

Free & Reduced Price School Meals Family Applications 2014-2015 School Year

Processing, Eligibility
and Certification

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Objectives

Family Meals Apps:

Processing, Eligibility and Certification

Participants will understand:

- Recent updates to application processing realm and how they apply to their own districts
- How to process family meals applications and other documentation to determine eligibility status for School Nutrition Programs correctly
- Where to find other support information

Free & Reduced Price School Meals Family Application

www.Michigan.gov/SchoolNutrition

What's New

- Second Annual School Nutrition Programs June Conference 
- Apples and Spinach and Regulations - Oh My!
- Equipment Approval Request Form 
- Instructions for completing the School Food Authority Verification Collection Report (SFA-VCR) 
- Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs 
- USDA Smart Snacks in School Rule 
- Administrative Review School Year 2013-2014 Rev. 9/10/13 
- Recipes for Healthy Kids Competition Cookbook
- Notice to Discontinue in the School Meals Program 
- Menu, Adult and Ala Carte pricing worksheet 
- RCCI Exception Request Form 
- 2014-2015 Paid Lunch Equity Tool 
- Quick Guide to Complete a MEGS+ 2014 CNP: National School Lunch Program Application 
- Six Cents Certification Materials
- School Year 2014-2015 Free and Reduced Price Schools Meals Family Application Materials



Recent Updates

Application Double-Checks for Some

- **REQUIRED: Independent review of applications by a second reviewer before households are notified (doesn't need to be district employee)** (memo SP 44-2014):
 - **Required when:**
 1. 10% or more of certification/benefit issuance statuses in error – based on an Admin. Review (SFA-2 form); **OR**
 2. State-determined criterion (TBD; USDA recommends 5-10% error rate)
 - **Second reviewer:** Must conduct independent review of initial eligibility determinations for free and reduced apps

Recent Updates, cont'd

Earlier Effective Dates

- **OPTIONAL: Districts may choose the date submitted instead of date approved as the “effective date” of free/reduced price determination** (memo SP 11-2014)
 - Need a way to document date submitted (e.g., date stamp)
 - Applies to eligibility determinations via applications only
 - May be used when waiting for documentation of homeless, migrant or foster children based on an application
 - Must use the same date decision across all schools and programs

Recent Updates, cont'd

Earlier Effective Dates

- **OPTIONAL**: For children on the direct certification list, districts may choose the automated matching date or effective date of a letter of benefit, instead of the date the district processes the data match as the “effective date” (memo 51-2014)
 - Must have been received in the current school year
 - Need a way to document date submitted (e.g., date stamp)
 - If this is chosen, must be applied consistently
 - Memo attachment gives more scenarios and guidance

Recent Updates, cont'd

Optional Drop of "Reduced" Charges

- **OPTIONAL: Districts allowed to partially say "Goodbye" to the "Reduced" category** (memo 17-2014)
 - Districts are allowed to offer meals at no cost or lower cost to students who qualify for reduced price meals
 - Applies to both breakfast (SBP) and lunch (NSLP)
 - Schools can exercise this option selectively
 - These students must still be claimed and reimbursed as reduced price students
 - Reduced charge can be covered by funds from the nonprofit school food service account or other sources
 - Universal Breakfast can use nonprofit food service account money to cover reduced kids, but not paid

Online and Scanned Applications

- Free and reduced price family applications and supporting materials may be made available online.
 - ✓ Electronic signatures permitted
 - ✓ Paper applications may be scanned
- USDA/FNS does not evaluate, approve or endorse any software for application processing.
- The LEA must make sure requirements are met for certification and verification.

Free and Reduced Price School Meals Family Application

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1 - If the child you are applying for is homeless, migrant, or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant Coordinator at _____
 _____ Homeless _____ Migrant _____ Runaway _____
 Skip Part 2 and list the Child's Name, Grade, and Building in Part 3.

Part 2 - If any member of your household received Food Assistance Program (FAP), Family Independence Program (FIP), or FDIPIR, provide the name and case number for the person who receives benefits.
 Name: _____ Case Number: _____ Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers
 If a case number is provided, only students need to be listed in Part 3.

Part 3 - Household Names - List below all people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, must be listed.

Part 4 - Total Household Gross Incomes - Include the amount of money and circle how often it is received. If the person does not receive any income "\$0" must be circled in the column "Circle if NO Income". If you listed a FAP/FIP/FDIPIR number in Part 2, skip to Part 5.

Names	Circle Yes if Foster Child	Grade (if applicable)	Building Name (if known)	Circle if NO Income	Earnings from Work (before any deductions and taxes)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income			
					weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks		
Example: Jane Doe	Yes			\$0	\$600	weekly	every 2 weeks	weekly	every 2 weeks	\$250	weekly	every 2 weeks	weekly	every 2 weeks
						twice a month	monthly	twice a month	monthly		twice a month	monthly	twice a month	monthly
1	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
						twice a month	monthly	twice a month	monthly		twice a month	monthly	twice a month	monthly
2	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
						twice a month	monthly	twice a month	monthly		twice a month	monthly	twice a month	monthly
3	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
						twice a month	monthly	twice a month	monthly		twice a month	monthly	twice a month	monthly
4	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
						twice a month	monthly	twice a month	monthly		twice a month	monthly	twice a month	monthly
5	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
						twice a month	monthly	twice a month	monthly		twice a month	monthly	twice a month	monthly
6	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
						twice a month	monthly	twice a month	monthly		twice a month	monthly	twice a month	monthly
7	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
						twice a month	monthly	twice a month	monthly		twice a month	monthly	twice a month	monthly
8	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
						twice a month	monthly	twice a month	monthly		twice a month	monthly	twice a month	monthly

Part 5 - Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date.)
 If Part 4 is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number" box. See Privacy Act Statement on the back of this page.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ Print Name: _____ Date: _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____ I do not have a Social Security Number

Address		City	Zip Code	County
Name/Cell Phone	Rel/Flax	Local Address	By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.	

Part 1: Homeless, Migrant and Runaway Youth

- Homeless, migrant, and runaway youth are categorically eligible (automatically qualify) for free meals.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1 - If the child you are applying for is homeless, migrant, or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant Coordinator at _____

Homeless Migrant Runaway Skip Part 2 and list the Child's Name, Grade, and Building in Part 3.

Regular Year & Summer Migrant Program Directors

Migrant Education Directors

Go to: www.michigan.gov/ofc

1. Scroll to Programs
2. Click Title I, Part C – Migrant

Programs

- [Title Program Overview](#) 
- [Section 31a At-Risk](#)
- [Title I, Part A](#)
- [Title I, Part C - Migrant](#) 
- [Title I, Part D - Neglected & Delinquent](#)
- [Title II, Part A - Teacher & Principal Training & Recruiting](#)
- [Title III - English Learner & Immigrant Education Programs](#)
- [Title X - McKinney Vento Homeless](#)

Contact:

Special Populations Unit, Office of Field Services
P: 517-373-6066

Homeless Liaisons

Homeless Liaisons

Go to: www.michigan.gov/ofs

1. Scroll to Programs
2. Click Title X – McKinney Vento Homeless

Programs

- [Title Program Overview](#) 
- [Section 31a At-Risk](#)
- [Title I, Part A](#)
- [Title I, Part C - Migrant](#)
- [Title I, Part D - Neglected & Delinquent](#)
- [Title II, Part A - Teacher & Principal Training & Recruiting](#)
- [Title III - English Learner & Immigrant Education Programs](#)
- [Title X - McKinney Vento Homeless](#) 

State of Michigan – Homeless Education Programs Contacts

Pam Kies-Lowe

P: 517-373-8691

E: kies-lowep@michigan.gov

Linda A. Forward

P: 517-373-8480

E: forwardl@michigan.gov

Part 2: Categorical Eligibility

- Only one case number is required to make all students in the household categorically eligible (automatically free) for free meals.
 - Case numbers need to have **nine digits and start with the number 1** (e.g., #123456789)
- List the name of the person receiving FAP or FIP benefits and the case number.
- If a case number is provided, only students need to be listed in Part 3.

Part 2 - If any member of your household received Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits.

Name: _____ Case Number: _____ Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers

If a case number is provided, only students need to be listed in Part 3.

Part 2: Categorical Eligibility

- **Qualify as categorically eligible (automatically free):**
 - Directly certified
 - Foster children
 - Homeless
 - Migrant
 - Head Start
 - SNAP (formerly Food Stamps)
 - FDPIR
 - FAP
 - FIP (TANF)
- **Eligibility is extended to rest of household:** Most cases on this slide
 - ***Exceptions:*** Families hosting foster and homeless children, Families with child in Head Start. These families must submit applications for other household members.

Direct Certification

Students on the Direct Certification Report = Automatically eligible for free school meals, as are other members of their household.

- Direct certification takes precedence over an application.
- If a paper application is submitted for directly certified children, the LEA must disregard the paper application.
- Access to the direct certification report is through the Michigan Student Data System (MSDS).
- Must be checked 3 times during school year, though recommend checking monthly.

Categorical Eligibility

Categorical Eligibility for free meals is extended to all children in the household if any member of the household gets benefits from one of these assistance programs.

Assistance Program Households – Entire Household is Free:

- **Food Assistance Program (SNAP)**
 - Direct Certification
 - Application
- **Family Independence Program (TANF)**
 - Direct Certification
 - Application
- **Food Dist. Program on Indian Reservations (FDPIR)**
 - Application

Other Source Categorical Eligibility

Eligibility for free meals is NOT extended to all children in the household.

Only the Child is Free:

- **Foster Children**
 - Direct Certification
 - Application
- **Homeless, Runaway and Migrant**
 - Signed list from coordinator/liaison
 - Application
- **Head Start/Even Start**
 - Enrollment list from program coordinator

Foster Child Eligibility

Foster children are automatically eligible for free meals and may be certified without an application.

- A foster child in a household does **not** give eligibility for free meals to all children in the household.
- Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children.
- This may help the other children in the household qualify for free/reduced price meals based on household size and income.

Foster Child Eligibility

- Eligibility determination for the rest of the household is based on the household's income (including personal income earned by the foster child) or other eligibility information reported on the application.
- Foster payments received by the family from the placing agency are not considered income and do not need to be reported.
- Legal guardianship is **not** an automatic qualifier for free meals.

Foster Child Eligibility

For more information :



- USDA policy memo SP17-2011, [Child Nutrition Reauthorization 2010: Categorical Eligibility of Foster Children](#)
 - Electronic copy in jump drive
 - Provides more detail on requirements

Part 3: Household Names

- **First and last names of all** people living in the household must be included:
 - ✓ Students
 - ✓ Non-students
 - ✓ Foster children related and unrelated
 - ✓ Exchange students
 - ✓ Grandparents
 - ✓ Other relatives
 - ✓ Friends
 - ✓ The adult signing the application
- **All students** should have the **grade** and **name of the school/building** they will be attending listed on the application.
- An additional sheet may be attached if necessary.

Part 3 - Household Names - List below <i>all</i> people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, <i>must</i> be listed.				Part 4 - Total Household Gross Incomes - If the person does not receive any income "\$0" may be entered. If you have a FAP/FIP/FDPIR number in Part 2, skip to Part 5.			
Names	Circle Yes if Foster Child	Grade (if applicable)	Building Name (if applicable)	Circle if NO Income	Earnings from Work (before any deductions and taxes)		Welfare
					weekly	every 2 weeks	
Example: Jane Doe	Yes			\$0	\$600	twice a month	monthly
1	Yes			\$0			
2	Yes			\$0			

Include EVERYONE living in household

Include incomes for ALL; circle zero if none.

Income Eligible Applications

Income applications are required for students who are not:

- Directly certified
 - Categorically eligible
-
- Households must submit an application with current income information in order for benefits to be determined by household income.
 - Income is the gross income received by a household before deductions.
 - Every household member, listed in part 3, **must** indicate the source of the income, the amount of the income, even if it is zero and the frequency of the income.

Part 4: Total Household Gross Income

Include the amount of money earned by **all** members of the household and circle how often it is received.

- Must be gross income.
- Other income includes, but is not limited to, social security, pensions, retirement, welfare, child support, alimony, adoption subsidy, worker's compensation, unemployment, VA, and SSI.

If a legitimate case number is listed in Part 2, skip to Part 5.

Part 3 - Household Names - List below <i>all</i> people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, <i>must</i> be listed.				Part 4 - Total Household Gross Incomes - If the person does not receive any income "\$0" must be listed. If FAP/FIP/FDPIR number in Part 2, skip to Part 5.			
Names	Circle Yes if Foster Child	Grade (if applicable)	Building Name (if applicable)	Circle if NO Income	Earnings from Work (before any deductions and taxes)	Welfare	
Example: Jane Doe	Yes			\$0	\$600 <small>weekly</small> <small>every 2 weeks</small> <small>twice a month</small> <small>monthly</small>		
1 Include EVERYONE living in household	Yes			\$0			
2	Yes			\$0			

Income Frequency and Conversions

- **Income eligibility guidelines** (IEGs) are the household size and income levels determined annually by USDA.
- If there are multiple income sources with more than one frequency, the LEA must **annualize** income by multiplying:
 - Weekly income x 52
 - Bi-weekly income (received every two weeks) x 26
 - Semi-monthly income (received twice a month) x 24
 - Monthly income x 12
- LEAs *cannot* use conversion factors such as 4.33 to convert weekly income to monthly amounts.
- **If income frequency is the same, there is no need for annualizing.**
- Double check all software (SFA has liability).

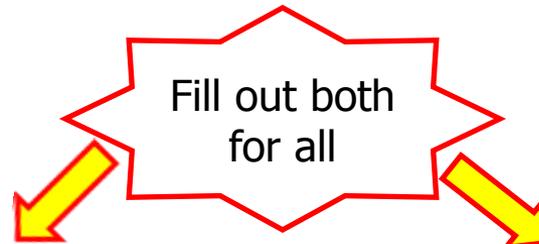
Part 5: Adult Household Member Signature and Last 4 Digits of Social Security No.

Part 5 - Signature and Last Four (4) Digits of Adult Social Security Number (<i>Adult household member MUST sign and date.</i>)			
If Part 4 is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number box". See Privacy Act Statement on the back of this page.			
I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.			
Sign Here: X _____		Print Name: _____	
Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____		<input type="checkbox"/> I do not have a Social Security Number	
Date: _____			
Address		City	Zip Code
Home/Cell Phone		Work Phone	Email Address
		By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.	

- An adult member of the household *must* sign and date the form, list the last four (4) digits of their *Social Security Number*, or check the box "I do not have a Social Security Number."

Part 6: Racial/Ethnic Data Collection

- This section is **optional**. The data may be used for completing the post award civil rights data collection that is required annually.
- Two categories, each is stand-alone (fill out both for every child):
 - Racial
 - Ethnic



Part 6 - Child's Racial/Ethnicity

Check One or More Racial Identifiers

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Neither Hispanic or Latino
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other	

Hispanic/Latino not a separate category

Only 2 options: Either Hispanic/Latino or not

Part 6, cont'd

- Make sure the privacy and non-discrimination statements are up to date.
 - Check www.michigan.gov/schoolnutrition for current version.
- Verification of applications:
 - Must be completed by Nov. 15th each year.
 - Note any reasons for change in eligibility based on verification results.

Privacy Act Information: Social Security Number

The Richard B. Russell 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 (4) digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child, list a FAP or FIP case number or other FDIIR identifier for your child, or indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 832-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-8138 (Spanish). USDA is an equal opportunity provider and employer."

VERIFICATION - FOR SCHOOL USE ONLY

Date Selected for Verification: _____		Date Follow-up/Second Notice: _____		Date of Adverse Notice Sent: _____	
Confirming Officials Signature: _____		Follow-up Official's Signature: _____		_____	
Response Due from Household: _____		Verification Official's Signature: _____		_____	
FAP/FIP/FDIIR/Foster Eligibility: _____ Not confirmed Confirmed: _____ Department of Human Services _____ Notice of Eligibility		Income \$ _____ _____ Weekly _____ Every 2 weeks _____ Twice a month _____ Monthly _____ Annual	_____ Wage Stubs _____ Written Documents _____ Collateral Contact _____ Agency Records _____ Other _____	Verification Result _____ Free to Reduced _____ Free to Paid _____ Reduced to Free _____ Reduced to Paid _____ No Change	Reason for Eligibility Change: _____ Income _____ Household Size _____ Refused to Cooperate _____ Other _____

Part 6, cont'd: Updated Non-Discrimination Statement

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases 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 the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Part 6, cont'd

- The federally defined School Year is July 1 through June 30.
 - Applications cannot be accepted or processed prior to July 1.
- All applications must be processed within 10 days of receipt (def'n up to SFA).
- All households can reapply at any time during the school year if they believe their benefits may increase.
- Households that have had their benefits terminated can reapply in the same school year but will need to submit proof of income or categorical eligibility.
- Benefits should not be in effect if the application is not completed, dated, and signed by the determining official.

APPROVAL/DISAPPROVAL - FOR SCHOOL USE ONLY

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

Household Size: _____ Total Gross Income: \$ _____ _____ Weekly _____ Every 2 Weeks _____ Twice a Month _____ Monthly _____ Annual	_____ Number of Children Free _____ Number of Children Reduced _____ Number of Children Paid	Reason for Denial: _____ Income Too High _____ Incomplete Application _____ Other (specify) _____
Determining Official's Signature: _____ Date: _____ Date Dropped/Withdrawn: _____		

Benefits Prior to Processing Applications

- **30 day grace period for benefits starting the first day of school and up to and including the 30th day for:**
 - Children in households with approved applications from the previous year.
 - Newly enrolled students with approved applications from the LEA from the previous year.
 - Previously approved children who transfer from one school to another under the jurisdiction of the same LEA.
- **Carryover of previous year's eligibility also applies to:**
 - Direct certification
 - Categorical eligibility
 - Head Start
- **The new eligibility determination supersedes the carryover eligibility.**
- **Temporary approval is no longer in effect; eligibility status lasts whole year.**

Administrative Approval

- If a household fails to apply and the child is known to be eligible, local officials may complete an application on behalf of the child. The completed application should be:
 - Based on the best household size and income information available.
 - **Limited use** in individual situations and must not be used to make eligibility determinations for categories or groups of children.
 - Excluded from verification.
- The household must be notified that the child has been certified to receive free or reduced price benefits.

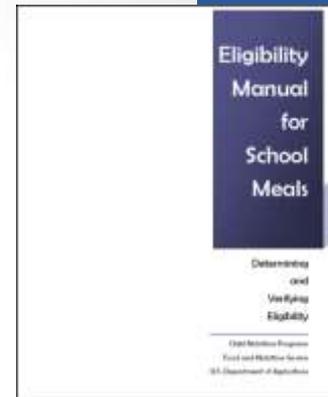
Benefit Issuance List



Every school district needs to compile a list with the names of students who are eligible for free and reduced price meals. This list should be:

- Updated/revised monthly.
- Used as documentation to support the monthly claim for reimbursement.
- Available at the point of service for a back-up system in case of a power outage or technical difficulty.
- Based on a system that hides free/reduced/paid status of students.

Sharing Information, Records and Documentation



- Keep records for 3 years plus the current year.
 - Keep an “inactive” file for those students no longer attending school.
- Eligibility information **must never** be shown in a way that students’ eligibility categories may be recognized by other students.
- The numbers of eligible students, **not names**, can be shared with all programs (parental consent is needed for all other purposes).
 - For specific questions and answers regarding disclosure of eligibility, refer to section 7 of the *Eligibility Manual*.

Recipient of Information	What May be Disclosed	Requirements
Programs under the National School Lunch Act or Child Nutrition Act	All eligibility information	Prior notice and consent not required
Federal/State or local means tested nutrition programs with eligibility standards	Eligibility status only	Prior notice and consent not required

Verification

- **What it is:** A required yearly process of checking eligibility information for a sample of approved free and reduced price applications under the National School Lunch Program (NSLP) and School Breakfast Program (SBP).
- *To be covered in next section of training.*

Language Assistance

- Households with limited English proficiency (LEP) need to have access to information in other languages.
- LEAs must make a reasonable effort to the maximum extent practicable. This includes:
 - Application materials
 - Communications with households concerning eligibility determinations
- Volunteers may be used, but make sure they understand interpreter ethics – particularly confidentiality.
- Children should not be used as interpreters.

Prototype Applications Available in 33 Languages

Prototype Applications

Below are application and verification form *prototypes* for State agency consideration, all of which were updated in July 2011.

You may also want to use the "I Speak" document to help identify the primary language of non-English speakers. It uses short phrases in 33 languages that an applicant can check to indicate the language they speak. "I Speak" can help Local Educational Agencies select the appropriate translation as well as ensure consistent and effective interaction with applicants who have limited English proficiency.

English	(.doc)	(.pdf)
Arabic	(.doc)	(.pdf)
Armenian	(.doc)	(.pdf)
Cambodian	(.doc)	(.pdf)
Chinese (Traditional)	(.doc)	(.pdf)
Chinese (Simplified)	(.doc)	(.pdf)
Croatian	(.doc)	(.pdf)
Farsi	(.doc)	(.pdf)
French	(.doc)	(.pdf)
Greek	(.doc)	(.pdf)
Gujarati	(.doc)	(.pdf)
Haitian Creole	(.doc)	(.pdf)
Hindi	(.doc)	(.pdf)
Hmong	(.doc)	(.pdf)
Japanese	(.doc)	(.pdf)

<http://www.fns.usda.gov/cnd/frp/frp.process.htm>

Spanish Translation for School Meals Family Application

www.Michigan.gov/SchoolNutrition

- Scroll to “What’s New”
- Click on [School Year 2013-2014 Free and Reduced Price Schools Meals Family Application Materials](#)

Required materials that must be provided to households:

- [Letter to Parents \(3 pages printed front and back\)](#)
- [Letter to Parents - Spanish \(4 pages printed front and back\)](#)
- [Free and Reduced Price School Meals Family Application \(2 pages printed front and back\)](#)
- [Free and Reduced Price School Meals Family Application - Spanish \(2 pages printed front and back\)](#)
- [Free Special Milk Application 2012-2013](#)
- [Approval-Disapproval Letter to Households \(1 page\)](#)
- [Direct Certification Notification](#)

Eligibility Manual

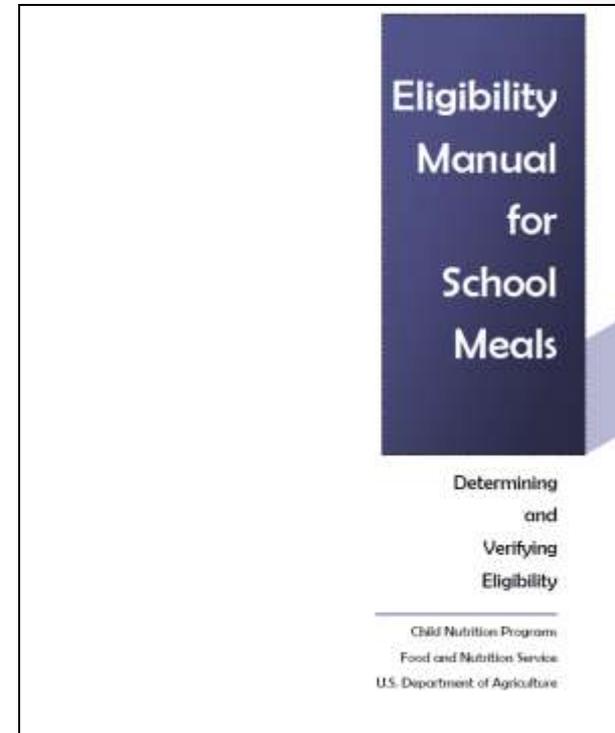
For more information, please refer to the *Eligibility Manual for School Meals* Manual at:

<http://www.fns.usda.gov/cnd/guidance/default.htm>

The MDE website link:

www.Michigan.gov/SchoolNutrition

- Scroll to “Guidance”
- Click on [Eligibility Certification and Verification](#)



Quiz: Sample Application #1

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1 - If the child you are applying for is homeless, migrant, or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant Coordinator at _____
 Homeless Migrant Runaway Skip Part 2 and list the Child's Name, Grade, and Building in Part 3.

Part 2 - If any member of your household received Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits.
 Name: Jane Doe Case Number: 913567932 Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers
 If a case number is provided, only students need to be listed in Part 3.

Part 3 - Household Names - List below all people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, must be listed.
Part 4 - Total Household Gross Incomes - Include the amount of money and circle how often it is received. If the person does not receive any income "\$0" must be circled in the column "Circle if NO Income". If you listed a FAP/FIP/FDPIR number in Part 2, skip to Part 5.

Names	Circle Yes if Foster Child	Grade (if applicable)	Building Name (if applicable)	Circle if NO Income	Earnings from Work (before any deductions and taxes)	Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		
						weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly
Example: Jane Doe	Yes			\$0	\$600	twice a month	monthly	\$250	twice a month	monthly	twice a month	monthly
1 Jane Doe	Yes			\$0		twice a month	monthly		twice a month	monthly	twice a month	monthly
2 John Doe	Yes			\$0		twice a month	monthly		twice a month	monthly	twice a month	monthly
3 Bobby Doe	Yes	1st		\$0		twice a month	monthly		twice a month	monthly	twice a month	monthly
4	Yes			\$0		twice a month	monthly		twice a month	monthly	twice a month	monthly
5	Yes			\$0		twice a month	monthly		twice a month	monthly	twice a month	monthly
6	Yes			\$0		twice a month	monthly		twice a month	monthly	twice a month	monthly
7	Yes			\$0		twice a month	monthly		twice a month	monthly	twice a month	monthly
8	Yes			\$0		twice a month	monthly		twice a month	monthly	twice a month	monthly

Part 5 - Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date.)
 If Part 4 is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number box". See Privacy Act Statement on the back of this page.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X Jane Doe Print Name: Jane Doe Date: 9/7/2012
 Last Four (4) Digits of Adult Social Security Number: XXX-XX-1234 I do not have a Social Security Number

Address _____ City _____ Zip Code _____ County _____
 Home/Cell Phone _____ Work Phone _____ Email Address _____
 By providing your e-mail address you may be notified via email of your eligibility for free and reduced price school meals.

Quiz: Sample Application #2

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1 - If the child you are applying for is homeless, migrant, or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant Coordinator at _____
 Homeless Migrant Runaway Skip Part 2 and list the Child's Name, Grade, and Building in Part 3.

Part 2 - If any member of your household received Food Assistance Program (FAP), Family Independence Program (FIP), or FDIPIR, provide the name and case number for the person who receives benefits.
 Name: _____ Case Number: _____ Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers
 If a case number is provided, only students need to be listed in Part 3.

Part 3 - Household Names - List below all people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, must be listed.
 Part 4 - Total Household Gross Incomes - Include the amount of money and circle how often it is received. If the person does not receive any income "\$0" must be circled in the column "Circle if NO Income". If you listed a FAP/FIP/FDIPIR number in Part 2, skip to Part 5.

Names	Circle Yes if Foster Child	Grade (if applicable)	Building Name (if applicable)	Circle if NO Income	Earnings from Work (before any deductions and taxes)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income	
					weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks
Example: Jane Doe	Yes			\$0	\$600	twice a month	monthly	\$250	twice a month	monthly	twice a month	monthly
1 Lisa Smith	Yes	N/A		\$0	\$300	weekly	every 2 weeks	\$100	weekly	every 2 weeks	weekly	every 2 weeks
2 Jordan Smith	Yes	2nd		\$0		twice a month	monthly		twice a month	monthly	twice a month	monthly
3 John Smith	Yes	4th		\$0		weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
4	Yes			\$0		twice a month	monthly		twice a month	monthly	twice a month	monthly
5	Yes			\$0		weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
6	Yes			\$0		twice a month	monthly		twice a month	monthly	twice a month	monthly
7	Yes			\$0		weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
8	Yes			\$0		twice a month	monthly		twice a month	monthly	twice a month	monthly

Part 5 - Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date.)
 If Part 4 is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number" box. See Privacy Act Statement on the back of this page.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X Lisa Smith Print Name: Lisa Smith Date: 9/21/2012
 I do not have a Social Security Number

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____
 Address _____ City _____ Zip Code _____ County _____
 Home/Cell Phone _____ Work Phone _____ Email Address _____
 By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.

Quiz: Sample Application #3

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1 - If the child you are applying for is homeless, migrant, or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant Coordinator at _____
 Homeless Migrant Runaway Skip Part 2 and list the Child's Name, Grade, and Building in Part 3.

Part 2 - If any member of your household received Food Assistance Program (FAP), Family Independence Program (FIP), or FDIPIR, provide the name and case number for the person who receives benefits.
 Name: _____ Case Number: _____ Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers
 If a case number is provided, only students need to be listed in Part 3.

Part 3 - Household Names - List below all people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, must be listed.

Part 4 - Total Household Gross Incomes - Include the amount of money and circle how often it is received. If the person does not receive any income "\$0" must be circled in the column "Circle if NO Income". If you listed a FAP/FIP/FDIPIR number in Part 2, skip to Part 5.

Names	Circle Yes if Foster Child	Grade (if applicable)	Building Name (if applicable)	Circle if NO Income	Earnings from Work (before any deductions and taxes)	Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		
						weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly
Example: Jane Doe	Yes			\$0	\$600	twice a month	monthly	\$250	twice a month	monthly	twice a month	monthly
1 John Doe	Yes			\$0	\$400	twice a month	monthly		twice a month	monthly	twice a month	monthly
2 Bobby Doe	Yes	1st		\$0		twice a month	monthly		twice a month	monthly	twice a month	monthly
3	Yes			\$0		twice a month	monthly		twice a month	monthly	twice a month	monthly
4	Yes			\$0		twice a month	monthly		twice a month	monthly	twice a month	monthly
5	Yes			\$0		twice a month	monthly		twice a month	monthly	twice a month	monthly
6	Yes			\$0		twice a month	monthly		twice a month	monthly	twice a month	monthly
7	Yes			\$0		twice a month	monthly		twice a month	monthly	twice a month	monthly
8	Yes			\$0		twice a month	monthly		twice a month	monthly	twice a month	monthly

Part 5 - Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date.)
 If Part 4 is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number". See Privacy Act Statement on the back of this page.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X Jane Doe Print Name: Jane Doe Date: 9/17/2012
 Last Four (4) Digits of Adult Social Security Number: XXX-XX-1234 I do not have a Social Security Number
 Address: 1267 Flower Lane City: Lansing Zip Code: 48233 County: _____
 Home/Cell Phone: _____ Work Phone: _____ Email Address: _____

By providing your e-mail address you may be notified via e-mail of your eligibility for free and reduced price school meals.

Questions?

- School Nutrition Programs
 - 517-373-3347
 - MDE-schoolnutrition@michigan.gov
- Website: www.Michigan.gov/SchoolNutrition

The screenshot shows the Michigan Department of Education website. At the top left is the Michigan Department of Education logo. The main header reads "Michigan Department of Education". Below the header is a navigation bar with links for "Michigan.gov Home", "MDE Home", "Site Map", "FAQ", "Contact MDE", and "Online Services". A search box is located on the right side of the navigation bar. Below the navigation bar is a "Programs" sidebar with a list of links: "Child and Adult Care Food Program (CACFP)", "Safe and Drug Free Schools", "Coordinated School Health and Safety Programs", "Food Distribution Program", "Mental Health Toolkit", "Michiana", "Early/Middle College High School Opportunities", and "Re-imagining Education in". The main content area features a "School Nutrition Programs" heading, followed by a paragraph describing the unit's role in administering USDA programs. Below the paragraph are three links: "School Nutrition Programs Contact List", "School Lunch, Breakfast, AfterSchool Snack Meals Served/Payments Fact Sheet", and "School Nutrition Programs Calendar of Events". Social media sharing buttons for "Like", "Tweet", and "Share" are positioned above the main content area. Below the sharing buttons are links for "print friendly" and "email this page".

MICHIGAN Department of Education

Michigan.gov Home | MDE Home | Site Map | FAQ | Contact MDE | Online Services | Search

Programs

print friendly | email this page | Like | Tweet | Share

School Nutrition Programs

The School Nutrition Programs (SNP) Unit administers United States Department of Agriculture (USDA) Child Nutrition Programs and Grants in the State of Michigan. School Nutrition Programs staff monitor regulatory compliance and provide training and technical assistance for the National School Lunch Program, School Breakfast Program, AfterSchool Snack Program, Special Milk Program, Fresh Fruit and Vegetable Program, Summer Food Service Program, Summer Camp Special Milk Program, and Team Nutrition.

[School Nutrition Programs Contact List](#)

[School Lunch, Breakfast, AfterSchool Snack Meals Served/Payments Fact Sheet](#)

[School Nutrition Programs Calendar of Events](#)