

**OKLAHOMA STATE DEPARTMENT OF EDUCATION
PERMANENT POLICY STATEMENT
FOR FREE AND REDUCED-PRICE MEALS
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM/
AFTER-SCHOOL SNACK PROGRAM**

(Cross out references to the School Breakfast Program [SBP] and/or After-School Snack Program [ASSP] if you do not participate.)

The _____ has agreed to participate in
(School Food Authority)

the National School Lunch Program (NSLP), SBP, and/or ASSP, receive commodities donated by the United States Department of Agriculture (USDA), and accept responsibility for providing free and reduced-price meals to eligible children in the schools under its jurisdiction.

The School Food Authority (SFA) assures the State Department of Education, hereinafter referred to as the *State Agency*, that the school system will uniformly implement the following policies to determine children's eligibility for free and reduced-price meals in the NSLP, SBP, and ASSP schools under its jurisdiction. In fulfilling these responsibilities, the SFA:

- A. Agrees to serve meals free to children from households whose income is at or below 130 percent of the Secretary of Agriculture's income poverty guidelines listed in Attachment A and/or to children from "Supplemental Nutrition Assistance Program" (SNAP) households, "Temporary Assistance for Needy Families" (TANF) assistance units, or "Food Distribution Program on Indian Reservations" (FDPIR) assistance units that provide a case number.
- B. Agrees to serve meals at a reduced price to children from households whose income falls between the free meal scale and 185 percent of the Secretary of Agriculture's income poverty guidelines, listed in Attachment A.
 - 1. Agrees to set reduced-price charges at **40** cents or less for reduced-price lunches.
 - 2. Agrees to set reduced-price charges at **30** cents or less for reduced-price breakfasts.
 - 3. Agrees to set reduced-price charges at **15** cents or less for reduced-price snacks.
 - 4. Agrees to set the paid charges at an average between the free reimbursement rate and the paid reimbursement rate or guarantee that the price difference is made up of nonfederal funds.
- C. Agrees there will be no physical segregation of, or any other discrimination against, any child because of the inability to pay the full price of the meal. The names of the children eligible to receive free or reduced-price meals shall not be published, posted, or announced in any manner, and there shall be no overt identification of any such children by use of special tokens, tickets, or any other means. Further assurance is given that children eligible for free or reduced-price meals shall not be required to:
 - 1. Work for their meals.
 - 2. Use a separate lunchroom.
 - 3. Go through a separate serving line.
 - 4. Enter the lunchroom through a separate entrance.
 - 5. Eat meals at a different time.
 - 6. Eat a meal different from the one sold to children paying the full price.

- D. Agrees that, in the operation of Child Nutrition Programs (CNP), no child shall be discriminated against because of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA. (Not all prohibited bases will apply to all programs and/or employment activities.)
- E. Agrees to verify eligibility of applicant households in accordance with program regulations, to complete the verification process by November 15 of the current year, and to maintain records as follows: (1) a summary of the verification efforts, (2) the total number of applications on file by October 1, and (3) the percentage of applicants verified. Compliance with these requirements will be monitored by the State Agency as part of its supervisory assistance monitoring and verification efforts.
- F. Agrees to establish a procedure to notify households selected for verification (Attachment H) and provide adverse action notices to households with a change in eligibility status (Attachment I).
- G. Agrees to designate _____

(Name and Title of Determining Official)

to review applications and make determination of eligibility. This official will use the criteria outlined in this policy to determine which individual children are eligible for free or reduced-price meals.
- H. Agrees to establish and use a fair hearing procedure for households to appeal the school’s decisions and for school officials to challenge the correctness of information in an application or the continued eligibility of any child for free or reduced-price meals. If the household appeals a termination decision during the ten-day advance notice period, the child will continue to receive free or reduced-price meals during the appeal and hearing.

Prior to initiation of the hearing procedure, the parents or guardians or the local school officials may request a conference to provide an opportunity for the parents or guardians and the local school officials to discuss the situation, present information, obtain an explanation of data submitted in the application, and discuss decisions rendered. Such a conference shall not in any way prejudice or diminish the right to a fair hearing.

The designated hearing official is:

(Name and Title of Hearing Official)

(Address)

NOTE: THIS PERSON MUST BE SOMEONE NOT INVOLVED IN THE ORIGINAL ELIGIBILITY DETERMINATION. IT IS SUGGESTED THAT THIS PERSON HOLD A POSITION SUPERIOR TO THAT OF THE DETERMINING OFFICIAL.

This official shall ensure that the hearing procedure provides the following for both the household and the SFA:

1. A publicly announced, simple method for making an oral or written request for a hearing.
2. An opportunity to be assisted or represented by an attorney or other person.

3. An opportunity to examine, prior to and during the hearing, the documents and records presented to support the decision under appeal.
 4. Reasonable promptness and convenience in scheduling and holding a hearing and adequate notice as to its time and place.
 5. An opportunity to present oral or documentary evidence and arguments supporting a position without undue interference.
 6. An opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witness(es).
 7. That the hearing be conducted and the decision be made by a hearing official who did not participate in the decision under appeal or in any previous conference.
 8. That the decision of the hearing official be based on the oral and documentary evidence presented at the hearing and entered into the hearing record.
 9. That the parties concerned and any designated representatives thereof be notified in writing of the decision of the hearing official.
 10. That for each hearing a written record be prepared, including the challenge or decision under appeal, any documentary evidence and a summary of any oral testimony presented at the hearing, the decision of the hearing official and the reasons therefore, and a copy of the notification to the parties concerned of the hearing official's decision.
 11. That such written record be retained for a period of three years after the close of the school year to which they pertain and shall be made available for examination by the parties concerned or their representatives at any reasonable time and place during such period.
- I. Agrees to develop and distribute to each child's parents or guardians a letter as outlined in Attachment B and an application form for free and reduced-price school meals (Attachment C). These forms shall be distributed at or about the beginning of each school year (not before July 1) or whenever there is a change in eligibility criteria. The letter to parents with the meal application attachment shall have only the income-eligibility guidelines for reduced-price meals (Attachment A), with an explanation that households with incomes at or below the reduced-price guidelines may be eligible for either free or reduced-price meals.

Interested parents or guardians are responsible for filling out the application and returning it to the school for review. Such applications and documentation of eligibility determinations made will be maintained for a period of three years following the end of the school year to which they pertain.

Applications may be filed at any time during the year. Parents or guardians enrolling a child in a school for the first time shall be supplied with appropriate meal application materials regardless of the time of year the child is registered. If a child transfers from one school to another, the child's eligibility application will be maintained at the originating school with a copy provided to the receiving school.

All children from an eligible household will receive the same benefits except in the case where a foster child is on the same application as other children in the household. Parents or guardians will be promptly notified of the approval or denial of their application(s) as outlined in Attachment D. Children will be served meals immediately upon the establishment of their eligibility.

When an application is denied, parents or guardians will be provided written notification which shall include: (1) the reason for the denial of benefits (e.g., income in excess of allowable limits or incomplete application), (2) notification of the right to appeal, (3) instructions on how to appeal, and (4) a statement reminding parents that they may reapply for free and reduced-price benefits at any time during the school year. The reasons for ineligibility shall be properly documented and retained on file at the SFA level.

- J. Agrees to submit a public release (Attachment E) containing the same information as in the parent letter (Attachment B) as well as the eligibility scale for free and/or reduced-price meals (Attachment A) to the news media, local unemployment offices, and major employers contemplating or experiencing large layoffs in the area from which the school draws its attendance. Copies of the public release shall be made available upon request to any interested persons. Any subsequent changes in a school's eligibility criteria during the school year shall be publicly announced in the same manner as the original criteria was announced.
- K. Agrees to establish a procedure to collect money from children who pay for their meals and to account for the number of free, reduced-price, and full-price meals served to eligible children on a daily basis. The procedure described in Attachment F will be used so that no other child in the school will consciously be made aware by such procedure of the identity of the children receiving free or reduced-price meals.
- L. Agrees to submit to the State Agency any alterations or revisions to the administrative procedures outlined in this policy prior to implementation. Such changes will be effective only upon approval. All changes in eligibility criteria must be publicly announced in the same manner used at the beginning of the school year.

POLICY STATEMENT INFORMATION

1. All school food authorities (SFAs) must be conducting direct certification through the WAVE. Is the SFA doing this at least three times per year?

Yes No

2. Is the SFA contracting with a food service management company (FSMC)?

Yes No

3. Is the SFA contracting meals with any other entity (child care facility, elderly feeding program, etc.)?

Yes No

4. Name of food service director/manager:

E-mail:

Phone:

5. Name of nutrition education contact person:

Address:

E-mail:

Phone:

6. Number of food service personnel:

7. Title of Determining Official (cannot be same person as Hearing Official):

8. Title of Hearing Official:

9. The SFA chooses to make substitutes for fluid milk available upon written request by a medical authority or parent/guardian: Yes No

Early Childhood

High School

Elementary

Alternative Ed

Middle School/Jr High

10. Check this box if your school district has a new person, or someone who might need help, who is approving your free/reduced-price applications this school year?

11. Check this box if your school district has a new person, or someone who might need help, who is working with the meal pattern requirements and food production records this school year.

The enclosed prototypes are adopted and considered part of the renewal policy. Please keep all white prototype copies for your use, if applicable. If not using these prototype samples but developing your own documents, please submit your forms for approval.

- Attachment A: Income-Eligibility Guidelines for Free and Reduced-Price Meals
- Attachment B: Letter to Household—2 pages
- Attachment C: Application for Free and Reduced-Price Meals
- Attachment D: Notice to Households of Approval/Denial of Benefits
- Attachment E: Public Release
- Attachment F: Collection Procedures and Meal Accountability—3 pages
- Attachment G: Direct Certification Notice
- Attachment H: Notification of Selection for Verification of Eligibility—2 pages
- Attachment I: Letter of Verification Results and Adverse Action
- Attachment J: Certification Regarding Lobbying

Approved by:

_____	_____	_____
(Signature for School Food Authority)	(Title)	(Date)
_____	_____	_____
(Child Nutrition Programs)	(Title)	(Date)

ATTACHMENT E

PUBLIC RELEASE – NON-PRICING, PROVISIONS 2 AND 3, AND COMMUNITY ELIGIBILITY PROVISION (CEP)

Due to regulations, all school food authorities (SFAs) or institutions must submit annually a public release to the informational media, local unemployment offices, any companies contemplating layoffs in that district's area, grassroots organizations, and interested individuals upon request.

Date submitted to news media: _____

Name(s) of media outlets and companies submitted to: _____

_____ announced today it is participating in a free breakfast and/or lunch program for school year _____. All students enrolled in the district or the listed sites may participate in the breakfast and/or lunch program at no charge. Provision 2 and 3 schools and CEP schools will not collect household applications for free and reduced meals.

District-wide

Partial (list sites that are participating)

Provision 2

Provision 3

CEP

Non-Pricing

By providing breakfast and/or lunch to all children at no charge, we can create a better learning environment for our students. The school breakfast and lunch we serve follows U.S. Department of Agriculture guidelines for healthy school meals. The program cannot succeed without your support. Please encourage your children to participate in the school meal programs.

All meals are served to all students at no charge.

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, (AD-3027) found online at: How to File a 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.

**ATTACHMENT E
PUBLIC RELEASE – PRICING SCHOOLS**

(Delete any references to the School Breakfast Program and/or the After-School Snack Program if not applicable)

Due to regulations, all school food authorities (SFAs) or institutions must submit annually a public release to the informational media, local unemployment offices, any companies contemplating layoffs in that district's area, grassroots organizations, and interested individuals upon request.

Date submitted to news media: _____

Name(s) of media outlets and companies submitted to: _____

(Name of SFA or Sites)

today announced its policy for free or reduced-price meals for children served under the National School Lunch Program (NSLP), the School Breakfast Program (SBP), and the After-School Snack Program (ASSP).

Local SFA officials have adopted the following household size and income criteria for determining eligibility:

Eligibility Scale for Free Meals 130 Percent of Poverty Level					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1					
2					
3					
4					
5					
6					
7					
8					
For each additional family member, add:					
Eligibility Scale for Reduced-Price Meals 185 Percent of Poverty Level					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1					
2					
3					
4					
5					
6					
7					
8					
For each additional family member, add:					

Children from households whose income is at or below the levels shown are eligible for free or reduced-price meals. Application forms are being sent to all homes with a letter to parents or guardians. To apply for free or reduced-price meals, households should fill out the application and return it to the school. Additional copies are available at the principal's office in each school. The information provided on the application is confidential and will be used for the purpose of determining eligibility and may be verified at any time during the school year by school or other program officials. Applications may be submitted at any time during the year.

For SFA officials to determine eligibility, households receiving *Supplemental Nutrition Assistance Program (SNAP)*, *Temporary Assistance to Needy Families (TANF)*, or *Food Distribution Program on Indian Reservations (FDPIR)* benefits must list the children's names, a SNAP, TANF, or FDPIR case number; and the signature of an adult household member. All children in households with any household member receiving benefits under assistance programs are eligible for free meals. Children in Other Source Categorically Eligible (i.e., children categorized as homeless, migrant, runaway, Head Start, Even Start, and foster children, if known) are also eligible for free meals. **IF YOU DO NOT LIST A SNAP, TANF, OR FDPIR CASE NUMBER**, then the application must have the children's names, total household members, the amount of income each member received last month, the signature of an adult household member, and the last four digits of the adult's social security number or the mark the box if he or she does not have one.

Foster children also categorically qualify for free meals/milk, regardless of child's income. If you have foster children living with you and you wish to apply for such meals or milk for them, please complete the application as instructed.

Under the provision of the policy _____ will review applications and determine
(Name of Determining Official)

eligibility.

Parents or guardians wishing to make a formal appeal may make a request, either orally or in writing, for a hearing to appeal the decision to:

(Name of Hearing Official)

(Address)

The school's policy statement contains an outline of the hearing procedure.

DIRECT CERTIFICATION: Any member of a household currently certified to receive SNAP, TANF, or FDPIR benefits will be notified of the enrolled children's eligibility and that the enrolled children will be provided free benefits unless the household notifies the SFA that it chooses to decline benefits. If SNAP, TANF, and FDPIR households are not notified by _____ of their eligibility, they will need to submit an application.

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

Each school and the office of the _____ has a copy of the policy which may be
(Central Office)
reviewed by any interested party.

NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

Dear Parent/Guardian:

You applied for free or reduced-price meals for the following children:

_____	_____	_____
_____	_____	_____
_____	_____	_____

- Approved for free meals.
- Approved for reduced-price meals at \$ _____ for lunch, \$ _____ for breakfast, and \$ _____ for snacks.
- Denied for the following reason(s):
- Income over the allowable amount
 - Incomplete application
 - Other: _____

If you do not agree with the decision, you may discuss it with the school.

If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

NAME: _____

ADDRESS: _____

TOLL-FREE/COLLECT/LOCAL PHONE NUMBER: (Circle One) _____

E-Mail: _____

If you are not eligible now but have a decrease in household income, become unemployed, or have an increase in family size, fill out an application at that time.

Sincerely,

_____	_____
(Name)	(Title)

(Date)	

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](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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:

mail: U.S. Department of Agriculture
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1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

fax: (202) 690-7442; or

email: program.intake@usda.gov.

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **(Name of School/School District)** offers healthy meals every school day. Breakfast costs (\$); lunch costs (\$). **Your children may qualify for free meals or for reduced-price meals.**

Reduced-price is (\$) for breakfast and (\$) for lunch. This packet includes an application for free or reduced-price meal benefits and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED-PRICE MEALS?

- All children in households receiving benefits from **(Supplemental Nutrition Assistance Program [SNAP]), (Food Distribution Program on Indian Reservations [FDPIR], or (Temporary Assistance for Needy Families [TANF])** are eligible for free meals.
- Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school’s Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced-price meals if your household’s income is within the limits on the federal Income-Eligibility Guidelines (IEGs). Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2022					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,828	1,986	993	917	459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
For each additional person:	8,399	700	350	324	162

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and have not been told your children will get free meals, please call or e-mail **(school, homeless liaison, or migrant coordinator)**.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced-Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **(Name, Address, Phone Number)**.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **(Name, Address, Phone Number, E-Mail)** immediately.
5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit **(Web site)** to begin or to learn more about the online application process. Contact **(Name, Address, Phone Number, E-Mail)** if you have any questions about the online application.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through (*date*). You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC *MAY* be eligible for free or reduced-price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DO NOT QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: (**Name, Address, Phone Number, E-Mail**).
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A UNITED STATES (U.S.) CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you *NORMALLY* receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a *0* in the field. However, if any income fields are left empty or blank, those will *ALSO* be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you *MEANT* to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE IS NOT ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact (**Name, Address, Phone Number, E-Mail**) to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for (**SNAP**) or other assistance benefits, contact your local assistance office or call **1-866-411-1877**.

If you have other questions or need help, call (**Phone Number**).

Sincerely,

(Signature)

HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit **ONE** application per household, even if your children attend more than one school in **(School District)**. The application must be filled out completely to certify your children for free or reduced-price school meals.

Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **(School/School District Contact Here—Phone and E-Mail Preferred)**.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION, AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do **NOT** have to be related to you to be a part of your household.

Who should I list here?

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

- Children aged 18 or under **AND** are supported with the household's income.
- In your care under a foster arrangement or qualify as homeless, migrant, or runaway youth.
- Students attending **(School/School System Here)**, *regardless of age*.

- A. **List each child's name.** For each child, print his/her first name, middle initial, and last name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.
- B. **Is the child a student at (Name of School/School System Here)?** Mark *Yes* or *No* under the column titled *Student* to tell us which children attend **(Name of School/School District Here)**.
- C. **Do you have any foster children?** If any children listed are foster children, mark the *Foster Child* box next to the child's name. If you are **ONLY** applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions. If you are applying for both foster and nonfoster children, go to STEP 3. **Foster children who live with you may count as members of your household and should be listed on your application.**
- D. **Are any children homeless, migrant, or runaway?** If you believe any child listed in this section may meet this description, please mark the *Homeless, Migrant, Runaway* box next to the child's name and **complete all steps of the application.**

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)? If *Yes*, record the proper case number (only one per household) in the box. Skip to STEP 4.

If anyone in your household participates in the assistance programs, your children are **ELIGIBLE** for free school meals.

If NO ONE in your household participates in any of the above programs:

- Leave **STEP 2** blank and go to **STEP 3**

If ANYONE in your household participates in any of the above programs:

- Write a case number for SNAP, TANF, OR FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your caseworker.
- Go to **STEP 4**.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled *Sources of Income for Adults* and *Sources of Income for Children* printed on the back side of the application form to determine if your household has income to report.
 - Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes.
 - Many people think of income as the amount they *take home* and not the total **gross** amount. Make sure that the income you report on this application has **NOT** been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
 - Write a 0 in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write 0 or leave any fields blank, you are certifying (promising) that there is no income to report. **If local officials suspect that your household income was reported incorrectly, your application will be investigated.**
 - Mark how often each type of income is received using the check boxes to the right of each field.
- A. **Report all income earned or received by children.** Report the combined gross income for ALL children listed in **STEP 1** in your household in the box marked “Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household.

What is Child Income?

Child income is money received from outside your household that is paid **DIRECTLY** to your children. Many households do not have any child income.

Sources of Income for Children

Sources of Child Income	Example(s)
• Earnings from work	• A child has a regular full- or part-time job where he/she earns a salary or wages
• Social Security <ul style="list-style-type: none"> — Disability payments — Survivor’s benefits 	<ul style="list-style-type: none"> • A child is blind or disabled and receives social security benefits • A parent is disabled, retired, or deceased, and his/her child receives social security benefits
• Income from persons OUTSIDE the household	• A friend or extended family member REGULARLY gives a child spending money

FOR EACH ADULT HOUSEHOLD MEMBER:

Who should I list here?

When filling out this section, please include **ALL ADULT** members in your household who are:

- Living with you and share income and expenses, *even if not related and even if they do not receive income of their own.*

Do **NOT** include people who:

- Live with you but are not supported by your household’s income **AND** do not contribute income to your household.
- Infants and children and students already listed in STEP 1.

How do I fill in the income amount and source?

FOR EACH TYPE OF INCOME:

- Use the charts in this section to determine if your household has income to report.
- Report all amounts in **gross income ONLY**. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes or deductions.
 - Many people think of income as the amount they *take home* and not the total **gross** amount. Make sure that the income you report on this application has **NOT** been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

FOR EACH ADULT HOUSEHOLD MEMBER: continued

- Write a **0** in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write **0** or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
- Mark how often each type of income is received using the check boxes to the right of each field.

- B. **List adult household members' names.** Print the name of each household member in the boxes marked *Names of Adult Household Members (First and Last)*. **Do not list any household members you listed in STEP 1.** If a child listed in STEP 1 has income, follow the instructions in STEP 3, Part A.
- C. **Report earnings from work.** Refer to the chart titled *Sources of Income for Adults* in these instructions, and report all income from work in the *Earnings From Work* field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenues.
- D. **Report income from public assistance/child support/alimony.** Refer to the chart titled *Sources of Income for Adults* in these instructions, and report all income that applies in the *Public Assistance/Child Support/Alimony* field on the application. Do not report the value of any cash value public assistance benefits **NOT** listed on the chart. If income is received from child support or alimony, only **court-ordered** payments should be reported here. Informal regular payments should be reported as *Other* income in the next part.
- E. **Report income from pensions/retirement/all other income.** Refer to the chart titled *Sources of Income for Adults* in these instructions, and report all income that applies in the *Pensions/Retirement/All Other Income* field on the application.
- F. **Report total household size.** Enter the total number of household members in the field *Total Household Members (Children and Adults)*. This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free or reduced-price meals.
- G. **Provide the last four digits of your social security number.** The household's primary wage earner or another adult household member must enter the last four digits of his/her social security number in the space provided. **You are eligible to apply for benefits even if you do not have a social security number.** If no adult household member has a social security number, leave this space blank and mark the box to the right labeled *Check if no SSN*.

Sources of Income for Adults

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

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements on the application.**

- A. ***Provide your contact information.*** Write your current address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals.** Sharing a phone number, e-mail address, or both is optional, but helps us reach you quickly if we need to contact you.
- B. ***Print and sign your name.*** Print your name in the box *Printed Name of Adult Completing the Form*. Sign your name in the box *Signature of Adult Completing the Form*.
- C. ***Today's date.*** In the space provided, write today's date.
- D. ***Share children's racial and ethnic identities (optional).*** On the back of the application, we ask you to share information about your children's race and ethnicity. **This field is optional and does not affect your children's eligibility for free or reduced-price school meals.**

2021-2022 Application for Free and Reduced-Price School Meals Complete one application per household. Please use a pen (not a pencil). Apply online at _____

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

Definition of Household Member—Anyone who is living with you and shares income and expenses, even if not related.	Child's First Name	M I	Child's Last Name	School Name	Grade	Birth Date	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
Children in foster care and children who meet the definition of homeless, migrant, or runaway are eligible for free meals. Read <i>How to Apply for Free and Reduced-Price School Meals</i> for more information.							Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Yes <input type="checkbox"/> No <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 a case number here, then go to **STEP 4**. (**Do not complete STEP 3**.)

Case Number: _____

Write only one case number in this space.

STEP 3 Report income for ALL household members (Skip this step if you answered YES to STEP 2)

Are you unsure what income to include here? Flip the page, and review the charts titled *Sources of Income* for more information.

The *Sources of Income for Children* chart will help you with the Child Income section.

The *Sources of Income for Adults* chart will help you with the All Adult Household Members section.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children in the household listed in STEP 1 here.

Child Income	
Weekly	Monthly
\$ _____	\$ _____

B. All Adult Household Members (Including Yourself)
List all household members not listed in STEP 1 (including yourself), even if they do not receive income. For each household member listed, if he/she does receive income, report gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write 0. If you enter 0 or leave any fields blank, you are certifying (promising) that there is no income to report.

Names of Adult Household Members (First and Last)	Earnings From Work		How Often		Public Assistance/Child Support/Alimony	How Often		Pensions/Retirement/All Other Income	How Often	
	Weekly	Monthly	Bi-weekly	2x Monthly		Weekly	2x Monthly		Bi-weekly	2x Monthly
\$ _____	<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"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if No SSN

STEP 4: Contact information and adult signature

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

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip Code _____

Daytime Phone and E-Mail (Optional) _____

Printed Name of Adult Signing the Form _____ Signature of Adult _____

Today's Date _____

Mail Completed Form to: Insert Your School District Mailing Address Here

INSTRUCTIONS Sources of Income

Sources of Child Income	
Sources of Child Income	Example(s)
• Earnings from work	• A child has a regular full- or part-time job where he/she earns a salary or wages
• Social Security —Disability payments —Survivor's benefits	• A child is blind or disabled and receives social security benefits • A parent is disabled, retired, or deceased, and his/her child receives social security benefits
• Income from persons <i>OUTSIDE</i> the household	• A friend or extended family member <i>REGULARLY</i> gives a child spending money
• Income from any other source	• A child receives income from a private pension fund, annuity, or trust

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

OPTIONAL Children's Racial and Ethnic Identifies

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

Ethnicity (Check One): Hispanic or Latino Not Hispanic or Latino
Race (Check One or More): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (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

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, (AD-3027) found online at: http://www.aser.usda.gov/complaint_filing_cust.html, 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: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out 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	How Often?	Household Size	Eligibility:
	Annually <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2 x Month <input type="checkbox"/> Monthly <input type="checkbox"/>		Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/>
Determining Official's Signature	Date	Categorical Eligibility <input type="checkbox"/>	Verifying Official's Signature
		Date	Date

SHARING INFORMATION WITH MEDICAID/SOONERCARE

Dear Parent/Guardian:

If your children get free or reduced-price school meals, they **MAY** also be able to get free or low-cost health insurance through Medicaid or Sooner Care. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, ***the law allows us to tell Medicaid and Sooner Care that your children are eligible for free or reduced-price school meals unless you tell us not to.*** Medicaid and Sooner Care only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Application for Free and Reduced-Price School Meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or Sooner Care, fill out the form below and send in. (Sending in this form will not change whether your children get free or reduced-price school meals.)

No! I DO NOT want information from my Application for Free and Reduced-Price School Meals shared with Medicaid or Sooner Care.

If you checked ***No***, fill out the form below to ensure that your information is ***NOT*** shared for the child(ren) listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call your child's school.

**INCOME-ELIGIBILITY GUIDELINES FOR SCHOOL YEAR 2022
FOR FREE AND REDUCED-PRICE MEALS**

This is the income scale used by _____
(School Food Authority)

To determine eligibility for free meals.

(The Free Scale Should Not Be Distributed to Families)

ELIGIBILITY SCALE FOR FREE MEALS 130 Percent of Poverty Level					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	16,744	1,396	698	644	322
2	22,646	1,888	944	871	436
3	28,548	2,379	1,190	1,098	549
4	34,450	2,871	1,436	1,325	663
5	40,352	3,363	1,682	1,552	776
6	46,254	3,855	1,928	1,779	890
7	52,156	4,347	2,174	2,006	1,003
8	58,058	4,839	2,420	2,233	1,117
For each additional family member, add:	5,902	492	246	227	114

ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS 185 Percent of Poverty Level					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,828	1,986	993	917	459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
For each additional family member, add:	8,399	700	350	324	162

ATTACHMENT G
NOTICE OF DIRECT CERTIFICATION

Dear Parent/Guardian:

We want to let you know that the child(ren) listed below will receive free lunches, breakfasts, and snacks at school because they receive **SNAP**, **TANF**, or **FDPIR** benefits.

United States Department of Agriculture (USDA) regulations require that if one person within a household is directly certified through a household member receiving SNAP, TANF, or FDPIR benefits, then all children within the household are directly certified.

Name of Child	Name of School

If there are other children enrolled in the school district in your household who are not listed above, ***they also qualify for free meals.***

Please contact the school your child/children attends in the following situations:

- If there are other children in your household who are not listed above and you would like them to receive free meals at school.
- You do not want your children to have free meals.
- You have any additional questions.

School Name: _____

Name of Contact: _____

Phone Number: _____

E-Mail Address: _____

Signature of School Official: _____

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

fax: (202) 690-7442; or

email: program.intake@usda.gov.

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DISCLOSURE CHART FOR ELIGIBILITY INFORMATION

Recipient of Information	Information That May Be Disclosed to Recipient	Required Notification and Content
<i>Child Nutrition Programs (CNP)</i> under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA)	All eligible information	Prior notice and consent not required
<i>Federal, state, or local means-tested nutrition programs</i> with eligibility standards comparable to the National School Lunch Program (NSLP)	Eligibility <i>STATUS</i> Only	Prior notice and consent not required
<i>Federal education programs, including Every Student Succeeds Act (ESSA)</i>	Eligibility <i>STATUS</i> Only	Prior notice and consent not required
<i>The WAVE</i> (Student Information System)	Eligibility <i>STATUS</i> Only	Prior notice and consent not required
<i>State Education programs</i> , administered by a state agency or local education agency	Eligibility <i>STATUS</i> Only	Prior notice and consent not required
<i>Local education program</i>	<i>NO</i> eligibility information unless parental consent is obtained	Must obtain parental consent
<i>Sooner Care Benefits</i> , administered by a state or local agency authorized under Title XIX or XX of the Social Security Act to identify and enroll eligible children	All eligibility information unless parents elect not to have information disclosed	Must give prior notice to parents and opportunity for parents to decline to have their information disclosed
<i>State health programs</i> other than Sooner Care administered by a state agency or local education agency.	Eligibility <i>STATUS</i> Only	Prior consent not required
<i>Federal health programs</i> other than Medicaid/Sooner Care	<i>NO</i> eligibility information unless parental consent is obtained	Must obtain prior parental consent
<i>Local health programs</i>	<i>NO</i> eligibility information unless parental consent is obtained	Must obtain prior parental consent
<i>Comptroller General</i> of the United States for purpose of audit and examination	All eligibility information	Prior notice and consent not required
<i>Federal, state, or local law enforcement officials</i> investigating alleged violations of any of the programs under the NSLA or Can or investigating violations of any of the programs that are authorized to have access to names and eligibility status	All eligibility information	Prior notice and consent not required

SFA may use the form on the next page for parents to complete for release of eligibility information that requires parental approval.

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced-price meals.

-
- Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **(Name of Program Specific to Your School)**.
 - Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **(Name of Program Specific to Your School)**.
 - Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **(Name of Program Specific to Your School)**.

If you checked **Yes** to any or all of the boxes above, fill out the form below to ensure that your information is shared for the children listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you can call **(Name)** at **(Phone)** or e-mail at **(E-Mail Address)**.

Return this form to: **(Address)** by **(Date)**.

DISCLOSURE OF FREE AND REDUCED-PRICE INFORMATION AGREEMENT

I. PURPOSE AND SCOPE

_____ and _____ acknowledge and agree that children’s free and
 (Insert Name of LEA) (Insert Name of Receiving Agency)
 reduced-price meal and free milk eligibility information obtained under provisions of the Richard B. Russell National School Lunch Act (NSLA) (42 USC 1751 et. seq.) or Child Nutrition Act of 1966 (42 USC 1771 et. seq.) (CNA) and the regulations implementing those Acts is confidential information. This Agreement is intended to ensure that any information disclosed by the _____ to the _____
 (Insert Name of LEA Agency) (Insert Name of Receiving Agency)
 about children eligible for free or reduced-price meals or free milk will be used only for purposes specified in this Agreement and that the _____ and the _____
 (Insert Name of LEA) (Insert Name of Receiving Agency)
 recognize that there are penalties for unauthorized disclosures of this eligibility information.

II. AUTHORITY

Section 9(b)(6)(A) of the NSLA (42 USC 1758[b][6][A]) authorizes the limited disclosure of children’s free or reduced-price meal or free milk eligibility information to specific programs or individuals without prior parent/guardian consent. Except that, the parent/guardian must be provided the opportunity to decline to share eligibility information prior to the disclosure for identifying children eligible for benefits under or enrolling children in the state Medicaid program and the Sooner Care program. Additionally, the statute specifies that, for any disclosures not authorized by the statute, the consent of children’s parents/guardians must be obtained prior to the disclosure.

The receiving agency certifies that it is currently authorized to administer the following program(s) and that information requested will only be used by the program(s) indicated.

NOTE: Section 9(b)(6)(A) specifies that certain programs may receive children’s eligibility status only, without parental consent. Parental consent must be obtained to disclose any additional eligibility information. Section 9(b)(6)(D)(ii) specifies that for state Medicaid or Sooner Care, parents must be notified and given the opportunity to elect not to have information disclosed. Social security numbers may only be disclosed if households are given notice of the disclosure and the uses to be made of their social security numbers as required by Sec. 7 of the Privacy Act.

III. RESPONSIBILITIES

will:

- _____
 (Insert Name of LEA)
- When required, secure parents/guardians consent prior to any disclosure not authorized by the NSLA or any regulations under that act, unless prior consent is secured by the receiving agency and made available to the LEA.
 - For state Medicaid and Sooner Care, notify parents/guardians of potential disclosures and provide the opportunity for parents/guardians to elect not to have information disclosed.
 - Disclose eligibility information only to persons directly connected to the administration or enforcement of programs authorized access under the NSLA or regulations under the Act or to programs or services for which parents/guardians gave consent.

will:

(Insert Name of Receiving Official)

- Ensure that only persons who are directly connected with the administration or enforcement of the _____ and whose job responsibilities require use of _____
(Insert Name of the Program)
the eligibility information will have access to children’s eligibility information:

- Specify by name(s) or title(s): _____

- Use children’s free and reduced-price eligibility information for the following specific purpose(s):
(Describe): _____

- Inform all persons that have access to children’s free and reduced-price meal eligibility information that the information is confidential, that children’s eligibility information must only be used for purposes specified above, and the penalties for unauthorized disclosures.

- Protect the confidentiality of children’s free and reduced-price meal or free milk eligibility information as follows:

- Specifically describe how the information will be protected from unauthorized uses and further disclosures.

Description of Procedures to Transfer Meal Eligibility Information (May be completed by either the LEA or receiving agency)

Describe the procedures for transferring students' meal-eligibility information from the LEA to the requesting agency/program so as to limit the number of individuals who have access to the information.

(Describe): _____

IV. EFFECTIVE DATES

This agreement shall be effective from _____ to _____.

V. PENALTIES

Any person who publishes, divulges, discloses, or makes known in any manner, or to any extent not authorized by federal law (§9[b][6][C] of the NSLA; 42 USC 1758[b][6][C]) or a regulation, any information about a child's eligibility for free or reduced-price meals or free milk shall be fined not more than \$1,000 or imprisonment of not more than one year or both.

VI. SIGNATURES

The parties acknowledge that children's free or reduced-price meal and free milk eligibility information may be used only for the specific purposes stated; that unauthorized use of free or reduced-price meal and free milk information or further disclosure to other persons or programs is prohibited and a violation of federal law which may result in civil and criminal penalties.

Requesting Agency/Program Administrator

Printed Name: _____

Title: _____ Phone: _____

Signature: _____

Date: _____

LEA Administrator

Printed Name: _____

Title: _____ Phone: _____

Signature: _____

Date: _____

NOTE: Any attachments will become part of this agreement.

**CONFIRMATION REVIEW OF BENEFITS NOTIFICATION
AND ADVERSE ACTION**

Children's Names: _____

School: _____ Date: _____

Dear _____ :

We have completed a confirmation review of your children's eligibility. This review brought to our attention that an error was made in the children's initial determination of benefits. Starting _____ (10 calendar days from the date sent) your children's eligibility for meal benefits will be:

Changed from free to reduced-price. The reduced-price charge is _____ cents for lunch and _____ cents for breakfast.

Stopped for the following reason(s): _____

Starting immediately, your children's eligibility for meal benefits will be:

Changed from reduced-price to free. Your children will receive meals at no cost.

If you are not eligible for benefits now but have a decrease in household income, become unemployed, or have an increase in the size of your household, you may fill out a form at that time to reapply for benefits.

If you do not agree with the decision, you may discuss it with _____ (Verifying Official)

You also have the right to a fair hearing. If you request a hearing by _____ (Date)

your children will continue to receive _____ (Free or Reduced-Price Meals) until the decision

of the hearing official is made. You may request a fair hearing by calling or writing the following official:

Name: _____

Address: _____

Toll-Free/Collect/Local Telephone Number: _____ (Circle One)

Sincerely,

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](#), (AD-3027) found online at: [How to File a 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:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

fax: (202) 690-7442; or email: program.intake@usda.gov.

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Oklahoma State Department of Education

NOTIFICATION OF SELECTION FOR VERIFICATION OF ELIGIBILITY WE MUST CHECK YOUR APPLICATION

You must send the information we need, or contact *(Name)* by *(Date)*, or your child(ren) will stop getting free or reduced-price meals.

School: _____ Date: _____

Dear _____ :

We are checking your Free and Reduced-Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced-price meals. You must send us information to prove that *(Name[s] of Child[ren]) is/are* eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. IF YOU WERE RECEIVING BENEFITS FROM **(SNAP), (TANF), OR (FDPIR)** WHEN YOU APPLIED FOR FREE OR REDUCED-PRICE MEALS, OR AT ANY TIME SINCE THEN, SEND US A COPY OF ONE OF THESE:
 - **(SNAP), (TANF), or (FDPIR)** Certification of Notice that shows dates of certification.
 - Letter from **(SNAP), (TANF), or (FDPIR)** office that shows dates of certification.
 - Do not send your EBT card.
2. IF YOU GET THIS LETTER FOR A HOMELESS, MIGRANT, RUNAWAY, OR HEAD START CHILD, PLEASE CONTACT **(School, Homeless Liaison; Runaway, Migrant, or Head Start Coordinator)** _____ FOR HELP.
3. IF THE CHILD IS A FOSTER CHILD: Provide written documentation that verifies the child is the legal responsibility of the agency or court, or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.
4. IF NO ONE IN YOUR HOUSEHOLD RECEIVES **(SNAP), (TANF), OR (FDPIR)** BENEFITS: Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **NAME** of the person who received the income, the **DATE** it was received, **HOW MUCH** was received, and **HOW OFTEN** it was received. **Send information to: (Address)**

Acceptable papers include:

JOBS: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers such as ledger or tax books.

SOCIAL SECURITY, PENSIONS, or RETIREMENT: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

UNEMPLOYMENT, DISABILITY, or WORKER'S COMP: Notice of eligibility from state employment security office, check stub, or letter from the Worker's Compensation office.

WELFARE PAYMENTS: Benefit letter from the **(TANF)** office.

CHILD SUPPORT or ALIMONY: Court decree, agreement, or copies of checks received.

OTHER INCOME (SUCH AS RENTAL INCOME): Information that shows the amount of income received, how often it is received, and the date received.

NO INCOME: A brief note explaining how you provide food, clothing, and housing for your household and when you expect an income.

MILITARY HOUSING PRIVATIZATION INITIATIVE: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

TIME FRAME OF ACCEPTABLE INCOME DOCUMENTATION: Please submit proof of one month's income; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call ***(Name)*** at ***(Telephone Number)***. The call is free. ***(Toll Free or Reverse Charge Explanation)*** You may also e-mail us at ***(E-Mail Address)***.

Sincerely,

(Signature)

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](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

fax: (202) 690-7442; or

email: program.intake@usda.gov.

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DIRECT CERTIFICATION/VERIFICATION FORM

LETTER TO THE SNAP, TANF, OR FDPIR OFFICE FROM THE SCHOOL FOOD AUTHORITY

Date: _____

Dear _____ :

The regulations for the *Supplemental Nutritional Assistance Program (SNAP)*, *Temporary Assistance to Needy Families (TANF)*, and *Food Distribution Program on Indian Reservations (FDPIR)* permit SNAP, TANF, and FDPIR offices to release eligibility information to administrators of the National School Lunch and School Breakfast Programs to ensure that only eligible children receive free meal benefits.

The receipt of SNAP, TANF, and/or FDPIR automatically qualifies children for free school meals. Enclosed is a listing of approved free meal applicants who have been selected for verification and who have indicated that the child for whom application was made now receives SNAP, TANF, and/or FDPIR benefits. On the enclosed listing, please indicate if these household members are currently participating in the SNAP, TANF, and/or FDPIR program(s). This information will be used only to confirm the approved applicant's eligibility for free meal benefits.

The information used for direct verification must be the *most recent information available* that is defined as data that is no older than 180 days prior to the date of the free and reduced-price application. To be consistent with policy established for *regular* verification, direct verification efforts may use information from any point in time between the month prior to application and the time the LEA conducts direct verification.

Your prompt return of the listing will be appreciated. A self-addressed return envelope is also enclosed for your convenience. If you have any questions or need additional information, please contact:

_____ at telephone number _____
Printed Name

Signature

Date

Address

Telephone Number

Name of District Requesting This Information:

Enclosures

To ensure better accuracy, consider e-mailing the front page of the Application for Free and Reduced-Price Meals as well as this form.

**VERIFICATION RESULTS/ADVERSE ACTION
WE HAVE CHECKED YOUR APPLICATION**

School: _____

Date: _____

Dear: _____

We checked the information you sent us to prove that *(Name[s] of Child[ren])* is/are eligible for free or reduced-price meals and have decided that:

- Your child(ren)'s eligibility has not changed.
- Starting *(Date)*, your child(ren)'s eligibility for meals will be changed *from reduced-price to free* because your income is within the free meal-eligibility limits. Your child(ren) will receive meals at no cost.
- Starting *(Date)*, your child(ren)'s eligibility for meals will be changed *from free to reduced-price* because your income is over the limit. Reduced-price meals cost *(\$)* for lunch and *(\$)* for breakfast.
- Starting *(Date)*, *your child(ren) is/are no longer eligible* for free or reduced-price meals for the following reason(s):
 - ___ Records show that no one in your household received *(SNAP)*, *(TANF)*, or *(FDPIR)* benefits.
 - ___ Records show that the child(ren) is/are not homeless, runaway, migrant, or Head Start.
 - ___ Your income is over the limit for free or reduced-price meals.
 - ___ You did not provide: _____
 - ___ You did not respond to our request.

Meals cost *(\$)* for lunch and *(\$)* for breakfast. If your household income goes down or your household size goes up, you may apply again. If you were previously denied benefits because no one in the household received *(SNAP)*, *(TANF)*, or *(FDPIR)* benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with *(Name)* at *(Phone)*. You also have the right to a fair hearing. If you request a hearing by *(Date)*, your child(ren) will continue to receive free or reduced-price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: *(Name)*, *(Address)*, *(Phone Number)*, or *(E-Mail)*.

Sincerely,
(Signature)

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