



FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION AND VERIFICATION FORMS

SCHOOL YEAR 2014-2015

INSTRUCTIONS FOR SCHOOL DISTRICTS

This packet contains:

Required information that *must* be provided to households:

- Letter to Households
- Free and Reduced Price School Meals Application
- Notice of Approval / Denial*
- Direct Certification Notice of Approval
- Migrant / Homeless / Runaway / Foster / Head Start / Even Start Notice of Approval

Verification of eligibility information materials:

- Notification of Selection for Verification of Eligibility
- Letter of Verification Results
- Verification Tracker
- Verification Timelines

Optional application-related materials that *may* be provided to households:

- Sharing Information With Other Programs

The pages are designed to be printed on 8½” by 11” paper. Some pages may be printed front and back. You will need to identify the benefits that are offered in your school, such as Afterschool Snacks. The **[Bold bracketed fields]** indicate where you need to insert school district specific information. For example, you must include your district’s no-charge telephone number for verification assistance on the verification materials. **If you make additional changes, you must submit your application package to Arkansas Department of Education, Child Nutrition Unit (ADE, CNU) for approval prior to public distribution.**

This prototype application package includes information regarding the exclusion of housing allowance for those in the Military Housing Privatization Initiative. If this is not pertinent to your school district, please modify as appropriate.

If you have questions, contact:

**Child Nutrition Unit
Arkansas Department of Education
2020 West Third, Suite 404
Little Rock, AR 72205-4465**

* All households must be notified of their eligibility status. Households with children who are denied benefits must be given written notification of the denial. The notification must advise the household of the reason for the denial of benefits, the right to appeal, instruction on how to appeal and a statement that the family may re-apply for free and reduced price meal benefits at any time during the school year. Households with children who are approved for free or reduced price benefits may be notified in writing or verbally.

Dear Parent/Guardian:

Children need healthy meals to learn. Your child's school offers healthy meals every school day. Your children may qualify for free meals or for reduced price meals.

1. Do I need to fill out an application for each child? No. You can 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 your children's school.**

2. Who can get free meals? All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) can get free meals regardless of your income. Also, your children can get free meals if your household gross income is within the free limits on the Federal Income Eligibility Guidelines.

3. Can foster children get free meals? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.

4. Can homeless, runaway and migrant children get free meals? Yes, children who meet the definition of homeless, runaway or migrant qualify for free meals. If you haven't been told your children will get free meals, **please call or e-mail your child's school to see if they qualify.**

5. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Eligibility Chart, shown on this application.

6. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals? Please carefully read the letter you got and follow the instructions. Call your child's school if you have questions.

7. My child's application was approved last year. Do I need to fill out another one? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for free meals for the new school year.

8. I get WIC. Can my child(ren) get free meals? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

9. Will the information I give be checked? Yes, we may ask you to send written proof.

10. If I don't 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 or reduced price meals if the household income drops below the income limit on the Federal Income Eligibility Guidelines.

11. 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 to have the decision reviewed.

12. May I apply if someone in my household is not a U.S. citizen? Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

13. Who should I include as members of my household? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) **who share income and expenses.** You must include yourself and all children who live with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.

14. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

15. We are in the military, do we include our housing allowance as income? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

16. My spouse is deployed to a combat zone. Is the combat pay counted as income? No, if the combat pay is received in addition to the basic pay because of the deployment and it wasn't received before the deployment, combat pay is not counted as income. Contact your child's school for more information.

17. My family needs more help. Are there other programs we might apply for? To find out how to apply for other assistance benefits contact your local assistance office.

18. The free and reduced lunch statistics allow our schools to receive technology funding from the federal government. It provides access to the Internet and distance learning services. Please help us by returning this form.

INSTRUCTIONS FOR APPLYING

If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, follow these instructions:

Part 1: List all child(ren)'s attending this district by name, school, grade.

Part 2: Complete the name of the household member receiving SNAP benefits and the SNAP case number.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 5: Answer this question if you choose to. Mark one box for racial identity and one box for ethnic.

Part 6: If the household does not want the student's eligibility information shared with Medicaid or ARKids 1st then check this box.

If NO ONE in your household receives SNAP benefits AND if all child(ren) in your household is/are foster child(ren):

Part 1: List all the child(ren) in the household attending school at this district by name, school, and grade. Check the box for each child(ren) that is the legal responsibility of welfare agency or court.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 5: Answer this question if you choose to. Mark one box for racial identity and one box for ethnic.

Part 6: If the household does not want the student's eligibility information shared with Medicaid or ARKids 1st then check this box.

ALL OTHER HOUSEHOLDS, including households with both foster and non-foster children in the same household and WIC households, follow these instructions:

Part 1: List each child's name, school, and grade. Check the box for each child(ren) that is the legal responsibility of welfare agency or court.

Part 2: If the household does not have a SNAP case number skip this part. If a SNAP case number is listed skip to Part 4 of this form.

Part 3: Follow these instructions to report total household income for the month.

Column 1: Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children who live with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them. Next to each person's name list the gross income for each type of income received for the month, and how often the money is received. **Gross income is the amount earned before taxes and other deductions.**

Column 2: Gross income from work and how often it was received. List the **gross income** (not take home pay) each person earned from work. The amount should be listed on your pay stub, or your boss can tell you. **Next to the amount, write how often the person receives the income (for example: weekly, every other week, twice a month, or monthly).** For **ONLY** the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm or rental properly. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it.

Column 3: List the amount each person got for the month from welfare, child support, alimony,

Column 4: List the amount each person got for the month from pensions, retirement, Social Security Supplemental Security Income (SSI), Veteran's benefits (VA benefits),

Column 5: List the amount each person got for the month from ALL OTHER INCOME SOURCES, including Workers' Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household and any other income. Do not include the SNAP benefits, federal education benefits and foster payments received by the family from the placing agency.

If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column 6–Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and list the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have a Social Security Number.

Part 5: Answer this question if you choose to. Mark one box for racial identity and one box for ethnic.

Part 6: If the household does not want the student's eligibility information shared with Medicaid or ARKids 1st then check this box.

FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

Part 1. Children in School at this District

Names of all children in school at this district (First, Middle Initial, Last)	School Name	Grade	Check if a foster child (legal responsibility of welfare agency or court). If all children listed below are foster children, skip to part 4 of this form.
			<input type="checkbox"/>

Part 2. SNAP Benefits: If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) benefits, provide the name and case number or other SNAP identifier for any household member that receives benefits and skip to Part 4. If no one receives SNAP benefits, skip to Part 3. **This is NOT the EBT card number.**

Name: _____ Case Number: _____

Part 3. Total Household Gross Income — You must tell us how much and how often

A. Name (List everyone in household)	B. Gross income and how often it was received				C. Check if NO income
	Earnings from work before deductions Income / How often	Welfare, child support, alimony Income / How often	Pensions, Retirement, Social Security, SSI, VA benefits Income / How often	All Other Income Income / How often	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Part 4. Signature and Last Four Digits of Social Security Number (Adult Must Sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Statement on the back of this form.)

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

Sign here: X _____ Social Security Number: xxx-xx-____ (last 4 digits only)

Print Name: _____ I do not have a Social Security Number

Phone Number: _____ Address: _____

Date: _____ City, State, Zip: _____

Part 5. Children's racial and ethnic identities. Mark one box in each category (optional).

Choose one or more (regardless of ethnicity):

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

Choose one ethnicity:

- Hispanic or Latino
 Not Hispanic or Latin

Part 6. Disclosure (Optional)

I do not want school officials to share information from my free and reduced price meal application with Medicaid or the State Children's Health Insurance Program (ARKids 1st).

Don't fill out this part. This is 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: _____ **Per:** _____ **Week,** _____ **Every 2 Weeks,** _____ **Twice a Month,** _____ **Month,** _____ **Year**

Household size: _____ **SNAP* (food stamps):** _____ **Categorically Eligible:** _____ **Date Withdrawn:** _____

Eligibility: Free _____ Reduced _____ Denied _____ **Reason:** _____

Determining Official's Signature: _____ **Determination Date:** _____

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

FEDERAL INCOME CHART			
For School Year 2014-2015			
Household size	Yearly	Monthly	Weekly
1	\$ 21,590	\$1,800	\$ 416
2	\$ 29,101	\$2,426	\$ 560
3	\$ 36,612	\$3,051	\$ 705
4	\$ 44,123	\$3,677	\$ 849
5	\$ 51,634	\$4,303	\$ 993
6	\$ 59,145	\$4,929	\$ 1,138
7	\$ 66,656	\$5,555	\$ 1,282
8	\$ 74,167	\$6,181	\$ 1,427
Each additional person:	\$ 7,511	\$ 626	\$ 145

***SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)**

Privacy Act Statement: This explains how we will use the information you give us.

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), case for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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/index.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.

NOTICE OF APPROVAL/DENIAL

Date _____

Dear _____:

Student Name	School

Effective Date: _____

Your application for free and reduced price meals for your child(ren) listed above has been:

_____ Approved for free meals

_____ Approved for reduced price meals at \$_____ for lunch and \$_____ for breakfast.

_____ Denied for the following reason(s):

_____ Income over the allowable amount

_____ Incomplete application because _____

_____ Other _____

Meals cost **[\$]** for lunch and **[\$]** for breakfast.

If you do not agree with this decision, you may discuss it with _____
(Determining Official) at _____ (phone number) or at _____ (e-mail address).

If you wish to review the decision further, you have the right to a fair hearing. To request a fair hearing, call or write the following official:

Name: _____

Address: _____

Phone Number: _____ E-Mail: _____

You may reapply for benefits at any time during the school year. If you are not eligible now, but have a decrease in household income, become unemployed, have an increase in household size, or qualify for Supplemental Nutrition Assistance Program (SNAP) formerly Food Stamp Program, you may fill out another application at that time.

Sincerely,

Name and Title

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**NOTIFICATION OF APPROVAL FOR FREE MEALS
DIRECT CERTIFICATION**

Date _____

Dear Parent/Guardian:

The student(s) identified below is/are automatically approved for free school meals based on his/her eligibility for Supplemental Nutrition Assistance Program (SNAP), formerly food stamps.

Student Name	School

Please **do not** fill out an application for free or reduced price meals for this/these child(ren). Your child(ren) will receive free meals unless you notify us that you do not want your child(ren) to receive these benefits.

If there are school age children in the household not listed above, those children are also eligible to receive free meal benefits. One way to ensure that these additional students receive free meal benefits is to complete the attached form and return it to the school district.

If any of the information listed above is incorrect, or you have any questions, please contact this office at _____.
(Phone Number)

Sincerely,

(Name and title)

If the box below is checked, please sign and return this portion to the school district. Attention:

Right to Refuse Meal Benefits

I do not want my child(ren) _____ to receive free meals.
(Child(ren) Name(s))

Parent/Guardian Signature: _____

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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/index.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.

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Notification to School District of Students Residing in Households with Direct Certification Students

Date: _____

Dear Parent/Guardian:

All students residing in the same household as students who are automatically approved for free school meals through Direct Certification are also eligible to receive free meal benefits. If there are students living in the same household with students listed on the attached NOTIFICATION OF APPROVAL FOR FREE MEALS DIRECT CERTIFICATION letter that are not listed on the approval letter these additional students are also eligible to receive free meal benefits.

One way to ensure that the your School District extends the free meal benefits to all eligible students is for the household to **complete PART B of this form and return it to your child's school.**

If this form is completed there is no need to complete a Free or Reduced Price Meal Application for these children.

PART A:

Student(s) on the Direct Certification Notification letter:

Student Name (First, Middle Initial, Last)	School	Grade

PART B:

Additional students residing in household with above listed students:

Student Names (First, Middle Initial, Last)	School	Grade

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Signature of Parent/Guardian _____

**NOTIFICATION OF APPROVAL FOR FREE MEALS
MIGRANT / HOMELESS / RUNAWAY / FOSTER / HEAD START / EVEN START**

Date _____

Dear Parent/Guardian:

The student(s) identified below is/are automatically approved for free school meals based on his/her status as _____ Migrant _____ Homeless _____ Runaway _____ Foster or his/her enrollment in _____ Head Start Program _____ Even Start Program.

Student Name	School

Please **do not** fill out an application for free or reduced price meals for this/these child(ren). Your child(ren) will receive free meals unless you notify us that you do not want your child(ren) to receive these benefits.

If there are school age children in the household not listed above, an application must be completed for them to receive benefits.

If any of the information listed above is incorrect, or you have any questions, please contact this office at _____.

(Phone Number)

Sincerely,

(Name and title)

If the box below is checked, please return this portion to the school district. Attention:

Name: _____

Address: _____

Phone Number: _____ E-Mail: _____

Right to Refuse Meal Benefits

I do not want my child(ren) _____ to receive free meals.
(Child(ren) Name(s))

Parent /Guardian Signature: _____

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WE MUST CHECK YOUR APPLICATION

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 **[names of children]** is/are eligible.

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 _____:

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 the Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamp Program, when you applied for free or reduced price meals, or at any time since then, send us a copy of one of these:

- SNAP Certification Notice that shows dates of certification.
- Letter from SNAP Office that shows dates of certification for SNAP benefits.
- **Do not send your EBT card.**

2. If you get this letter for a homeless, migrant or runaway child, please contact [school, homeless liaison, or migrant 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 benefits:

Send 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:**

Name: _____

Address: _____

Timeframe 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.

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 Worker's Compensation's office.

Welfare Payments: Benefit letter from welfare agency.

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 Housing Privatization Initiative.

Timeframe 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 **[phone number]**. The call is free. **[Toll free or reverse charge explanation]**. You may also e-mail us at **[e-mail address]**.

Sincerely,

[signature]
(name and title)

Privacy Act Statement: This explains how we will use the information you give us.

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), case for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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.)

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WE HAVE CHECKED YOUR APPLICATION

School: _____

Date: _____

Dear _____:

We checked the information you sent us to prove that **[name(s) of child(ren)]** 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) 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 (formerly Food Stamps) benefits.
 - ___ Records show that the child(ren) is/are not foster, homeless, runaway, or migrant.
 - ___ 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 denied benefits because no one in the household received SNAP 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 do not agree with this decision, you may discuss it with _____ (Determining Official) at _____ (phone number) or at _____ (e-mail address).

If you wish to review the decision further, you have the right to a fair hearing. To request a fair hearing, call or write the following official:

Name: _____

Address: _____

Phone Number: _____ E-Mail: _____

Sincerely,
[signature]

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**REQUIRED VERIFICATION TRACKER
FOR SCHOOL USE IN THE VERIFICATION PROCESS**

Complete and attach to each verified application

Application ID Number or Name _____

Date Checked by Confirming Official: _____
(MUST be prior to letter to household)

Signature or Initials of Confirming Official: _____

(Confirming Official **cannot be** Determining Official
and must be designated on the CN Contact
Attachment to the Renewal of Policy Statement)

Date Verification Notice Sent: _____ Verifying Official Initials : _____

Date Response Due from Household: _____

Date Second Notice Sent (or N/A): _____ Verifying Official Initials: _____

Approval Based On: Additional Follow up attempt: _____ Initials: _____

- SNAP Case Number
- Foster Child Designation
- Household Size and Income

NOTES:

Verification Result:

- No Change
- Free to Reduced
- Free to Paid
- Reduced to Free
- Reduced to Paid

Reason for Change:

- Income: _____
- Household Size: _____
- Change in SNAP benefits
- Did not respond
- Other: _____

Date Notice of Change Sent: _____

Date Change Made: _____

Date Hearing Requested: _____

Hearing Decision: _____

Verifying Official's Signature: _____

Date: _____

2014-15 School Year Verification Timelines

- Step 1: Process applications within 10 days of receipt (beginning of school year)
- Step 2: Choose method of verification to be used (on or before October 1)
- Step 3: Write narrative of application verification selection process, keep with verification records
- Step 4: Sort and count applications **APPROVED** for free or reduced price benefits (including Pre-K applications, if applicable)
- Step 5: Determine total number of APPROVED applications on file (on or before October 1, 2013)
- Step 6: Establish number of APPROVED applications to verify based on selection method used
- Step 7: Select FINAL applications to be verified (on or before October 1, 2013)
- Step 8: Attach Required Verification Tracker to each application selected for verification.
- Step 9: Re-check the original Eligibility Determination by Confirming Official (after selection of applications for verification, PRIOR to letters to household – Confirming Official MUST sign off on Required Verification Tracker)
- Step 10: Notify household of selection for verification – Notification of Household Selection Sample Letter
- Step 11: Collect verification documentation of income, SNAP benefits, etc. (October 1 to November 17)
- Step 12: Calculate eligibility based on supplied documentation (October 1 to November 17)
- Step 13: Notify household of verification results (No later than November 17) - Notification of Verification Results Sample Letter
- Step 14: Complete Required Verification Tracker for each application verified (on or before November 17)
- Step 15: Compile District Verification Results to report to ADE, CNU (November 15 - December 16)
- Step 16: Download FNS-742 at <http://cnn.k12.ar.us>; save to your computer and complete Verification Summary Report (Excel version) based on actual verification activities (November 17 – December 15)
- Step 17: E-mail Report to ade.chnutverify@arkansas.gov Child Nutrition Office (NO later than December 16). Keep printed copy of ADE, CNU email response of receipt of Verification Summary Report with verification files for audit purposes.

(Optional Form)
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.**

No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

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. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call:

Name: _____

Address: _____

Phone Number: _____ E-Mail: _____

Return this form to: [address] by [date].

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INSTRUCTIONS FOR MEDIA RELEASE

For Free and Reduced Price Meals

1. Make appropriate changes as needed to the sample media release to reflect the programs operated by the school district. All information in **(parentheses)** should be replaced with district information.
2. The media release should be provided to the local informational media (newspaper), local unemployment office, and any major employers contemplating large layoffs in the area at the beginning of each school year. A list of the local media, employers, etc. that the media release was submitted to must be maintained. School districts should consider adding the Media Release to the school district website and other public locations that district households frequent (for example: Community Centers, Boys Club).

**SAMPLE MEDIA RELEASE
FOR FREE AND REDUCED PRICE MEALS**

(Local school food authority) today announces its policy for providing free and reduced price meals for children served under the **(insert National School Lunch Program, Afterschool Snack Program, and/or School Breakfast Program)**. **(Each school and/or the central office)** has a copy of the policy, which may be reviewed by any interested party. The price charged for a paid student breakfast is **(\$x.xx)**; the price charged for a paid student lunch is **(\$x.xx)**.

HOUSEHOLD APPLICATIONS

The household size and income criteria identified below will be used to determine eligibility for free and reduced price benefits for SY 2014-15. Children from households whose income is at or below the levels shown are eligible for free or reduced price meals.

Household Size	Federal Poverty Guidelines	FREE MEALS – 130%					REDUCED PRICE MEALS – 185%				
		Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 11,670	\$15,171	\$ 1,265	\$ 633	\$ 584	\$ 292	\$ 21,590	\$1,800	\$ 900	\$ 831	\$ 416
2	\$ 15,730	\$20,449	\$ 1,705	\$ 853	\$ 787	\$ 394	\$ 29,101	\$2,426	\$1,213	\$ 1,120	\$ 560
3	\$ 19,790	\$25,727	\$ 2,144	\$1,072	\$ 990	\$ 495	\$ 36,612	\$3,051	\$1,526	\$ 1,409	\$ 705
4	\$ 23,850	\$31,005	\$ 2,584	\$1,292	\$1,193	\$ 597	\$ 44,123	\$3,677	\$1,839	\$ 1,698	\$ 849
5	\$ 27,910	\$36,283	\$ 3,024	\$1,512	\$1,396	\$ 698	\$ 51,634	\$4,303	\$2,152	\$ 1,986	\$ 993
6	\$ 31,970	\$41,561	\$ 3,464	\$1,732	\$1,599	\$ 800	\$ 59,145	\$4,929	\$2,465	\$ 2,275	\$ 1,138
7	\$ 36,030	\$46,839	\$ 3,904	\$1,952	\$1,802	\$ 901	\$ 66,656	\$5,555	\$2,778	\$ 2,564	\$ 1,282
8	\$ 40,090	\$52,117	\$ 4,344	\$2,172	\$2,005	\$1,003	\$ 74,167	\$6,181	\$3,091	\$ 2,853	\$ 1,427
Each Add'l person add	\$ 4,060	\$ 5,278	\$ 440	\$ 220	\$ 203	\$ 102	\$ 7,511	\$ 626	\$ 313	\$ 289	\$ 145

Household application forms are being distributed by the school with a letter informing households of the availability of free and reduced price meals for their children. **Only one application should be submitted for each household.** Applications are also available at the principal's office in each school. To apply for free or reduced price meals, households must complete the application and return it to the school. Applications cannot be approved unless it contains complete information as described in the instructions provided with the application. Applications may be submitted at any time during the school year as circumstances change. The information households provide on the application will be used for the purpose of determining eligibility and verification of data.

Applications may be subject to verification at any time during the school year by school officials.

CATEGORICAL ELIGIBILITY

Children who are members of a Supplemental Nutrition Assistance Program (SNAP), formerly food stamps, household are categorically eligible for free meals. School officials will determine eligibility for free meals based on documentation obtained directly from the SNAP office. School officials will notify households of their eligibility. Households who are notified of their eligibility but who do not want their children to receive free meals must contact the school. SNAP households should complete an application if they are not notified of their eligibility by **(DATE)**.

Households with children who are members of currently approved Supplemental Nutrition Assistance Program (SNAP) benefits (formerly food stamps) may submit application with abbreviated information as described in the application instructions.

Children who are enrolled in Head Start / Even Start programs are categorically eligible for free meals. Contact **(Name)** at **(Phone number)** with questions regarding Head Start / Even Start meal benefits.

Children certified as migrant, homeless or runaway by the district are categorically eligible for free meals. Contact **(Name)** at **(Phone number)** with questions regarding migrant, homeless or runaway meal benefits.

Foster children who are the legal responsibility of a welfare agency or court are also eligible for benefits regardless of the income of the household with whom they reside. Eligibility for the foster child is based on the child being the legal responsibility of welfare agency or court. An application for a household that includes both foster children and non-foster must be completed for eligibility to be determined for the non-foster children. Contact **(Name)** at **(Phone number)** with questions regarding foster children.

Children in households that receive WIC may be eligible for benefits. An application must be completed for determination of eligibility.

If a household member becomes unemployed during the school year, the household **may** be eligible for free or reduced price meals PROVIDED that the loss of income causes the household income to be within the eligibility criteria. An application should be completed for determination of eligibility benefits.

Under the provisions of the free and reduced price meal policy _____, **(Title of the Determining Official(s))** will review applications and determine eligibility. _____ (phone number)

Parents or guardians dissatisfied with the ruling of the determining official may wish to discuss the decision with the determining official on an informal basis. Parents wishing to make a formal appeal for a hearing on the decision may make a request either to:

Hearing Official

Phone Number

A household may SUBMIT an application ANYTIME DURING THE SCHOOL YEAR.

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