Child Nutrition
Maine Department of Education

Maine Department of Education

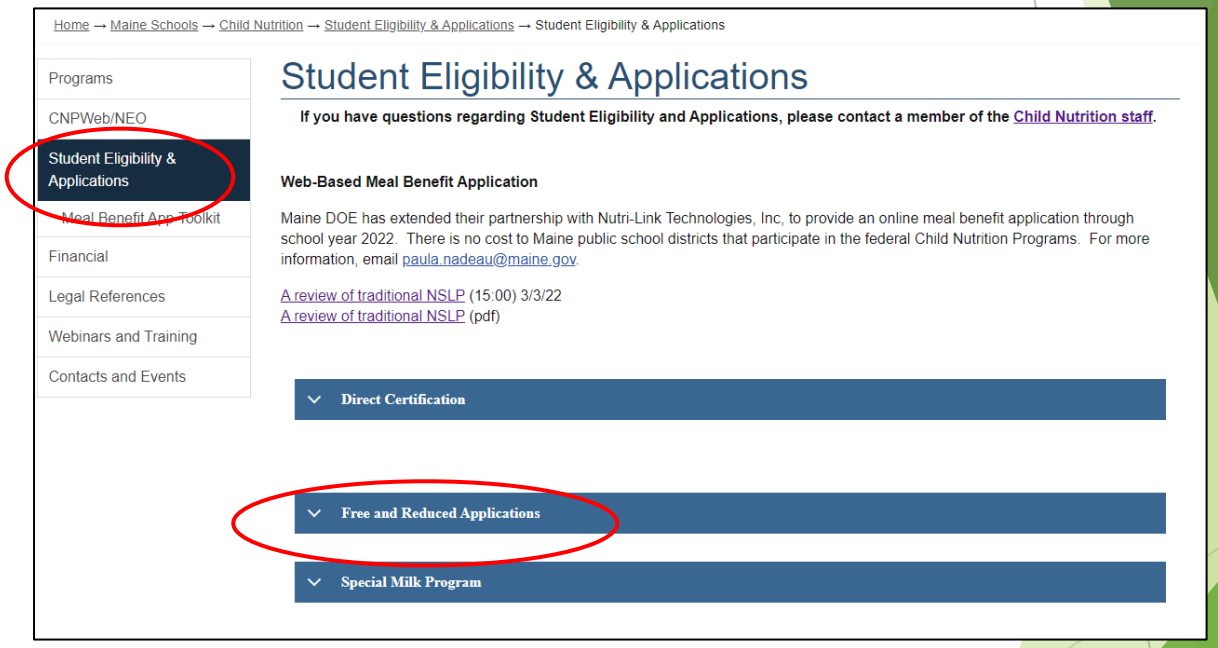
Determining Student Eligibility For Meal Benefits

Resources

- USDA's Eligibility Manual for School Meals 2017-2018
- Quick Reference Guide
- Determining Student Eligibility video: https://www.maine.gov/doe/schools/nutrition/training

Child Nutrition Webpage

- Student Eligibility & Applications
  - Free and Reduced-Price Applications
  - Income Guidelines
  - Parent letter for F/R meals
  - Eligibility notification letters



Documentation

In order to claim Federal reimbursement for Free/Reduced student meals, you must have proper <u>documentation</u> of student eligibility.

What's proper documentation?

Free and reduced-Price meal benefit applications

Letter to Households

- Distributed at the start of each school year
- How families can apply for meal benefits

- Sample letters on Child Nutrition website:
  - Non-pricing schools*
  - Schools charging for paid meals

* Opportunity to share the importance of completing a meal benefit application!

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EP

SY 2023 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS

Complete one application per household for all children. A household is a person(s) living together that shares income and expenses, even if not related. You may also apply online at: [web address if you offer online applications]

STEP 1: STUDENT INFORMATION: List all students that live in the household

Student Last Name	Student First Name	School	Foster Child	Homeless/Migrant
			☐	☐
			☐	☐
			☐	☐
			☐	☐

STEP 2: ASSISTANCE PROGRAMS: Do any members of the household (including you) currently participate in SNAP, TANF or FDPIR assistance? If NO, go to STEP3. If YES, write the case number and name of the person receiving these benefits. Do not complete STEP 3. Name: _____ __ __ __ __ __ __ ☐

SNAP or TANF Number **Letter**

STEP 3: HOUSEHOLD INCOME: List all Household Members including yourself & students listed above and gross income for each person listed.

Names	Gross Income (before deductions)															
Household Member (include students listed above)	Earnings from Work before deductions	Weekly	Every 2 weeks	2 times/month	Monthly	Welfare, Child Support, Alimony received	Weekly	Every 2 weeks	2 times/month	Monthly	Pensions, Retirement, Social Security & All Other Income	Weekly	Every 2 weeks	2 times/month	Monthly
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TOTAL HOUSEHOLD SIZE:															

STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER ***(required)***

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.

Signature of Adult: _____ **Last 4 Digits of Social Security Number:** __ __ __ __ ☐ **I do not have a Social Security Number**

Printed Name: _____ **Phone:** _____ **Email:** _____

Address: _____ **Date:** _____

*** FOR SCHOOL USE ONLY ***

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total Income: _____ Household Size: _____ Free___ Reduced___ Denied___ Categorically eligible free: _____

Determining Official's Signature: _____ Date: _____

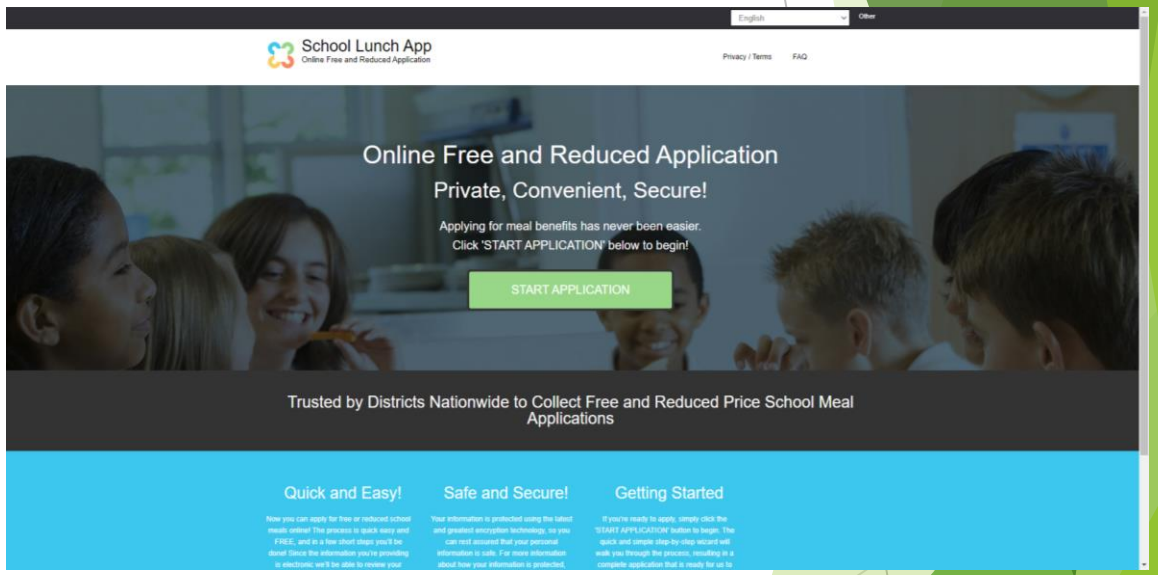
Verification - Confirming Official's Signature: Date:

Free and Reduced-Price Applications

- Current year application must be available to all households
- Only 1 application per household needs to be submitted
- Families cannot be required to complete an application
- USDA has translated applications available

Online Meal Benefit Applications

- Maine DOE partnership with Nutri-Link to provide online application for school districts
  - Online apps available at no charge
- Should see Nutri-Link on computer
- If not currently signed up and required to accept online applications, will hear from Nutri-Link
- Email sarah.d.platt@maine.gov with questions



Carryover of Eligibility

- Eligibility status from the previous school year remains in effect for up to 30 operating days, or until new documentation is received, whichever comes first.

- New eligibility supersedes carryover eligibility.

Processing Free and Reduced-Price Meal Applications

- Applications should be processed, and families notified about the results as soon as possible, but no later than 10 calendar days after being received

- Eligibility becomes effective when the application is received
  - Date stamp and initial upon receipt

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SY 2023 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS

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STEP 1: STUDENT INFORMATION: List all students that live in the household

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SNAP or TANF Number Letter

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TOTAL HOUSEHOLD SIZE:															

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*** FOR SCHOOL USE ONLY ***

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Total Income: _____ Household Size: _____ Free___ Reduced___ Denied___ Categorically eligible free: _____

Determining Official's Signature: _____ Date: _____

Verification - Confirming Official's Signature: Date:

Processing Free and Reduced-Price Meal Applications

All applications are taken at face value!

Determining Eligibility

Free and Reduced-Price Meal Application

- Categorical (SNAP/TANF, foster)
- Income

Direct Certification List

Migrant/Homeless/Head Start List

Categorical Eligibility

Student/Household Receives Benefits from an Assistance Program:

- SNAP/TANF
- Directly Certified

Eligibility is extended to the entire household.

Other Source Categorical

- Head Start
- Migrant
- Homeless
- Foster Children

Eligibility is NOT extended to the entire household.

Homeless/Migrant

- If an application has homeless/migrant checked
  - Must be further validated
  - Homeless Coordinator-District level
    - https://www.maine.gov/doe/schools/safeschools/counseling/highmobility/homelessed
  - Migrant Coordinator at the State of Maine
    - Matthew.flaherty@maine.gov
- Might be listed on the Direct Certification list.

Foster Children

- Member of the household where they reside
- Eligible for Free meals regardless of income
- Their benefit is <u>not</u> extended to other members
- Other members in household approved based on household income

Free and Reduced-Price Applications: Categorical Eligibility

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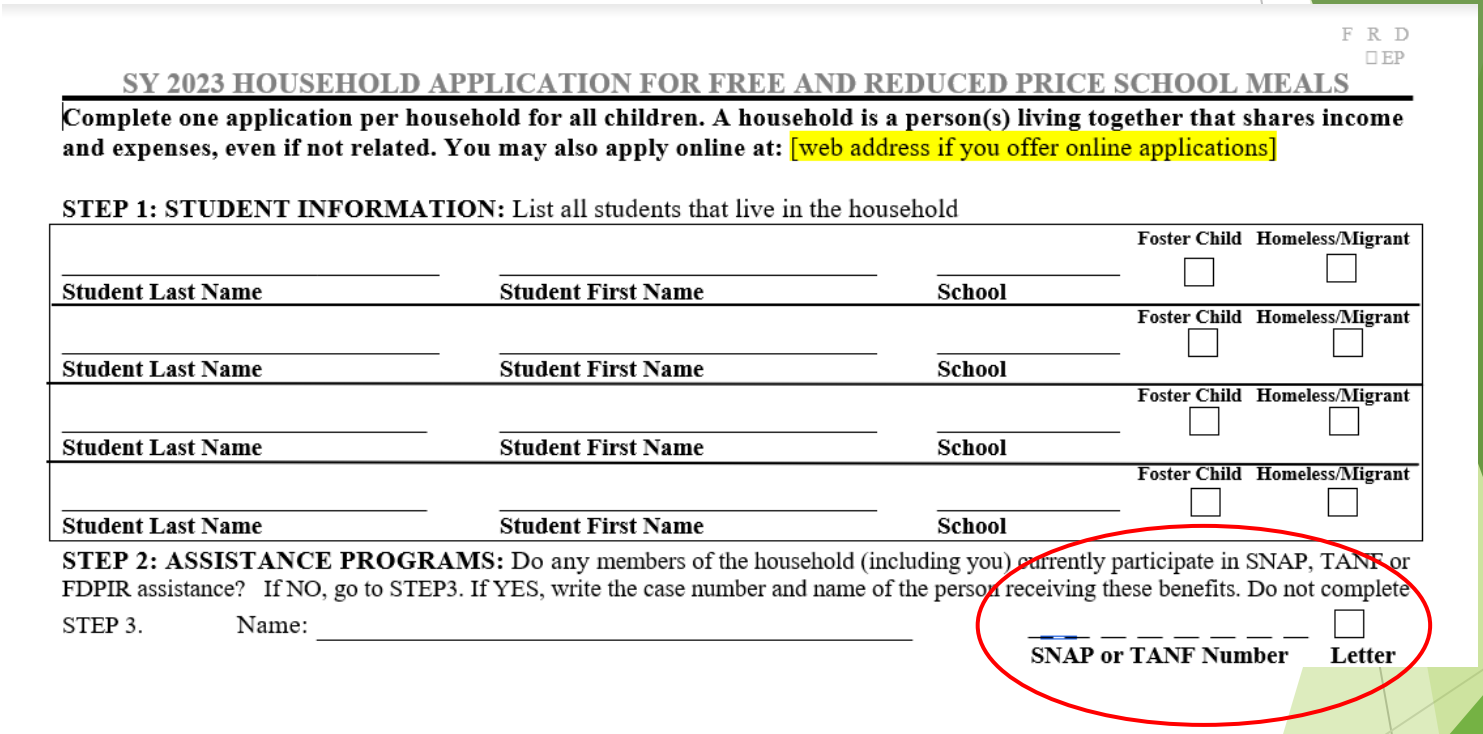
Name: _____

_ _ _ _ _ _ _ ☐

SNAP or TANF Number **Letter**

Free and Reduced-Price Applications: Categorical Eligibility



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_ _ _ _ _ _ _ ☐
SNAP or TANF Number **Letter**

Acceptable:

8 numbers & a letter

Unacceptable

- MaineCare
- EBT numbers
- Any number that does not fit the space provided!
- Statement from parent

Free and Reduced Price Applications: Categorical Eligibility

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	$										$				
	$					$					$				
TOTAL HOUSEHOLD SIZE:															

Only exception is a foster child with other siblings

Free and Reduced Price Applications: Categorical Eligibility

STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER *(required)*

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Free and Reduced-Price Applications: Income

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Free and Reduced-Price Applications: Income

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TOTAL HOUSEHOLD SIZE:															

- Names of ALL household members
- Income from all sources and frequency

Free and Reduced-Price Applications: Income with Multiple Frequencies

Weekly X 52= Annual $

Every Two Weeks X 26= Annual $

Twice a Month X 24= Annual $

Total Annual Income

- Compare to income guidelines for ANNUAL income for the household size
  - Do NOT round
  - Do NOT convert back to monthly income

No conversion is required when one source of income is listed

OR

All income sources are the same frequency

2022-2023 INCOME GUIDELINES												
	FREE						REDUCED					
Household Size	Annual	Monthly	Twice a Month	Every 2 Weeks	Weekly		Annual	Monthly	Twice a Month	Every 2 Weeks	Weekly	
1	17,667	1,473	737	680	340	1	25,142	2,096	1,048	967	484	1
2	23,803	1,984	992	916	458	2	33,874	2,823	1,412	1,303	652	2
3	29,938	2,495	1,248	1,152	576	3	42,606	3,551	1,776	1,639	820	3
4	36,075	3,007	1,504	1,388	694	4	51,338	4,279	2,140	1,975	988	4
5	42,211	3,518	1,759	1,624	812	5	60,070	5,006	2,503	2,311	1,156	5
6	48,347	4,029	2,015	1,860	930	6	68,802	5,734	2,867	2,647	1,324	6
7	54,483	4,541	2,271	2,096	1,048	7	77,534	6,462	3,231	2,983	1,492	7
8	60,619	5,052	2,526	2,332	1,166	8	86,266	7,189	3,595	3,318	1,659	8
Additional	6,136	512	256	236	118		8,732	728	364	336	168	

Income Guidelines

Free and Reduced-Price Applications

STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER *(required)*

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Signature of Adult: _____ **Last 4 Digits of Social Security Number:** __ __ __ __ ❑ **I do not have a Social Security Number**

Printed Name: _____ **Phone:** _____ **Email:** _____

Address: _____ **Date:** _____

Free and Reduced-Price Applications

STEP 5: *Optional* CHILDREN'S ETHNIC and RACIAL IDENTITIES You are **not required** to answer this question.

Mark one ethnic identity:

- ❑ Hispanic or Latino
- ❑ Not Hispanic or Latino

Mark one or more racial identities:

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

Must be on every application

Optional for households to fill out

Free and Reduced-Price Applications

Approval / Denial

*** FOR SCHOOL USE ONLY ***

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total Income: _____ Household Size: _____ Free___ Reduced___ Denied___ Categorically eligible free: _____

Determining Official's Signature: _____ Date:_____

Verification - Confirming Official's Signature:_____ Date:_____

Signatures-Who is Who

- Approving Official? **John Smith**
- Hearing Official? Betty Jones
- Application Confirming Official? Harvey Bixby
- Verification Official? **John Smith**

- 3 Different Individuals

Summary: A Complete Application

Income Applications

- Names of all household members (must match household size box)
- Gross pay
- Pay frequency
- Adult signature
- Last four of SSN or indication of none

Categorical Applications

- Names of all children in the household
- SNAP/TANF # (correct format)
- Indication of Foster
- Adult signature

*If homeless is indicated you must still follow up with your homeless liaison for verification.

Transfer Students

Student moves halfway through the year and you receive a copy of their application from the sending school

Make sure to reapprove and sign!

Homeless, migrant, head start

Determining Eligibility: Homeless/Migrant/Head Start

- Application not required
  - Household may indicate on application
- A student identified by the:
  - District homeless liaison
  - Migrant Coordinator
  - Head Start Coordinator
- **Categorically eligible for Free meals**

Direct certification

Direct Certification

- Automatic eligibility for free meals for entire school year
- Takes precedence over an application.

Direct Certification

- Assistance Programs → Free School Meals
- Automatically eligible for free meals
- Extended to entire household
- Families must be notified

Direct Certification

- List is accessed in NEO
  - If need access: medms.helpdesk@maine.gov
  - Confidential list- only FS directors and Superintendents
- List must be checked at least 3x each school year (throughout)
- Click the ‘reviewed’ button to certify that it has been reviewed
- Save a copy of all DC lists! Printed or electronic

DC List

Date Added	Student ID	Student Name	BirthDate	Case Head Name	DHS Case ID	DHS Town Name	SNAP/TANF	Enrollment Start	Enrollment End
7/7/2020	130019498	SMITH, JOSEPH	4/5/2003	SMITH, HELEN	80376133A	Machias	F	9/3/2019	6/4/2020
7/7/2020	130019465	ALLEN, HARVEY	4/27/2016	ALLEN, ZACH	15885093A	Machias	H	9/3/2019	6/4/2020
7/7/2020	150019654	ZAZUCUS, ZOE	10/30/2013	ZAZUCUS, ABBY	04583373A	Machias	S	9/3/2019	6/4/2020

Export to Excel

Date Added	Student ID	Stud

Individual Student Search

You must select the button below to certify the list has been reviewed as required by Federal Regulations.

Reviewed

S-SNAP

T-TANF

B-both SNAP & TANF

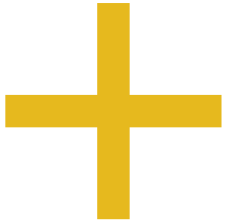
M-Migrant

F-Foster

H-Homeless

Duration of Eligibility

Eligibility is good for the entire school year



AND

the first 30 *operating days* of the next school year

Changes in Benefits

Applications can be submitted throughout the year. Not required if change in income.

Changes must take place:

- Within 3 days for an increase in benefits

(ex: Paid to Reduced)

- In 10 days for a decrease in benefits

(ex: Free to Paid)

Notification of Eligibility

NOTIFICATION OF ELIGIBILITY

DATE:

Dear Parent/Guardian:

Your application for free or reduced-price meals for your child(ren) has been:

- ❑ Approved for applicable programs listed below (check all that apply)
  - ❑ Free Lunches
  - ❑ Free Breakfasts
  - ❑ Free After School Snacks
  - ❑ Reduced price lunches at $_____ per meal
  - ❑ Reduced price breakfast at $_____ per meal
  - ❑ Reduced price After School Snacks at $_____ per snack
- ❑ Denied because:
  - ❑ Household income is over the amount allowable.
  - ❑ The application is missing_____.
- ❑ Other_____.

You may appeal this decision by contacting the Hearing Official, _____at (phone/email of Hearing Official) _____.

Sincerely,
[Signature of Approving Officer]

_____

Verification

- Verification is the process of confirming eligibility for free and reduced-price meal benefits
  - Application approval= face value
  - Verification= confirming income reported on application
- Verification training- in person and webinar recording
- Verification process is reported in CNP web

Benefit Issuance List or “Master List”

- List of students eligible for free and reduced-price meals
- List should contain:
  - Student first and last name
  - Benefit status (free/reduced/paid)
  - Date status was determined
  - Method of determination (DC/categorically eligible/application)
  - School name
  - Changes
- Confidential

Confidentiality

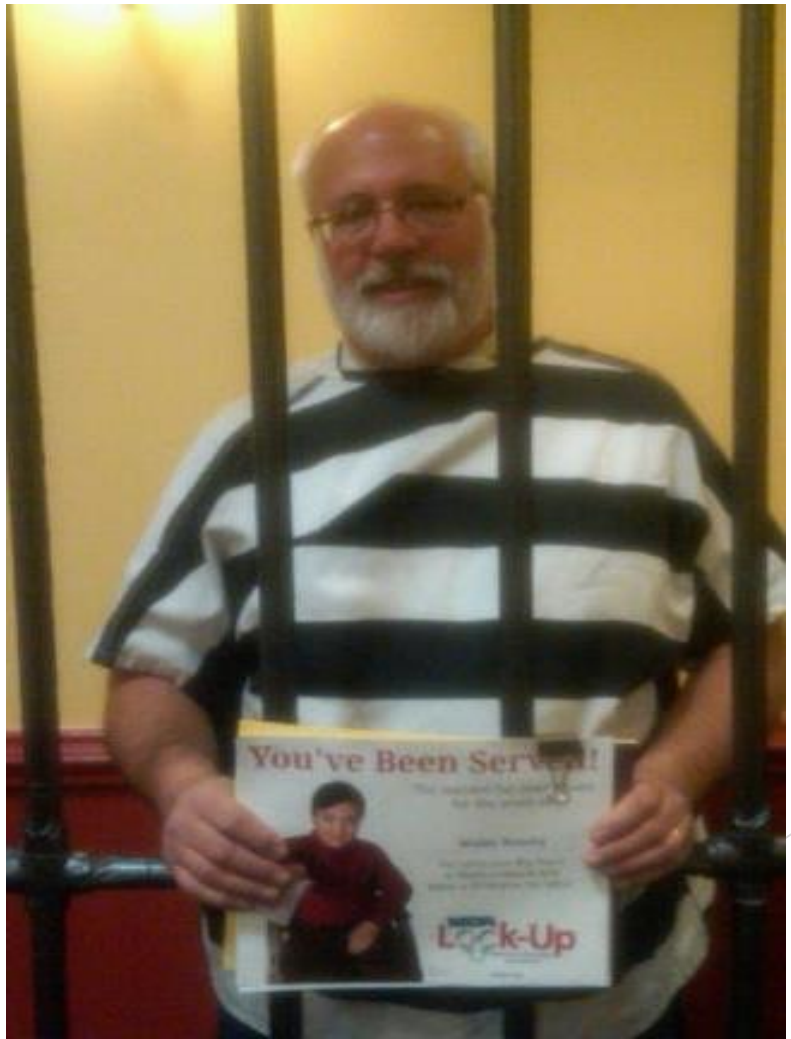
Eligibility information is CONFIDENTIAL.

Confidentiality

- May share aggregate data
- Eligibility information may not be shared without written parental permission
  - Sharing information form
- May share with another Child Nutrition Program
  - Disclosure Chart in Eligibility Manual

Don’t End Up Like This Guy

Penalty for disclosure



Non-Discrimination Statements

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, *USDA Program Discrimination Complaint Form* which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

(2) fax:

(833) 256-1665 or (202) 690-7442; or

(3) email:
program.intake@usda.gov

This institution is an equal opportunity provider.

The Maine Human Rights Act prohibits discrimination because of race, color, sex, sexual orientation, age, physical or mental disability, genetic information, religion, ancestry or national origin.

Complaints of discrimination must be filed at the office of the Maine Human Rights Commission, 51 State House Station, Augusta, Maine 04333-0051. If you wish to file a discrimination complaint electronically, visit the Human Rights Commission website at https://www.maine.gov/mhrc/file/instructions and complete an intake questionnaire. Maine is an equal opportunity provider and employer.

Questions?