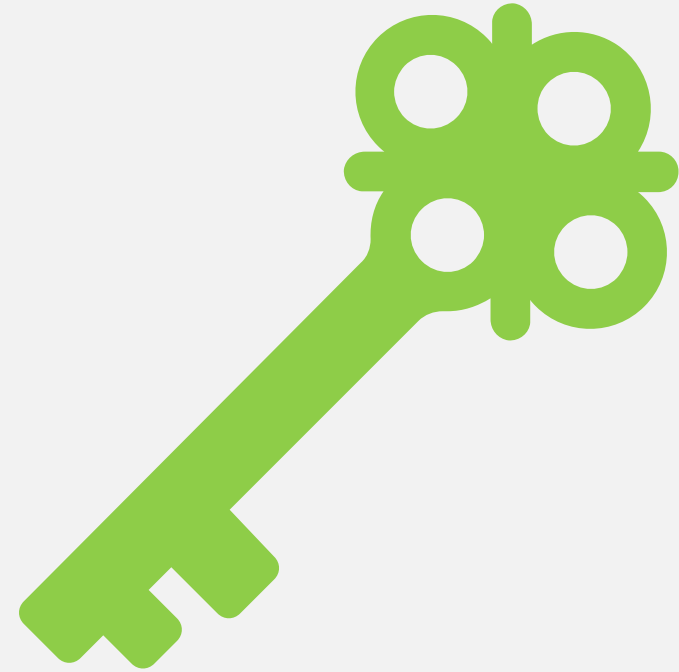
- Verifying Official



- Confirming Official



- Hearing Official



Child Nutrition Director

Same as the Superintendent/Sponsoring Official

A13. Name: Salutation First Name Last Name
A14. Email Address:
A15. Phone: Ext: Fax:
A16. Title:

Claim Preparer

Same as the Superintendent/Sponsoring Official

A17. Name: Salutation First Name Last Name
A18. Email Address:
A19. Phone: Ext: Fax:
A20. Title:

Hearing Official

A21. This person shall ensure that all required provisions of the appeal process are followed as outlined on the Letter to Households of Approval/Denial of Benefits. The hearing official must be someone not involved in making the determination under appeal or any previous conference and hold a position at a higher administrative level than the reviewing and verifying official(s).

Job Title:

*Hearing Official must be in a position higher than the Reviewing Official.

Reviewing Official

A22. This person reviews applications and makes eligibility determinations.

Job Title:

Verifying Official

A23. This person verifies the eligibility of applicant households in accordance with program regulations.

Job Title:

School Nutrition Programs

TX-UNPS

Applications | Claims | Compliance | Reports | Security | Search

Programs | Year | Help | Log Out

Applications > Application Packet >

School Year: 2021 - 2022

2021 - 2022 Application Packet

Designate a Hearing Official,
Reviewing Official and Verifying Official
in the CE Application in TX-UNPS



**DISTRIBUTING
THE APPLICATION**

TIMEFRAME FOR DISTRIBUTING APPLICATIONS



- Applications and instructions should be distributed to the households of all enrolled children at the beginning of each school year

UNACCEPTABLE APPLICATION DISTRIBUTION PRACTICES: EXAMPLES

CEs must prevent overt identification of children eligible to receive free or reduced-price meals

Household applications are available in specified locations as the sole source of distribution

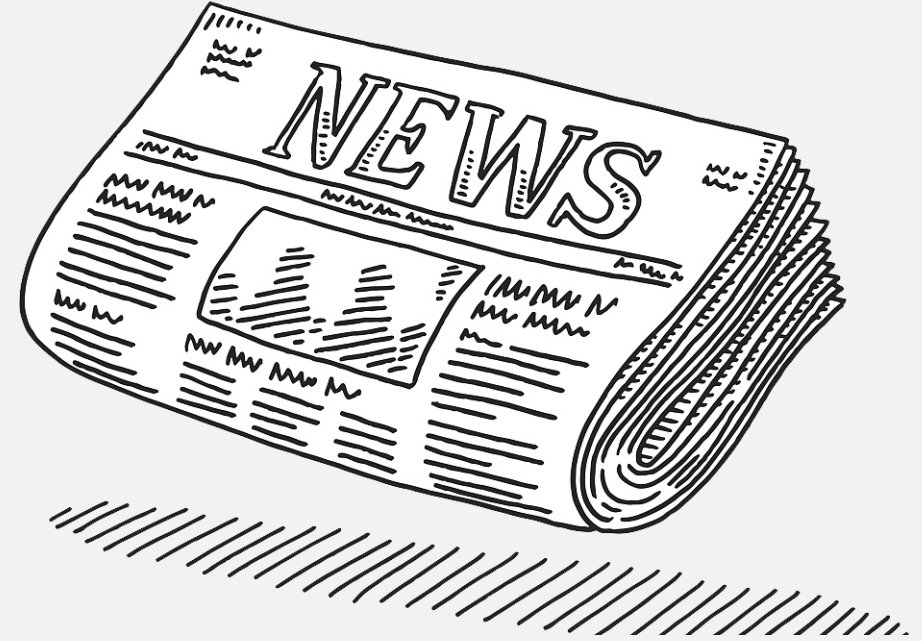
Household applications are only available on request

Household applications are only available to those who received free or reduced-price meals during the prior school year

Distribution of applications in the lunch line only

Distribution at the end of the school year to apply for the following school year

MEDIA RELEASE REQUIREMENT

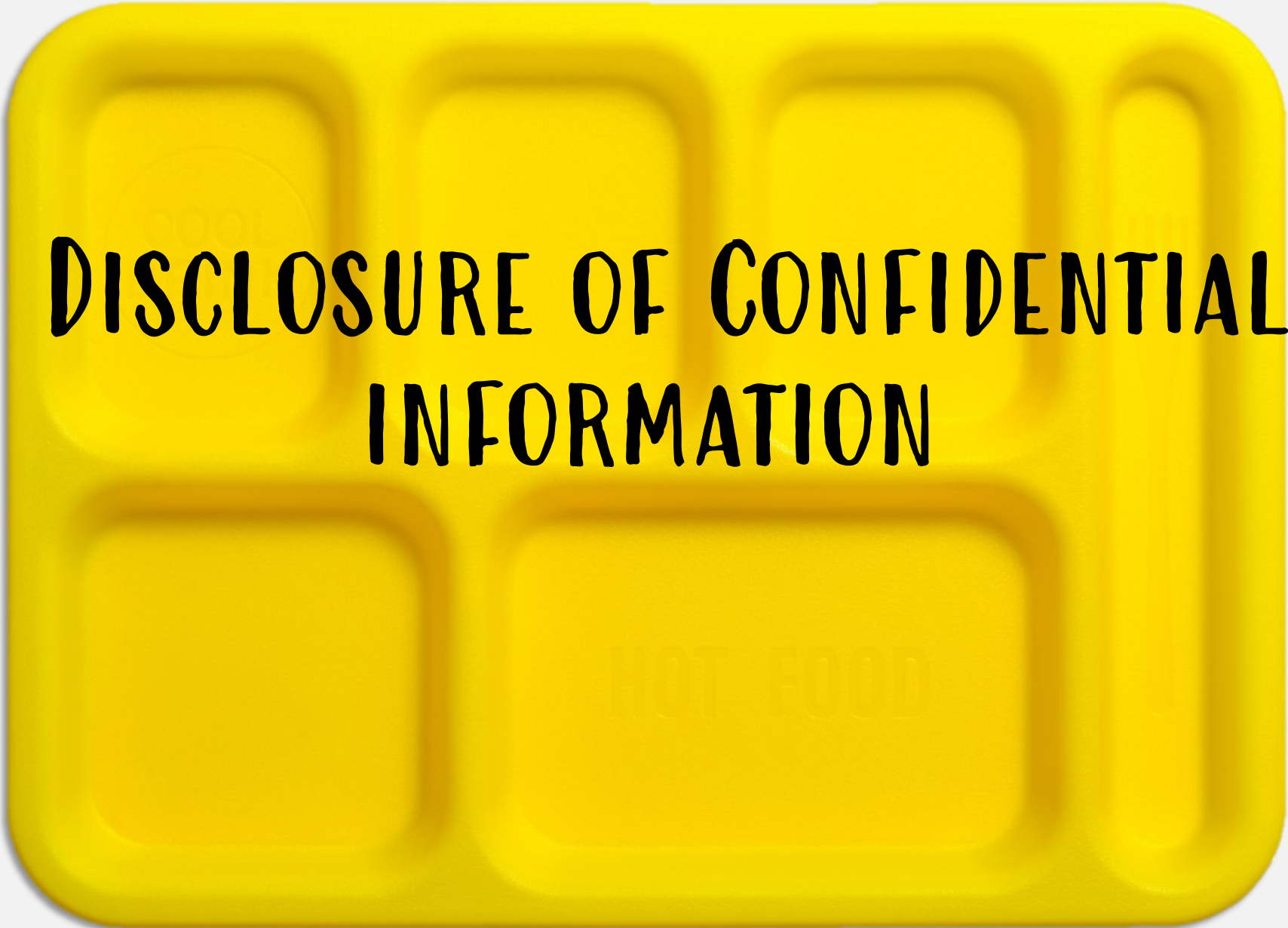


- **Must include:**
 - Application letter to households
 - Instructions on how to apply
 - School meals application
 - IEGs for both free and reduced-price lunch
 - *Explanation that if a child is categorically eligible, that the CE will notify household & the household should contact the CE if all the children in the household are not listed*
- **Special Provision sites (CEP) must use media release specific to their program**
- **See Squaremeals.org website for samples ([NSLP Administration & Forms](#))**
- **Keep proof- must show documentation in an Administrative Review**

UPDATE ON MEDIA RELEASE – SOCIAL MEDIA

Texas Department of Agriculture | Food and Nutrition Division
Section 4, Eligibility Determination | May 19, 2023 | Page 15 of 72

Further, the CE may use other forms of media for the release, such as social media, if a local newspaper does not exist or is not distributed widely enough to reach the school's population.

A yellow pill tray with six compartments. The text "DISCLOSURE OF CONFIDENTIAL INFORMATION" is printed in black, bold, uppercase letters across the top four compartments. The bottom two compartments are empty.

**DISCLOSURE OF CONFIDENTIAL
INFORMATION**

INFORMATION DISCLOSURE

- CEs may disclose children's eligibility information to programs, activities, and individuals that are specifically authorized for access under the National School Lunch Act (NSLA)

Disclosure Chart	
CE may disclose eligibility status information without parental consent.	
All Eligibility Information	Eligibility Status Only
<ul style="list-style-type: none"> • Other USDA Child Nutrition Programs (CNPs) • Comptroller General of the United States for purposes of audit and examination • Federal Communications Commission (FCC) auditors conducting E-audit • Federal, state, or local law enforcement officials investigating alleged violations of any of the CNPs or investigating violations of any of the programs that are authorized to have access to names and eligibility status 	<ul style="list-style-type: none"> • State health program other than Medicaid/SCHIP, administered by a state agency or local education agency • Federal education programs • Federal, state, or local means-tested nutrition programs with comparable eligibility standard • State education programs administered by the state agency or local education agencies
CE may disclose eligibility information with prior parent notice with the parent given the opportunity to decline the release of information.	
All Eligibility Information	
<ul style="list-style-type: none"> • Medicaid or the State Children's Health Insurance Program (SCHIP), administered by a state or local agency authorized under Titles XIX or XXI of the Social Security Act to identify and enroll eligible students 	
CE may disclose eligibility information with parent consent.	
Only Eligibility Status Information	
<ul style="list-style-type: none"> • Federal health programs other than Medicaid/SCHIP • Local education programs • Local health program 	

AGGREGATE DATA



- CEs may disclose "aggregate data" to any program or individual as long as it does not allow children to be identified directly or by means of deduction

AGGREGATE DATA DISCLOSURE


1. Who may CEs release aggregate data to?
 - Any program or individual
2. What criteria must aggregate data meet?
 - Information must not enable the identification of a child by means of deduction

DETERMINING ELIGIBILITY

- Eligibility Criteria
- Determining Categorical Eligibility
- Reviewing the Application
- Processing the Application
- Notifying the Household

MODULE 2: OBJECTIVES

By the end of this module participants will be able to do the following:

- Identify the different types of eligibility
 - Apply eligibility carryover
 - Review school meals applications for required information
 - Make eligibility determinations for household children on the school meals application
 - Notify households of eligibility determinations
- 

A bright yellow, rectangular tray with rounded corners and a grid of six compartments. The text 'ELIGIBILITY CRITERIA' is printed in a bold, black, sans-serif font across the center of the tray. The tray has a slightly textured surface and is set against a plain white background.

ELIGIBILITY CRITERIA

ELIGIBILITY CRITERIA FOR SCHOOL MEALS PROGRAMS




- **Students up to 12th grade, who are enrolled in an educational program, up to age 18, with a few exceptions***

***Individuals who are mentally or physically disabled as defined by the state, through age 21**

***Individuals who are over 18 (but under 21), or at least 21 and under 26, who are enrolled in school to complete a HS diploma**

***Students enrolled in an RCCI up to age 21**

ELIGIBILITY STATUS

- **FREE**: Household income \leq 130% federal poverty guidelines (FPG)
 - **REDUCED-PRICE**: 130% FPG < Household income \leq 185% FPG
 - **PAID**: Household income > 185% FPG
- 

A bright yellow, rectangular tray with rounded corners and several recessed compartments. The text "DETERMINING CATEGORICAL ELIGIBILITY" is printed in a bold, black, sans-serif font across the center of the tray. The tray is set against a plain white background.

**DETERMINING CATEGORICAL
ELIGIBILITY**

WHO IS **CATEGORICALLY** ELIGIBLE FOR FREE OR REDUCED-PRICE MEAL BENEFITS?

- 1) "*Direct Certification*" -children who participate in SNAP, TANF, Medicaid, FDPIR assistance programs
- 2) "*Other Source*" -children who are migrant, foster, homeless, HeadStart, RCCI



WHAT IS THE **DIRECT CERTIFICATION METHOD**?

- Direct Certification is a federally mandated process for determining student eligibility for free or reduced school meals automatically *through documentation obtained directly from a state* or local agency or authorized program representative
- When a student is directly certified, the household does not need to submit a meal application



WHAT IS THE DIRECT CERTIFICATION (DC) LIST?

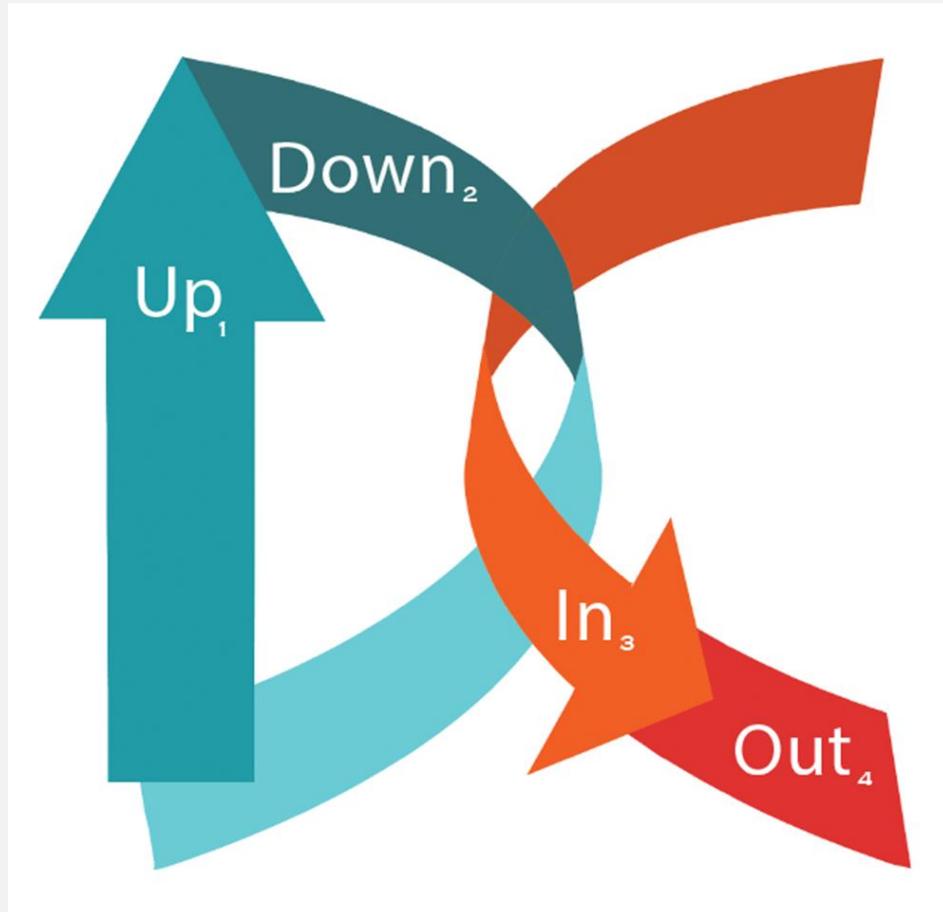


List generated through a computer/electronic match between the Assistance Programs and/or the State or LEA

An application is not required


Benefits extend to all students in the household


DIRECT CERTIFICATION IN TEXAS ELMS




1. Upload enrollment file
2. Download free and reduced-price matches
3. Input/code DC matches in POS
4. Send out household notification



DIRECT CERTIFICATION / VERIFICATION LOGIN

Texas Eligibility List Management System COMMISSIONER SID MILLER 

Login 

NOTE: Please use your current TX-UNPS User Name and Password. If you have reset your TX-UNPS Password today, then Texas ELMS will only accept your prior TX-UNPS Password for today's log in. After 5 attempts, you will be locked out until tomorrow. If you continue to experience log in issues, please call for assistance.
(877)TEX-MEAL

Username 
The Username field is required.

Password  
The Password field is required.

Login

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Unauthorized use is prohibited. Use may be subject to security testing and monitoring.
Misuse is subject to criminal prosecution. No expectation of privacy except or otherwise provided by applicable privacy laws.

"OTHER SOURCE" CATEGORICALLY ELIGIBLE

HOMELESS / RUNAWAY

CHILDREN OF DECLARED DISASTER

MIGRANT

FOSTER

RESIDENTIAL CHILD CARE INSTITUTION (RCCI)

HEAD START / EARLY HEAD START PRE-K

HOW TO QUALIFY FOR "OTHER SOURCE" STATUS VIA HEADSTART & EARLY HEADSTART PRE-K

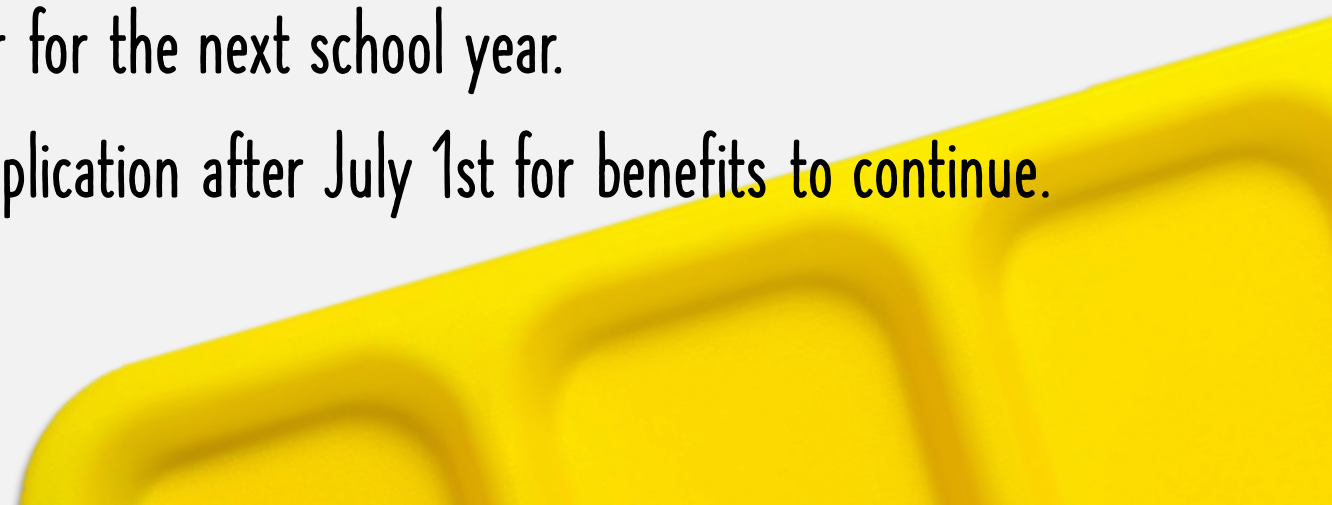


*IF A STUDENT IS ENROLLED IN A HEAD
START OR EARLY HEAD PRE-K
PROGRAM, AND CAN PROVE IT WITH A
LIST, LETTER, OR FORM SIGNED BY THE
LOCAL PROGRAM OFFICIAL, THEY
QUALIFY AS CATEGORICALLY ELIGIBLE
FREE.*

PRE-K IS NO LONGER AUTOMATICALLY FREE

- ❑ Once a child is enrolled, all Pre-K students must have a free, reduced-price, or paid eligibility status based on the household application, DC list, "other source" categorical eligibility (foster, homeless, or migrant status).
- ❑ In the past, all Pre-K students automatically qualified as "free." This is no longer the case.
- ❑ Enrollment in a pre-k program (other than Head Start), does not qualify as categorically eligible.

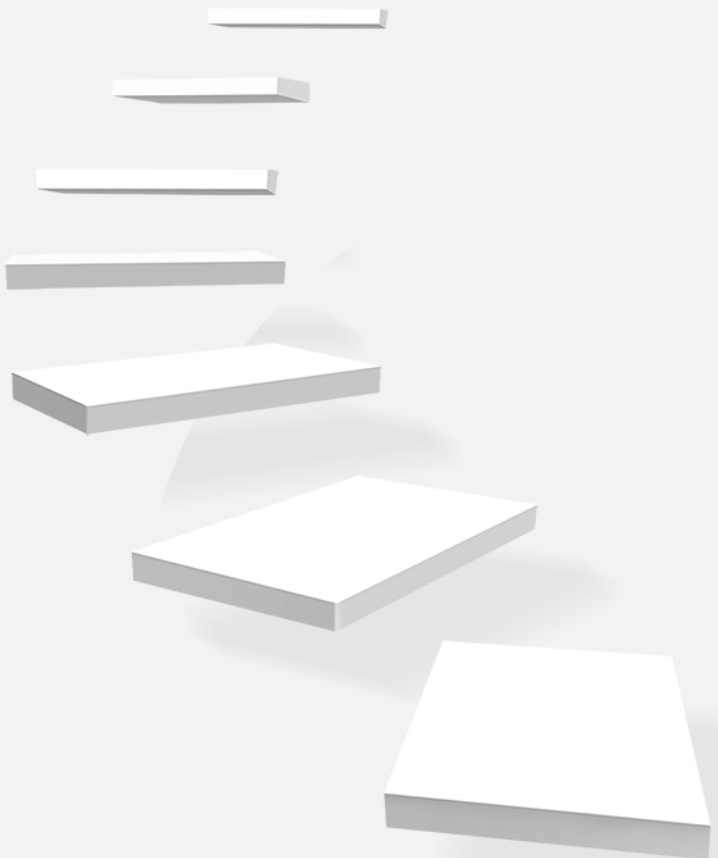
PRE-KINDERGARTEN REGISTRATION GUIDANCE

- When registering new students each year, CEs must not use the School Nutrition Program (SNP) household meal application or Texas ELMS to establish Pre-k "economically disadvantaged" status. If that status is necessary for a family to enroll their child, they may use the Federal Poverty Index tool or SNAP.
 - CEs may distribute/process household applications during Pre-K enrollment/Spring round-up, but it will only cover the 30 day carryover for the next school year.
 - Families will need to complete the new application after July 1st for benefits to continue.
- 
- A yellow decorative graphic consisting of several overlapping rounded rectangular shapes, resembling a stylized pattern or a cluster of soft-edged rectangles, located in the bottom right corner of the slide.

EXTENDED BENEFITS

This is called *extended benefits* or an *extension of benefits*

If any person, including adults, in a household is receiving program benefits from SNAP, TANF, Medicaid, FDPIR, all students in the household are eligible for the same benefits

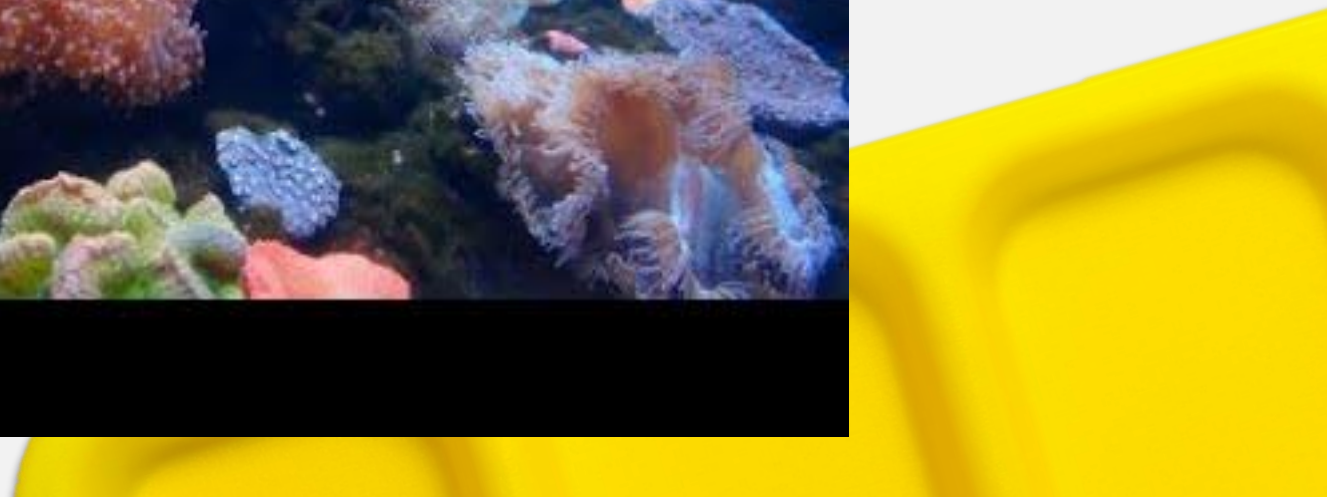


SIBLINGS OF PRE-K STUDENTS = EXTENDED BENEFITS

- IF A SIBLING OF A PRE-K STUDENT HAS AN ELIGIBILITY DETERMINATION THAT APPLIES TO THE ENTIRE HOUSEHOLD, THE SNP MAY SHARE THE ELIGIBILITY STATUS WITH THE PRE-K PROGRAM.



5 MINUTE BREAK 



A yellow plastic tray with six compartments. The text "REVIEWING THE APPLICATION" is printed in black, bold, uppercase letters across the middle of the tray. The tray has rounded corners and a slightly raised rim.

REVIEWING THE APPLICATION

TIMEFRAME FOR PROCESSING APPLICATIONS



**10
DAYS**



STATUS IMPLEMENTATION



- CEs must implement new statuses within 3 operating days when initial eligibility is determined and when a household reports a permanent change in circumstances that would increase benefits

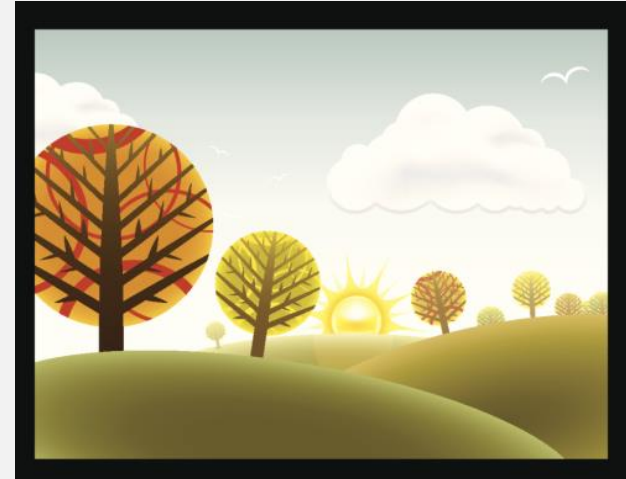
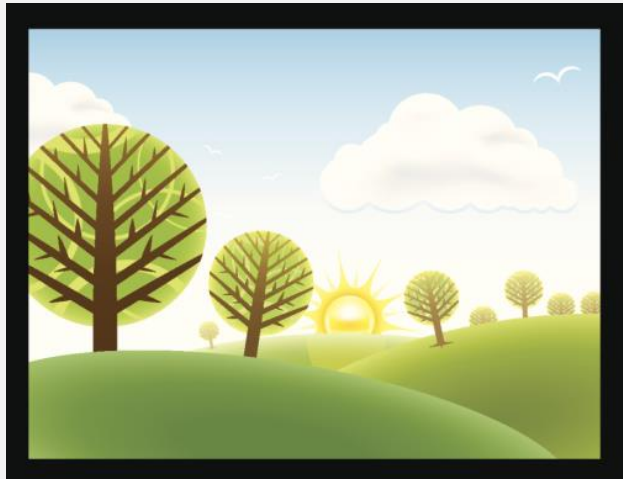
ELIGIBILITY CARRYOVER SY 2023-24

CARRYOVER PERIOD

- Valid during the first 30 operating days of the new school year or until a new eligibility determination is made based on last known eligibility
- Valid for 30 operating days when students transfer from a special provision school both during and between school years or until a new eligibility determination is made

ELIGIBILITY CARRYOVER FOR KINDERGARTEN CHILDREN

- Spring applications from kindergarten roundup
- Used during the carryover period in the fall of the next school year



CEs may collect school meal applications during kindergarten roundup in the spring to determine eligibility for the carryover period of the following school year

ELIGIBILITY FOR TRANSFER STUDENTS

- CEs may accept eligibility determinations from a students' previous school by email or fax without incurring liability for the accuracy of the initial determination



REVIEWING APPLICATIONS FOR COMPLETENESS



- CEs must ensure all required information on submitted applications is complete before making an eligibility determination

ADDING INFORMATION TO INCOMPLETE APPLICATIONS



- Any changes or additions made to the application must be initialed and dated by the person who makes the change

EXAMPLE: ADDING INFORMATION

The household listed Betty Apple as making \$200 and James Apple as making \$375 but did not indicate the frequency of the income

- The reviewing official should contact the household to confirm the frequency of the income
- After following up with the household, the reviewing official should circle the correct income frequency, initial and date the information they filled in (as shown)

Tip: Use a different color when entering notes. Notes may be entered electronically.

Step 2: Please read the directions for more information for the following questions.

Report Income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDPIR in Step 1).

A. Last Four Digits of Social Security Number (SSN) of an Adult Household Member: XXX-XX ____ _ Check if no SSN

B. Income for Adult Household Members (Include Yourself, But Not Children. If more spaces are needed, use the Additional Names section on the back.)

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 (without deductions) for each source in whole dollars only. **Indicate** the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. 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.

Contacted household 8/13/21 to confirm income frequency (TBS)

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2C.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
1. Betty Apple	\$ 200	W-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
2. James Apple	\$ 375	W-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
3.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

REQUIRED APPLICATION INFORMATION: INCOME-BASED ELIGIBILITY

- All household member names
- Current income of household members identified; "0" or blank if no income, child income can be combined
- Last 4 digits of the Social Security Number of an adult in the household, or "no Social Security Number" box checked
- Signature of an adult in the household

[Income Eligibility Calculator](#)



INCOME APPLICATION EXAMPLE

INCOME APPLICATION TIPS

Step 1: Additional Names

A. List ALL Household Members Who Are Infants, Children, and Students up to and including Grade 12. If more space is needed, use the Additional Household Member Sheet on the back.

List each child's name.			Student Attends School in District?		Grade	Optional Student ID Number	Check all that apply:				
First Name	MI	Last Name	Yes	No			Foster	Head Start	Homeless	Migrant	Runaway
5.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 2: Additional Names

B. Income for Adult Household Members (Include Yourself, But Not Children)

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
4.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
5.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
6.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household.)

Record total income by frequency for each child who receives regular income listed in Step 1.

	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or marital status in any program or activity conducted or funded by USDA. Persons with disabilities who require contact the Agency (State or local) where they applied for benefits. In Additionally, program information may be made available in languages other than English. For more information, contact the USDA National Center for Civil Rights Enforcement at <https://www.usda.gov/basics> or call 1-800-795-5272. To request a copy of the complaint form, contact the USDA National Center for Civil Rights Enforcement at <https://www.usda.gov/basics> or call 1-800-795-5272. To request a copy of the complaint form, contact the USDA National Center for Civil Rights Enforcement at <https://www.usda.gov/basics> or call 1-800-795-5272.

Total Household Size MUST equal the number of household members listed in Steps 1 and 2B.

Determine eligibility based on the Household Size and Total Income. Use the Income Eligibility Guidelines chart to determine meal eligibility, Free, Reduced or Denied. Identify reason if denied.

at <https://www.usda.gov/basics>

Record date received in Child Nutrition Office and check Free, Reduced or Denied after making determination.

This institution is an equal opportunity provider.

Do Not Fill Out This Part. This Is For School Use Only.

Income Determination: Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number. Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12	
Household Size: _____	Total Income: _____
Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>	
Reviewing/Determining Official's Signature/Date	Confirming Official's Signature/Date

Date Received: _____

Categorical Determination:

Eligibility: Free Reduced Denied

Reviewing/Determining Official must sign and date (not required for web-based applications, only batch signature required).

Confirming Official's signature on verified applications only when confirmation review is required.

All information in the "For School Use Only" section is required on paper applications and should be included in web-based systems.

CATEGORICAL PROGRAM INFORMATION

Step 1: Definition of Household Member: anyone who is living with you and shares income and expenses, even if not related. Children in Foster care; children who meet the definition of Homeless, Migrant, or Runaway or who participate in Head Start are eligible for free meals. Please read the directions for more information.

A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. If more spaces are needed, use the Additional Names section on the back.
List each child's name.

First Name	MI	Last Name	Student Attends School in District?		Grade	Optional: Student ID No.	Check all that apply.				
			Yes	No			Foster	Head Start	Homeless	Migrant	Runaway
1.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Participation in a Categorical Program

- If every child listed in Step 1 is a participant any one of the following programs—Foster, Head Start, Homeless, Migrant, or Runaway, skip Step 2 and complete Step 3.
- SNAP, TANF, or FDIPIR: Do any Household Members (including you) currently participate in SNAP, TANF, and/or FDIPIR?
If No, complete Steps 2 and 3. If Yes to SNAP/TANF > Write the Eligibility Determination Group (EDG) number in this space _____, skip Step 2, and complete Step 3.
If Yes to FDIPIR, check this box skip Step 2, and complete Step 3.

Do Not Fill Out This Part. This Is For School Use Only.

Income Determination: Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52 | Every 2 Weeks x 26 | Twice a Month x 24 | Monthly x 12

Income Determination						Date Received:				
Household Size: _____	Total Income: _____	Weekly	Every 2 Weeks	Twice a Month	Monthly	Annually	Categorical Determination	Eligibility:		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free	Reduced	Denied
Reviewing/Determining Official's Signature/Date						Confirming Official's Signature/Date				

NOTE: Reviewing Official must contact the appropriate authority to validate or confirm the student's participation in the categorical program except foster

REQUIRED APPLICATION INFORMATION: SNAP/TANF CHILDREN (CATEGORICALLY ELIGIBLE)

- Child's name
- TIERS Eligibility Determination Group Number (EDG)
- Signature



CATEGORICAL APPLICATION: SNAP/TANF/FDPIR EXAMPLE

CATEGORICAL APPLICATION TIPS

Step 1: Additional Names

A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. If more space is needed, use the Additional Household Member Sheet on the back.

List each child's name.			Student Attends School in District?		Grade	Optional Student ID Number	Check all that apply.				
First Name	MI	Last Name	Yes	No			Foster	Head Start	Homeless	Migrant	Runaway
5.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 2: Additional Names

B. Income for Adult Household Members (Include Yourself, But Not Children)

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
4.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
5.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
6.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household.)

Record total income by frequency for each child who receives regular income listed in Step 1.	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.usda.gov/programs/complaint), (AD-3027) found online at: <https://www.usda.gov/programs/complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the form, contact the Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-4302.

Reviewing/Determining Official must sign and date (not required for web-based applications, only batch signature required).

Record date received in Child Nutrition Office and check Categorical Determination, Eligibility: Free after making determination.

Do Not Fill Out This Part. This is For School Use Only.

Income Determination: Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number. Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12		Date Received: _____
Household Size: _____	Total Income: _____	Categorical Determination: <input type="checkbox"/>
Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>	Eligibility: Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/>	
Reviewing/Determining Official's Signature/Date	Confirming Official's Signature/Date	

Confirming Official's signature on verified applications only when confirmation review is required.

All information in the "For School Use Only" section is required on paper applications and should be included in web-based systems.

REQUIRED APPLICATION INFORMATION: FOSTER CHILDREN (CATEGORICALLY ELIGIBLE)

- Child's name
- "Foster child box" must be checked
- Signature of foster parent, guardian or other official representative for the child



FOSTER APPLICATION EXAMPLE – STEP 1

<p>[Contracting Entity Name], 2021-2022 Standard (Multi-Child) Application for Free and Reduced-Price School Meals Complete one application per household. Please use a pen (not a pencil). [Apply online at http://www.abcdefgh.edi]</p>							<p>This Box for School Use Only. Date Withdrawn:</p>						
<p>Step 1: Definition of Household Member: <i>anyone who is living with you and shares income and expenses, even if not related.</i> Children in Foster care; children who meet the definition of Homeless, Migrant, or Runaway or who participate in Head Start are eligible for free meals. Please read the directions for more information.</p>													
<p>A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. If more spaces are needed, use the Additional Names section on the back.</p>													
<p>List each child's name.</p>													
First Name		MI	Last Name		Student Attends School in District?		Grade	Optional: Student ID Number	Check all that apply.				
					Yes	No			Foster	Head Start	Homeless	Migrant	Runaway
1.	Jack		Apple		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Sally		Apple		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Travis		Plum		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>B. Participation in a Categorical Program</p> <ul style="list-style-type: none"> If every child listed in Step 1 is a participant any one of the following programs—Foster, Head Start, Homeless, Migrant, or Runaway, skip Step 2 and complete Step 3. SNAP, TANF, or FDPIR: Do any Household Members (including you) currently participate in SNAP, TANF, and/or FDPIR? If No, complete Steps 2 and 3. If Yes to SNAP/TANF > Write the Eligibility Determination Group (EDG) number in this space _____, skip Step 2, and complete Step 3. If Yes to FDPIR, check this box <input type="checkbox"/>, skip Step 2, and complete Step 3. 													

Foster children are categorically eligible for free meals
 In this scenario Travis Plum would be certified for free meal benefits

- The Reviewing Official would determine the eligibility of the other children in the household based on the household income and size
- The household size should include the foster child as a household member. If the CE obtains this information directly from the foster liaison or appropriate agency or court official, the CE may report this student as directly certified

FOSTER APPLICATION EXAMPLE – STEP 2

Step 2: Please read the directions for more information for the following questions.

Report Income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDPIR in Step 1).

A. Last Four Digits of Social Security Number (SSN) of an Adult Household Member: XXX-XX _ _ _ _ Check if no SSN

B. Income for Adult Household Members (Include Yourself, But Not Children. If more spaces are needed, use the Additional Names section on the back.)

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 (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. 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.

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2C.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
1. Betty Apple	\$ 165	W-E-T- M -A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
2. Chris Apple	\$ 2,600	W-E-T- M -A	\$	W-E-T-M-A	\$ 200	W-E-T- M -A	\$	W-E-T-M-A
3.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

\$ 165
 \$2,600
\$ 200
 \$2,965/mo

Based on household number of 5 and income calculations in this scenario, the other students in the household are also free



PROCESSING THE APPLICATION

DETERMINING ELIGIBILITY BASED ON INCOME

- Household size and the total household income is compared to the current IEGs to determine if a household is eligible for free and reduced-price meals benefits

What is a Household?

A group of related or unrelated individuals who are not residents of an institution or boarding house but who are living as one economic unit and who share housing and/or significant income and expenses of its members



DEFINING INCOME

INCOME

- Any money received on a recurring basis, including gross earned income, unless specifically excluded by legislation

GROSS EARNED INCOME

All money earned before deductions, i.e., income taxes, employee's social security taxes, insurance premiums, bonds, retirement, etc.

REPORTABLE INCOME

- Earnings from work
- Public assistance, alimony, pensions and child support
- Any other income regularly received

CALCULATING HOUSEHOLD INCOME: INCOME ELIGIBILITY GUIDELINES

SINGLE FREQUENCY

- Add up all income received for a household
 - Determine the correct frequency
 - Compare to the IEG chart

MULTIPLE FREQUENCIES

- Convert each frequency to annual; do not round
- Conversion chart listed on back of application and in ARM Section 4
 - Add frequencies together
 - Compare to the IEG chart

APPLICATIONS WITH ZERO INCOME

Income for Adult Household Members (Include Yourself, But Not Children. If more spaces are needed, use the Additional Names section on the back.)


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 (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. 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.

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
1. Sarah Smith	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
2. Jarod Smith	\$ 0	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
3.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

Zero income is indicated by listing "0" as income or by leaving the income field blank



APPLICATIONS FOR HOUSEHOLDS THAT FAIL TO APPLY

- NO APPLICATION?
 - School officials may complete an application for a household that fails to apply for children in the household known to be eligible for meal benefits.
 - The school official must mark household size and income information.
 - The source of information must be noted on the application.
 - Household notification is required to be sent.
 - Intended for limited use.
- 

ACTIVITY: PROCESSING APPLICATIONS



- Test your knowledge
- Visit:
 - [SquareMeals.org/Training](https://www.squaremeals.org/training)
 - Select NSLP
 - [Processing School Meal Applications in NSLP](#)

Berry Basket Charter, 2021-2022 Standard (Multi-Child) Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil). Apply online at <http://www.abcedefgh.edu>

This Box for School Date Withdrawn

Application #4 front

Step 1: Definition of Household Member: *anyone who is living with you and shares income and expenses, even if not related.* Children in Foster care; children who meet the definition of Homeless, Migrant, or Runaway or who participate in Head Start are eligible for free meals. Please read the directions for more information.

A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. If more spaces are needed, use the Additional Names section on the back.

List each child's name.

First Name	MI	Last Name	Student Attends School in District?		Grade	Optional: Student ID Number	Check all that apply.				
			Yes	No			Foster	Head Start	Homeless	Migrant	Runaway
1. Tyler		West	X	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- B. Participation in a Categorical Program
- If every child listed in Step 1 is a participant any one of the following programs—Foster, Head Start, Homeless, Migrant, or Runaway, skip Step 2 and complete Step 3.
 - SNAP, TANF, or FDIPIR: Do any Household Members (including you) currently participate in SNAP, TANF, and/or FDIPIR? If No, complete Steps 2 and 3. If Yes to SNAP/TANF > Write the Eligibility Determination Group (EDG) number in this space _____, skip Step 2, and complete Step 3. If Yes to FDIPIR, check this box , skip Step 2, and complete Step 3.

Step 2: Please read the directions for more information for the following questions.

Report Income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDIPIR in Step 1).

A. Last Four Digits of Social Security Number (SSN) of an Adult Household Member: **XXX-XX 3 7 2 2** Check if no SSN

B. Income for Adult Household Members (Include Yourself, But Not Children. If more spaces are needed, use the Additional Names section on the back.)

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 (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. 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.

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2C.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
1. Marta West	\$32,000	W-E-T-M-A A	\$350	W-E-T-M-A M	\$	W-E-T-M-A	\$	W-E-T-M-A
2.	\$150	W-E-T-M-A A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
3.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household. If more spaces are needed, use the Additional Names section on the back.)

Record total income by frequency for each child who receives regular income listed in Step 1.

	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
1. Tyler West	\$	\$	\$	\$ 425	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$

D. Total Household Members (Count all children & adults living in the household)

Step 3: Please read the directions for more information on signing this form.

Provide Contact Information and Adult Signature. Return this application to insert mailing address, fax number, email, and/or return to your child's school.

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.

5000 Strawberry Ave. Berryville TX 70000 000-000-0000

Street Address/Apt # City State Zip Daytime Phone and Email (Optional)

Jenna West Jenna West 8/20/2021

Printed Name of Adult Household Member Signing the Form Signature of Adult Household Member Signing the Form Today's Date

Step 1: Additional Names

A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. *If more spaces are needed, use the Additional Household Member Sheet on the back.*

List each child's name.

First Name	MI	Last Name	Student Attends School in District?		Grade	Optional: Student ID Number	Check all that apply.				
			Yes	No			Foster	Head Start	Homeless	Migrant	Runaway
5.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 2: Additional Names

B. Income for Adult Household Members (Include Yourself, But Not Children)

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
4.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
5.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
6.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household.)

Record total income by frequency for each child who receives regular income listed in Step 1.

	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do Not Fill Out This Part. This is For School Use Only.	
Income Determination: Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12	Date Received:
Household Size: _____ Total Income: _____ Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>	Categorical Determination: <input type="checkbox"/>
Reviewing/Determining Official's Signature/Date	Eligibility: Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/>
Confirming Official's Signature/Date	

ACTIVITY EXPLANATION

- No, Jenna West is not listed as a household member but signed the application. A household member was not listed to identify who earned \$150 weekly.
- The CE should contact the household and verify that Jenna West is a household member, confirm her income, and add her name to the application.
- The CE should also confirm the total number of household members.
- Household income: \$49,100/annually
 - Convert to annual: $(\$32,000 \times 1) + (\$350 \times 12) + (\$150 \times 52) + (\$425 \times 12) = \$32,000 + \$4,200 + \$7,800 + \$5,100 = \$49,100$
- Household size: 3
- Eligibility: Denied for free or reduced-price meals; student will be charged paid price for school meals.

ACTIVITY EXPLANATION

- CEs must not process applications with missing information. Missing information must be attained before issuing meal benefits.
- Total Household Members is not required to be entered by the household in order to process the application. The reviewing official must count the number of names entered on the application to determine household size.
- When the CE contacts the household for clarification, the CE needs to note this on the application, include the date the household was contacted and initial the corrections/additions made by the CE.

5 MINUTE BREAK 😊



A bright yellow, rectangular tray with rounded corners and a grid of six compartments. The text "NOTIFYING THE HOUSEHOLD" is printed in a bold, black, sans-serif font across the middle of the tray. The tray has a subtle embossed logo in the top-left compartment and a faint embossed logo in the bottom-right compartment.

NOTIFYING THE HOUSEHOLD

NOTIFICATION OF ELIGIBILITY DETERMINATION

- CEs must notify households of their eligibility status within 10 operating days of the receipt of the application

APPROVED



DENIED APPLICATIONS

- APPLICATIONS MUST BE DENIED IF INCOMPLETE
- MUST PROVIDE HOUSEHOLD NOTIFICATION
- NOTIFICATION MUST INCLUDE:
 - REASON FOR DENIAL OF BENEFITS
 - RIGHT TO APPEAL
 - INSTRUCTIONS ON HOW TO APPEAL
 - INFORMATION TO RE-APPLY

APPEALS: *DENIAL OF BENEFITS OR LEVEL OF BENEFITS*



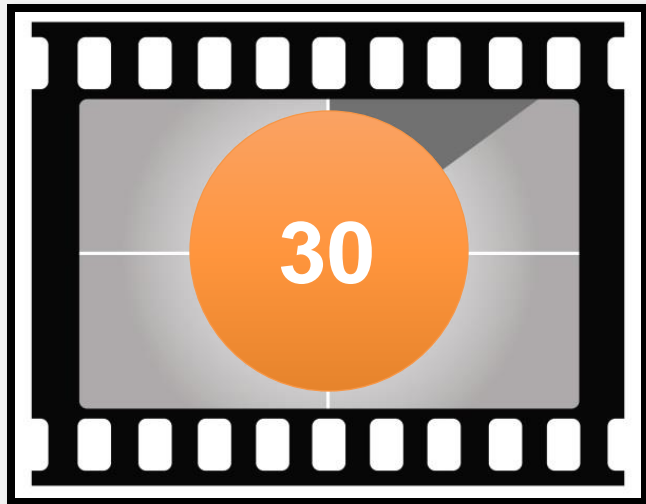
- CEs must provide households who are denied or decreased meal benefits the opportunity to appeal the determination



NOTIFICATION OF ELIGIBILITY FOR HOUSEHOLDS THAT FAIL TO APPLY

- After the 30 operating day carryover period, the CE must terminate the benefits of any student whose household fails to submit a new application for the current school year

No Notice Required



NOTICE OF PREDETERMINED ELIGIBILITY

- CEs must notify households of students who are eligible by direct certification at the beginning of the school year or when a match is made in the Texas ELMS System




COMPLIANCE

- Recordkeeping
- Administrative Review

MODULE 3: OBJECTIVES

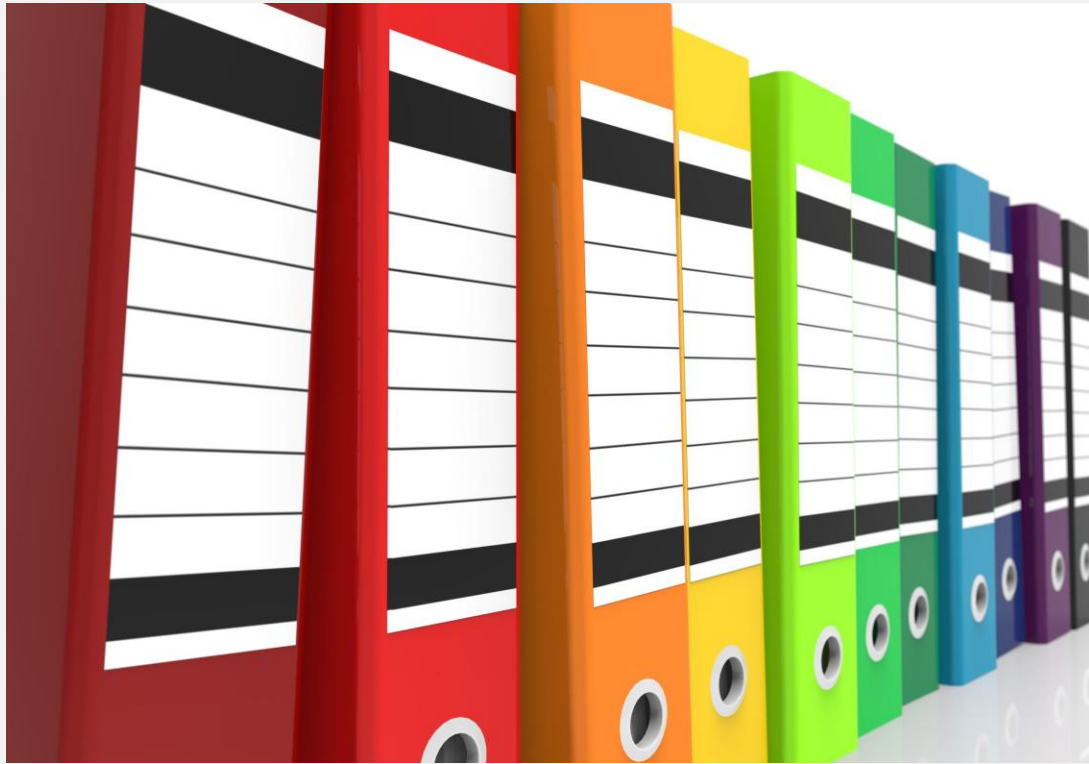
By the end of this module participants will be able to do the following:

- Outline the CE's processes to support eligibility determinations
 - Identify the types of documentation required to support the CE's processes for certification and benefit issuance
 - Maintain required documentation related to eligibility
 - Understand the requirements for the AR off-site review of the CE's certification and benefit issuance system
- 



RECORDKEEPING

MAINTAINING DOCUMENTS AND OTHER IMPORTANT RECORDS



- CEs must keep all documentation pertaining to the determination of eligibility for children

APPLICATION MAINTENANCE

- All school meal applications, including applications from households denied benefits and inactive applications, must be kept on file according to certain timelines.

Public schools	5 year minimum
RCCIs and private schools	3 year minimum
Provision 2	Duration of participation in P2; and a minimum of 5 years after P2 participation ends
CEP	Duration of participation in CEP; and a minimum of 5 years after the end of the 4-year cycle

DOCUMENTATION FOR PAPER APPLICATIONS



- Document status and date on the bottom of the application form in the area reserved for information recorded by the Reviewing Official



DOCUMENTATION FOR ELECTRONIC OR SCANNED APPLICATION PROCESSING



- Not required to complete the "school use" section of the application
- Changes must be documented on the computer or by an appropriate method
- Reviewing official must sign each batch list of electronic approvals
- Batch must be processed at least weekly

DOCUMENTATION FOR WEB-BASED (ELECTRONIC) APPLICATIONS



- TDA may require printed or electronic versions of the applications that households complete online during an administrative review



A yellow plastic tray with a grid of six compartments. The text "ADMINISTRATIVE REVIEW" is embossed in the top row, and "REVIEW" is embossed in the bottom row. The text is in a bold, black, sans-serif font.

ADMINISTRATIVE REVIEW

AR OBJECTIVES

Determine whether CE
meets program
requirements

Provide technical
assistance

Secure needed
corrective action

Assess and apply fiscal
action, if necessary

OFF-SITE REQUIREMENTS

Answer questions addressing CE's procedures regarding:

- Eligibility determinations based on household applications
- Eligibility determinations specific to direct certification
- Benefit Issuance



WRITTEN POLICIES AND PROCEDURES

How does the CE handle the following?

BENEFIT STATUS AT BEGINNING OF SCHOOL YEAR FOR STUDENTS WITH NO APPLICATION OR CATEGORICAL ELIGIBILITY

ELIGIBILITY NOTIFICATIONS TO HOUSEHOLD

EXTENSION OF FREE BENEFITS TO ALL CHILDREN IN SNAP, TANF, FDPIR HOUSEHOLDS

ENSURE BENEFIT ISSUANCE DOCUMENTS ARE UPDATED AND INDICATE DATE ELIGIBILITY STATUS CHANGES ARE MADE

OFF-SITE REQUIREMENTS

Submit documentation through TX-UNPS

- Media Release documentation
 - ✓ Notification letter
 - ✓ Application with directions
 - ✓ Full IEG chart
 - ✓ Transmittal confirmation
- Sample letters to households
- List of all free/reduced students CE wide from the 1st operating day of the Month of Review
- List of denied students with an application on file

FINDINGS

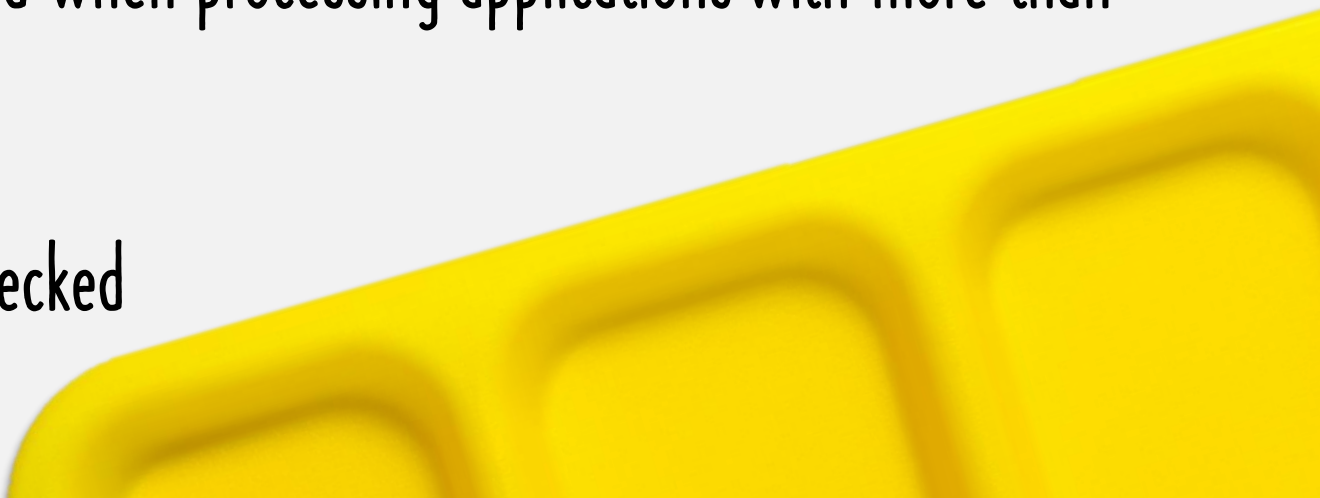
Second Review of Applications

- A second review of household applications is required when a CE has demonstrated a high rate of eligibility error during an Administrative Review



ELIGIBILITY FINDINGS – TEXAS

Findings related to eligibility:

- Household applications were incorrectly approved
 - Not using current non-discrimination statement
 - Failure to submit the public release to a local news source
 - Incorrect conversion factors were used when processing applications with more than 1 income frequency
 - Incorrect SNAP/TANF EDG #s
 - Missing SSNs or "no SSN" box not checked
- 

COURSE REVIEW

- A question or scenario will be shown
- Participants should review and provide a response
- Correct response will be shared

QUESTION #1

If the CE uses a computer system to generate eligibility determinations, must the Reviewing Official sign or initial each application?

- No. The CE (not the computer system) is responsible for determining eligibility for free or reduced-price meals. The CE must ensure their computer system meets all USDA requirements and performs all functions with a high degree of accuracy. The Reviewing Official may sign or initial and date a separate sheet of paper that could then be attached to a batch of applications. The computer system should be able to capture the original date of the approval and basis for determination as well as transfers, withdrawals, terminations, and any other changes

QUESTION #2

May children's eligibility information be shared with school guidance counselors?

- Yes, but only with household consent. Free and reduced-price eligibility status may not be shared with guidance counselors without household consent. A CE or school could send a letter to all households informing them of other school-based programs available to households that qualify for free or reduced-price meals. Interested households could then contact the guidance office to complete a consent form

QUESTION #3

If a foster child is adopted, is the foster child still categorically eligible for free meals based on foster status?

- Once a foster child is adopted, the child is no longer categorically eligible for free meals based on foster status. However, the free eligibility status of a foster child would not change within the school year, including up to 30 operating days into the next school year or whenever a new eligibility determination is made

QUESTION #4

Identify one strategy to increase the accuracy of eligibility determinations

- Spot check a sample of eligibility determinations on a quarterly basis

SCENARIO #1

A child who is approved for free benefits withdraws from school, then returns to school within the same school year

Is that child still eligible for benefits?

- Yes. Benefits from approved applications are valid for the duration of the school year and up to 30 operating days of the next year or until a new eligibility determination is made

SCENARIO #2

A household voluntarily provided pay stubs with an application but did not write the amount of each person's income on the application. All other items were completed. According to the provided pay stubs, the household is eligible for reduced-price benefits

What should the Reviewing Official do?

- Rather than denying or returning the application, the Reviewing Official should contact the household to confirm household income and frequency. The official should document the contact information and any comments, enter them on the application, initial and date the action

SCENARIO #3

A household owns a housing unit and rents living space to another household

Does the household receiving the rental fee have to include this amount of income on the school meals application?

- Yes. Rental income is considered household income and is used when determining income for program benefits. Also note that the landlord and tenant households would be considered two separate economic units



SCENARIO #4

A student is identified Medicaid Reduced on the Texas ELMS match list but is already free on an approved income application

What does the Reviewing Official do?

- When a conflict is determined between a free income application and a Medicaid Reduced match, the CEs will apply the highest benefit (free) for the household

SEEDS & WEEDS

- Write down new ideas, skills or tasks (seeds) 
- List obstacles that could hinder the process (pull weeds). 

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

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

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A yellow tray with four compartments is shown, partially obscured by a black wavy banner. The banner has the text "Q&A" written on it in white. The tray is slightly out of focus, and the banner is in sharp focus.

Q&A

KNOWLEDGE CHECK

