

## Child Nutrition Contact Information and Appeals Hearing Attestation Statement 2019-2020 Policy Statement

**(Must be attached to Policy Statement unless the entire SFA is Provision 2 non-base year or Community Eligibility Provision (CEP)– non pricing situations)**

<p><b>Determining Official(s)*</b> – How many Determining Officials approve meal applications in the district? _____</p> <p>Name _____</p> <p>Name _____</p> <p>Name _____</p> <p>* List additional on back of page</p>	<p style="text-align: center;"><b>Verifying Official</b></p> <p>Name _____</p> <p>Name _____</p> <p>Location of approved applications during the school year (Superintendent’s office, CN Directors office, etc.) _____</p>
<p style="text-align: center;"><b>Confirming Official</b> – <b>CANNOT</b> be the same person as the Determining Official and/or Hearing Official</p> <p>Name _____</p> <p>Name _____</p>	<p style="text-align: center;"><b>Hearing Official</b> – <b>CANNOT</b> be the same person as the Determining Official</p> <p>Name _____</p> <p>Position _____</p>

The School Food Authority agrees to follow federal and state requirements necessary when a household files an appeal or asks for a formal hearing regarding student’s free and reduced price meal eligibility determination or as a result of verification activities.

**By signing below, you are attesting the people listed above will perform the responsibilities of the positions assigned as described in this Original Policy Statement and in the Eligibility Manual for School Meals.**

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Child Nutrition Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date