

**NUTRITION SERVICES
INCOME ELIGIBILITY GUIDELINES**

JULY 1, 2016 - JUNE 30, 2017

Household Size	Free Meals					Reduced Price Meals				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	15,444	1,287	644	594	297	21,978	1,832	916	846	423
2	20,826	1,736	868	801	401	29,637	2,470	1,235	1,140	570
3	26,208	2,184	1,092	1,008	504	37,296	3,108	1,554	1,435	718
4	31,590	2,633	1,317	1,215	608	44,955	3,747	1,874	1,730	865
5	36,972	3,081	1,541	1,422	711	52,614	4,385	2,193	2,024	1,012
6	42,354	3,530	1,765	1,629	815	60,273	5,023	2,512	2,319	1,160
7	47,749	3,980	1,990	1,837	919	67,951	5,663	2,832	2,614	1,307
8	53,157	4,430	2,215	2,045	1,023	75,647	6,304	3,152	2,910	1,455
For each additional family member add:	5,408	451	226	208	104	7,696	642	321	296	148

If households report multiple frequencies of pay, total income must be calculated on an annual basis. Use the following conversions:
Annual Income Conversion: Weekly X 52; Every 2 Weeks X 26; Twice a Month X 24; Monthly X 12

Part 1: Children in School

List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name)	Check box below if a foster child	Name of School Child Attends	Grade
	<input type="checkbox"/>		

Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

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

1. Household Members List everyone in the household, current income each person earns in whole dollars (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's personal use income must be listed.	2. Gross Income (before taxes) and How Often it was Received					
	Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
	Income	How often	Income	How often	Income	How often

Total Number of Household Members: (Children and Adults) _____ Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – ____ Check if no SSN

Part 4: Adult Signature and Contact Information – An adult household member must sign the application.

"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."

Sign here: _____ Print name: _____ Date: _____
 Street Address (if available): _____ Zip: _____ Daytime Phone: _____

Part 5: Children's Ethnic and Racial Identities – Optional

Check one Ethnic Identity: – and – **Check one or more Racial Identities:**

Hispanic or Latino Asian Black or African American Native Hawaiian or other Pacific Islander
 Not Hispanic or Latino White American Indian or Alaskan Native

Do Not Fill Out the Section Below - For School Use Only

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

Total Household Size: _____

Total Income: _____ per _____

Year Month 2 X Mo Every 2 Wks Week

Free Reduced Denied
 Income Reason for denial:
 Categorically eligible: Income too high
 SNAP/TANF/FDPIR Incomplete application
 Foster Child

Signature of Determining Official: _____ Date Approved: _____

FOR THE VERIFICATION PROCESS ONLY:

Signature of Confirming Official: _____	Date Confirmed: _____	Date Withdrawn From School: _____
Signature of Verifying Official: _____	Date Verified: _____	

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 2015-16

Part 1: Children in School			
List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name)	Check box below if a foster child.	Name of School Child Attends	Grade
Justin Brown	<input type="checkbox"/>	Lincoln Elementary	2
	<input type="checkbox"/>		

Part 2: SNAP, TANF or FDPIR Benefits

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

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

1. Household Names List everyone in the household, the income each person earns in whole dollars & how often. Blank or "0" in the income field indicates no income. A foster child's personal use income must be listed.	2. Gross Income and How Often it was Received					
	Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
	Income	How often	Income	How often	Income	How often

Part 4: Signature and Social Security Number (Adult Must Sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must list the last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box (See Use of Information Statement on page 2).
"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."

Sign here: Sue Brown Print name: Sue Brown Date: 8/10/xx
 Address (if available): _____ Zip: _____ Phone: _____
 Social Security Number (last 4 digits): XXX – XXX- _____ I do not have a Social Security Number

Part 5: Children's Ethnic and Racial Identities (Optional)

Mark one Ethnic Identity: -- and -- Mark one or more Racial Identities:

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaskan Native	

Do Not Fill Out This Part - For School Use Only

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

Total Household Size: _____ Free Date Withdrawn from School: _____
 Total Income: _____ per _____ Reduced
 Year Month 2 X Mo. Every 2 Wks Week Denied Reason for denial:
 Income too high Incomplete Application

Categorically Eligible: SNAP/TANF/FDPIR
 Foster Child

Signature of Determining Official: Mary Nelson Date approved: 8/14/xx
 Signature of Confirming Official: _____ Date confirmed: _____
 (verification only)

Part 1: Children in School			
List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name)	Check box below if a foster child.	Name of School Child Attends	Grade
Jane Smith	<input type="checkbox"/>	Lincoln Elementary	3
Bob Smith	<input type="checkbox"/>	Lincoln Elementary	6
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Part 2: SNAP, TANF or FDPIR Benefits

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

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

1. Household Names List everyone in the household, the income each person earns in whole dollars & how often. Blank or "0" in the income field indicates no income. A foster child's personal use income must be listed.	2. Gross Income and How Often it was Received					
	Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
	Income	How often	Income	How often	Income	How often
Mary Smith	1200	Mo.	100	Wk		
George Smith	10,000	Yr.				
Jane Smith						
Bob Smith						

Part 4: Signature and Social Security Number (Adult Must Sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must list the last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box (See Use of Information Statement on page 2).
"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."

Sign here: George Smith Print name: George Smith Date: 8/18/xx
 Address (if available): _____ Zip: _____ Phone: _____
 Social Security Number (last 4 digits): XXX – XXX-2233 I do not have a Social Security Number

Part 5: Children's Ethnic and Racial Identities (Optional)

Mark one Ethnic Identity: -- and -- **Mark one or more Racial Identities:**

Hispanic or Latino Asian Black or African American Native Hawaiian or other Pacific Islander
 Not Hispanic or Latino White American Indian or Alaskan Native

Do Not Fill Out This Part - For School Use Only

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

Total Household Size: 4 Free Date Withdrawn from School: _____
 Total Income: 29,600 per Reduced
 Year Month 2 X Mo. Every 2 Wks Week Denied Reason for denial:
 Income too high Incomplete Application

Categorically Eligible: SNAP/TANF/FDPIR
 Foster Child

Signature of Determining Official: Mary Nelson Date approved: 8/19/xx
 Signature of Confirming Official: _____ Date confirmed: _____
 (verification only)

Computing Income for Self-Employed Individuals

Individuals who are self-employed or engaged in farming may experience variations in cash flow and cannot easily report a monthly income. These individuals may use their 20XX U.S. Individual Income Tax Return Form 1040 to report self-employment income for the free and reduced price meal application. The income to be recorded is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses, such as interest on home mortgages, medical expenses, and other similar non-business items are not allowed in reducing gross business income.

USDA has announced that **losses** (negative numbers) on the lines listed below can be used to determine the **total** income for this attachment. If the total income is a negative number, it must then be recorded as zero on the application in the category labeled "All Other Income".

Zero income resulting from the use of Form 1040 does not require follow-up.

Please note: Line **7** cannot be reported as current income. Income from wages or salaries must be reported on the application for the most recent month.

Line **22** (total income) and line **37** (adjusted gross income) may not be used for purposes of applying for free and reduced-price meals.

The required information for determining the allowable income from self-employment is to be taken from the **20XX U.S. Individual Income Tax Return Form 1040**.

Line 12, Business Income (or loss)	<u>25,000</u>	<p>NOTE: If any members of the household have income from wages or salary, the gross income from last month must be reported on the application form.</p> <p>This attachment is used only to report income from self-employment and/or farming.</p>
Line 13, Capital Gain (or loss)	_____	
Line 14, Other Gains (or losses)	_____	
Line 17, Rental Real Estate, etc.	_____	
Line 18, Farm Income (or loss)	<u>-15,000</u>	
Total of above lines:	<u>10,000</u>	equals annual self-employed income*

If the total of the above lines is a negative number, it must be changed to zero before it is transferred to the application.

* This figure is to be reported on the application under "All Other Income".

U.S. Individual Income Tax Return

IRS Use Only—Do not write or staple in this space.

Label

(See instructions on page 14.)

Use the IRS label.

Otherwise, please print or type.

Form header section including OMB No. 1545-0074, tax year (2009), and personal information fields (name, SSN, address, city/ZIP).

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) You Spouse

Filing Status 1 Single 2 Married filing jointly 3 Married filing separately 4 Head of household 5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself 6b Spouse 6c Dependents (table with columns for name, SSN, relationship, and child tax credit) 6d Total number of exemptions claimed

Income 7 Wages, salaries, tips, etc. 8a Taxable interest 8b Tax-exempt interest 9a Ordinary dividends 9b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss) 13 Capital gain or (loss) 14 Other gains or (losses) 15a IRA distributions 15b Taxable amount 16a Pensions and annuities 16b Taxable amount 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 18 Farm income or (loss) 19 Unemployment compensation in excess of \$2,400 per recipient 20a Social security benefits 20b Taxable amount 21 Other income 22 Add the amounts in the far right column for lines 7 through 21. This is your total income

Adjusted Gross Income 23 Educator expenses 24 Certain business expenses of reservists, performing artists, and fee-basis government officials 25 Health savings account deduction 26 Moving expenses 27 One-half of self-employment tax 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid 31b Recipient's SSN 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees deduction 35 Domestic production activities deduction 36 Add lines 23 through 31a and 32 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 2015-16

Part 1: Children in School			
List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name)	Check box below if a foster child.	Name of School Child Attends	Grade
Ben Jones	<input type="checkbox"/>	Lincoln High	11
	<input type="checkbox"/>		

Part 2: SNAP, TANF or FDPIR Benefits

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

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

1. Household Names List everyone in the household, the income each person earns in whole dollars & how often. Blank or "0" in the income field indicates no income. A foster child's personal use income must be listed.	2. Gross Income and How Often it was Received					
	Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
	Income	How often	Income	How often	Income	How often
Sarah Jones						
Ben Jones						

Part 4: Signature and Social Security Number (Adult Must Sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must list the last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box (See Use of Information Statement on page 2).
"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."

Sign here: Sarah Jones Print name: Sarah Jones Date: 8/14/xx
 Address (if available): _____ Zip: _____ Phone: _____
 Social Security Number (last 4 digits): XXX – XXX- 3421 I do not have a Social Security Number

Part 5: Children's Ethnic and Racial Identities (Optional)

Mark one Ethnic Identity: -- and -- **Mark one or more Racial Identities:**

Hispanic or Latino Asian Black or African American Native Hawaiian or other Pacific Islander
 Not Hispanic or Latino White American Indian or Alaskan Native

Do Not Fill Out This Part - For School Use Only

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

Total Household Size: 2 Free Date Withdrawn from School: _____
 Total Income: 0 per _____ Reduced
 Year Month 2 X Mo. Every 2 Wks Week Denied Reason for denial:
 Income too high Incomplete Application

Categorically Eligible: SNAP/TANF/FDPIR
 Foster Child

Signature of Determining Official: Mary Nelson Date approved: 8/15/xx
 Signature of Confirming Official: _____ Date confirmed: _____
 (verification only)

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 2015-16

Part 1: Children in School			
List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name)	Check box below if a foster child.	Name of School Child Attends	Grade
Jesse Martin	<input checked="" type="checkbox"/>	Lincoln Middle	7
	<input type="checkbox"/>		

Part 2: SNAP, TANF or FDPIR Benefits

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

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

1. Household Names List everyone in the household, the income each person earns in whole dollars & how often. Blank or "0" in the income field indicates no income. A foster child's personal use income must be listed.	2. Gross Income and How Often it was Received					
	Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
	Income	How often	Income	How often	Income	How often

Part 4: Signature and Social Security Number (Adult Must Sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must list the last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box (See Use of Information Statement on page 2).
"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."

Sign here: Phyllis Muller Print name: Phyllis Muller Date: 8/18/xx
 Address (if available): _____ Zip: _____ Phone: _____
 Social Security Number (last 4 digits): XXX – XXX- _____ I do not have a Social Security Number

Part 5: Children's Ethnic and Racial Identities (Optional)

Mark one Ethnic Identity: -- and -- **Mark one or more Racial Identities:**

Hispanic or Latino Asian Black or African American Native Hawaiian or other Pacific Islander
 Not Hispanic or Latino White American Indian or Alaskan Native

Do Not Fill Out This Part - For School Use Only

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

Total Household Size: _____ Free Date Withdrawn from School: _____
 Total Income: _____ per _____ Reduced
 Year Month 2 X Mo. Every 2 Wks Week Denied Reason for denial:
 Income too high Incomplete Application

Categorically Eligible: SNAP/TANF/FDPIR
 Foster Child

Signature of Determining Official: Mary Nelson Date approved: 8/20/xx
 Signature of Confirming Official: _____ Date confirmed: _____
 (verification only)

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 2015-16

Part 1: Children in School			
List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name)	Check box below if a foster child.	Name of School Child Attends	Grade
Leslie Peters	<input type="checkbox"/>	Lincoln Middle	7
Luke Peters	<input type="checkbox"/>	Lincoln Elementary	5
Chris Nelson	<input checked="" type="checkbox"/>	Lincoln Elementary	3
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Part 2: SNAP, TANF or FDPIR Benefits

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

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

1. Household Names List everyone in the household, the income each person earns in whole dollars & how often. Blank or "0" in the income field indicates no income. A foster child's personal use income must be listed.	2. Gross Income and How Often it was Received					
	Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
	Income	How often	Income	How often	Income	How often
Gary Peters	700	2 wk				
Diane Peters	500	2 wk				
Leslie Peters						
Luke Peters						
Chris Nelson						

Part 4: Signature and Social Security Number (Adult Must Sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must list the last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box (See Use of Information Statement on page 2).
"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."

Sign here: Diane Peters Print name: Diane Peters Date: 8/17/xx
 Address (if available): _____ Zip: _____ Phone: _____
 Social Security Number (last 4 digits): XXX – XXX- 1264 I do not have a Social Security Number

Part 5: Children's Ethnic and Racial Identities (Optional)

Mark one Ethnic Identity: -- and -- Mark one or more Racial Identities:

Hispanic or Latino Asian Black or African American Native Hawaiian or other Pacific Islander
 Not Hispanic or Latino White American Indian or Alaskan Native

Do Not Fill Out This Part - For School Use Only

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

Total Household Size: 5 Free Date Withdrawn from School: _____
 Total Income: 1200 per _____ Reduced
 Year Month 2 X Mo. Every 2 Wks Week Denied Reason for denial:
 Income too high Incomplete Application

Categorically Eligible: SNAP/TANF/FDPIR
 Foster Child

Signature of Determining Official: Mary Nelson Date approved: 8/19/xx
 Signature of Confirming Official: _____ Date confirmed: _____
 (verification only)

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 2015-16

Part 1: Children in School			
List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name)	Check box below if a foster child.	Name of School Child Attends	Grade
Jordan Matthews	<input type="checkbox"/>	Lincoln High	10
Justin Matthews	<input type="checkbox"/>	Lincoln High	9
Jessica Matthews	<input type="checkbox"/>	Lincoln Middle	6
Kristen Thomas	<input checked="" type="checkbox"/>	Lincoln Elementary	5
	<input type="checkbox"/>		

Part 2: SNAP, TANF or FDPIR Benefits

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

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

1. Household Names List everyone in the household, the income each person earns in whole dollars & how often. Blank or "0" in the income field indicates no income. A foster child's personal use income must be listed.	2. Gross Income and How Often it was Received					
	Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
	Income	How often	Income	How often	Income	How often
Steve Matthews	2500	Mo.				
Debbie Matthews	1700	Mo.				
Jordan Matthews						
Justin Matthews						
Jessica Matthews						
Kristen Thomas						

Part 4: Signature and Social Security Number (Adult Must Sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must list the last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box (See Use of Information Statement on page 2).
"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."

Sign here: Steve Matthews Print name: Steve Matthews Date: 8/19/xx
 Address (if available): _____ Zip: _____ Phone: _____
 Social Security Number (last 4 digits): XXX – XXX- 6877 I do not have a Social Security Number

Part 5: Children's Ethnic and Racial Identities (Optional)

Mark one Ethnic Identity: -- and -- **Mark one or more Racial Identities:**

Hispanic or Latino Asian Black or African American Native Hawaiian or other Pacific Islander
 Not Hispanic or Latino White American Indian or Alaskan Native

Do Not Fill Out This Part - For School Use Only

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

Total Household Size: 6 1-Free 2-Reduced 3-Denied Date Withdrawn from School: _____

Total Income: 4200 per 3 Denied Reason for denial:
 Year Month 2 X Mo. Every 2 Wks Week Income too high Incomplete Application

Categorically Eligible: SNAP/TANF/FDPIR Foster Child

Signature of Determining Official: Mary Nelson Date approved: 8/21/xx
 Signature of Confirming Official: _____ Date confirmed: _____
 (verification only)

Free/Reduced Price Meal Application Summary

1. Household Application – with a Master Case Number

A complete application for this household must include:

- Student Name(s)
- Household's 5-8 digit Master Case Number for SNAP, TANF or FDPIR. A Social Security Number, Medicaid Number or 16-digit EBT Number cannot be accepted
- Signature of adult household member

2. Household Application – with Income

A complete application for this household must include:

- Student Name(s), including all foster children in the household
- Names of all household members
- Current income and frequency of each household member by source, including personal income earned by a foster child AND the last four digits of the Social Security number of signer or "None"
- Signature of adult household member
- If zero "0" income is reported and all the above information is complete, the application can be approved for free meals for the remainder school year. No additional follow-up is required.

3. Household Application – with a Foster Child Only

A complete application for this household must include:

- Student Name(s)
- Signature of adult household member

4. Categorically Eligible for Meal Benefits

Free: students who automatically qualify for free meals include those on the SFA's Direct Certification List based on S (SNAP), T (TANF), C (Foster Child) and M-F (Medicaid Free). In addition, Migrant, Homeless, Runaway, Head Start and students in Residential Child Care Institutions (RCCIs) qualify for free meals.

Reduced: students who automatically qualify for reduced-price meals include those on the SFA's Direct Certification List based on M-R (Medicaid Reduced).

- The school district must maintain a current list of approved students
- For a foster child, the student qualifies for free meals based on either an application or the Direct Certification List. Other students in the household may or may not qualify for meal benefits; it will depend on household size and income.

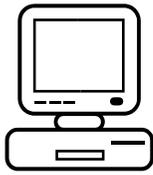
Income Frequency

Households can report income in any increment – weekly, biweekly, every other week, monthly, annually.

If a single frequency is reported, conversion is not required.

If multiple income frequencies are reported, convert the different sources of income to annual before combining:

- Monthly x 12
- Weekly x 52
- Every two weeks x 26
- Twice per month x 24



Counting Meals



Federal reimbursement is provided for meals served to eligible students that meet program requirements. The amount of reimbursement per meal varies by category (free, reduced price and paid). To be eligible for reimbursement, school staff must accurately count meals served to students by category at the point of service and record these counts on a daily basis. Daily counts must be compared to attendance using the “Edit Check Worksheet.” They must also claim the correct number of meals each month by category.

Reimbursable Meals:

This term is used for meals that meet USDA meal pattern requirements. It means the correct food components and portion sizes are served to children according to grade/age group under the menu planning option used by the school district. Each school district selects either the Enhanced or Traditional Food Based Menu Planning Option (using meal patterns) or the Nutrient Standard Menu Planning or Assisted Nutrient Standard Menu Planning Option (using nutrient analysis of menus by computer prior to meal service). This is confirmed in the annual application to NDE- Nutrition Services. Offer Versus Serve (OVS) requirements for each option must also be met. School staff that count meals must be trained in regulations regarding meal pattern and OVS.

Point of Service Meal Counts:

A point of service meal count is **required**. It is defined by regulation as a meal count taken at “that point in the food service line where it can be **accurately** determined that a reimbursable free, reduced price or paid lunch and/or breakfast has been served to an eligible child.” The **end of the serving line** is considered the point of service. This is after **all** foods that contribute to the meal pattern, including salad or food bars, have been offered to the students.

Exceptions to a Point of Service Count:

Exceptions to an end of the line count are rare and must be based on the physical layout of the cafeteria. Convenience or resistance to change is not an acceptable reason. Requests for a waiver to this requirement must be submitted in writing to the Nebraska Department of Education - Nutrition Services. A new waiver must be requested **each year** with the application. The waiver **must** state a clear reason for the request and how the school will guarantee that each meal served is reimbursable.

Food service staff behind a serving line cannot be responsible for checking trays if any food that contributes to the meal pattern is served away from the serving line. Schools are strongly discouraged from solving this problem by denying children the OVS option. Allowing children the right to select the food they want to eat pleases them and may increase participation. OVS will also reduce plate waste. This can save the school food service money for food and labor.

Acceptable Counting Methods:

Meal counts can be taken manually using tickets or a roster. Both need to be coded to designate category. This must be done carefully so the difference between tickets **is not observable**. A computerized system might use student identification numbers or coded bar lines on tickets/cards.

Important Points
<ul style="list-style-type: none"> • Counts taken in the classroom, attendance counts, the number of tickets sold/issued, head counts, tray counts and counts obtained by “backing out” any number of lunches or breakfasts served are not point of service counts. • Color-coding or single-symbol coding of tickets/rosters by category using obvious identifiers such as F, R, P are prohibited. • School districts are responsible to document the accuracy of any computer software used for point of service meal counts.



Unacceptable Meal Count Systems



Meal count systems that are **not acceptable** because they do not provide a daily count at the point-of-service, by category, include:

- **Attendance counts** – using the number of students in attendance as a meal count. This does not provide a count of meals actually served and those are the only meals that may be claimed for reimbursement.
- **Tray or entrée counts** – counting the number of trays or entrees used during the meal service to obtain the meal count. This does not provide an accurate count of reimbursable meals-only of trays and entrees. There are no controls to ensure that trays contain all the necessary food items, that trays were not stuck together, that each entrée was part of a complete meal, etc. Each **meal** must be monitored to ensure that all the meal requirements have been met.
- **Classroom counts** – counting the number of students in the class who indicate that they intend to eat a meal (prior to the meal service itself). Students “intending” to each may not actually do so. The count taken prior to the meal service will not reflect those changes and the count of meals served may not be accurate. Also, there are no controls at the point-of-service to ensure that the meals counted are actually reimbursable.
- **Counts taken anywhere other than at the point-of-service** – (unless otherwise approved by the state office). The only place an accurate count of reimbursable meals can be made is at the point where it can be determined that the meals are actually reimbursable. The end of the serving line is considered the “point-of-service”.
- **Prepaid/charged meals counted on day paid** – when students either prepay or charge their meals, these meals must be counted on the day that the student is served the meal, not on the day that the prepaid meal was purchased or the charged meal was re-paid.
- **Second meals claimed for reimbursement** – second meals served to students in any category are claimed for reimbursement. Districts can claim only one meal per eligible student per day.
- **Ineligible persons claimed for reimbursement** – meals served to ineligible students, adults or visitors are claimed for reimbursement.
- **Cash converted to meals** – using cash totals to determine the number of meals served. This does not provide a count of reimbursable meals served. Also, this allows cash collection errors to translate into meal count errors.
- **A la carte/special sales items claimed for reimbursement** – food items sold independently of the reimbursable meal and not priced as a unit are claimed for reimbursement.
- **Category/cash back-out system** – one or more of the meal categories are calculated by subtracting the number of meals of one or more meal categories (free, reduced-price or paid) from the total meal count to get a count of another meal category.
- **Delivery counts of meals produced off-site** – the number of meals delivered to a school is not necessarily the number of meals that were actually served.
- **Inaccurate computer software systems** – all software should be carefully reviewed and accuracy documented.
- **Visual identification without backup** – eligibility is determined based only on the cashier’s or counter’s visual identification and knowledge of the students’ eligibility categories.
- **Any of the acceptable example systems described that are not implemented properly.** – Even if the system is approved on paper, all necessary procedures must be followed in order for the meal count system to be acceptable. Software programs must be carefully evaluated and thorough training provided. All appropriate staff should be adequately trained in their responsibilities.

On-Site Review Checklist
 Assessment of the SFA's Meal Counting and Claiming System

According to USDA regulation, 7 CFR 210.8(a)(1), a School Food Authority (SFA) with two or more feeding sites is required to visit each site and complete the following checklist for each site, for both breakfast and lunch by **February 1** each year.

The on-site review must ensure the school's claim is based on the counting system, as implemented, and yields the actual number of reimbursable free, reduced and paid meals served for each day of operation. If the review discloses problems with a school's meal counting or claiming procedure, the SFA must ensure that the school implements corrective action. Within 45 days of the review, a follow-up on-site review must be conducted to determine that the corrective action resolved the problems. Completed checklists are to be kept on file at the school district or Residential Child Care Institution (RCCI).

SFA: _____ **Site:** _____ **Reviewer:** _____

Review Date: _____

Review Date: _____

Breakfast

Lunch

Roster Ticket Electronic

Point of Service (POS) meal count method
used at this site:

Roster Ticket Electronic

YES NO

YES NO

- | | | | | | | | |
|---|--------------------------|---|---|--------------------------|--------------------------|--------------------------|--|
| _____ | _____ | 1. Is the POS meal count taken at the end of the serving line after all food items contributing to a reimbursable meal have been offered? (This includes the end of salad bars and/or food bars.) | _____ | _____ | | | |
| _____ | _____ | 2. If <u>no</u> , does the SFA have an approved waiver on file from NDE-Nutrition Services? If a waiver is not on file, contact Nutrition Services immediately. | _____ | _____ | | | |
| _____ | _____ | 3. Is the POS meal count used to determine the school's meal count for the day and claim for reimbursement at the end of the month? (Morning meal counts or tray counts cannot be used.) | _____ | _____ | | | |
| _____ | _____ | 4. Is the person who is responsible for the POS meal count correctly identifying reimbursable meals? | _____ | _____ | | | |
| 5. Is the school correctly implementing policies for handling the following situations, if applicable (answer this question one time only): | | | | | | | |
| YES | NO | NA | Situation | YES | NO | NA | Situation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A la carte sales? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Selling second meals? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Field trip meals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Offer Versus Serve? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Incomplete student meals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Student worker meals? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adult and non-enrolled student meals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Feeding students from another school district? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lost, stolen, forgotten, misused or destroyed tickets, IDs, PINs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Charging meals or prepayment of meals? |
| _____ | _____ | 6. Is there a method of identifying non-reimbursable meals (i.e. not meeting meal pattern requirements, seconds, adult meals, etc.) distinguishing them from reimbursable meals? | | | _____ | _____ | |
| _____ | _____ | 7. Is someone trained as a backup for the person responsible for determining reimbursable meals and the POS meal count? | | | _____ | _____ | |
| _____ | _____ | 8. Is there a procedure in place if the primary counting and claiming system goes down or is unavailable and do staff know when and how to implement it? | | | _____ | _____ | |
| _____ | _____ | 9. Are daily meal counts correctly totaled and recorded by category on a daily basis? | | | _____ | _____ | |

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On-Site Review Checklist
Assessment of the SFA's Meal Counting and Claiming System

YES NO
____ ____

10. Are internal controls (edit checks, monitoring, etc.) established to ensure that daily meal counts do not exceed the number of eligible students by category or attendance in school? Complete the following chart for today's review:

YES NO
____ ____

Breakfast:			# Students Approved by Category Today's Meal Count by Category	Lunch:		
Free	Reduced	Paid		Free	Reduced	Paid
_____	_____	_____		_____	_____	_____
_____	_____	_____		_____	_____	_____

YES NO
____ ____

11. Does the system prevent overt identification of children receiving free or reduced price meals? _____
12. If the school prepares food on-site, are Production Records completed daily OR if the school receives their food from another location, are Delivery Tickets completed daily? _____
13. Are all school lunch records (Production Records, Delivery Tickets, Meal Count Sheets, Edit Check Worksheets, etc) kept on file for at least three years plus the current school year and available for review, if requested? _____

YES NO
____ ____

NOTE: The next two questions are for all SFAs except for SFAs on Provision 2 in non-base years or RCCIs that serve only residential children:

 NA

14. Is the list of eligible students kept up-to-date and used to provide an accurate daily count of reimbursable free, reduced and paid meals? Check box if not applicable.

 NA

 NA

15. Does each feeding site complete an edit check worksheet that compiles monthly meal counts by eligibility category and compares attendance-adjusted eligible figures to daily meals counts on a monthly basis? Are any discrepancies accounted for? Check box if not applicable.

 NA

CORRECTIVE ACTION

NOTE: Required **ONLY** for questions answered "NO" or if problems are identified during the review.

Corrective Action Plan:

Specify date corrective action(s) will be implemented:

By whom: _____ Title _____

Signature _____
School Representative Title Date

CORRECTIVE ACTION 45 Day Follow Up:

NOTE: Required for all Corrective Action outlined above.

Record observations of corrective action implementation:

Signature _____
School Representative Title Date

Signature _____
SFA Reviewer Title Date

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DAILY RECORD OF MEALS SERVED AND EDIT CHECK WORKSHEET

Month / Year August 20XX
Feeding site Lincoln Elementary

DATE	STUDENT LUNCHES			STUDENT BREAKFASTS			SPECIAL MILK			ADULTS (Cannot Claim)			
	PAID	FREE	Reduced	TOTAL	2 nd Meals	PAID	FREE	Reduced	PAID	FREE	PAID-LUN	Free Lun	PAID-BR
15	55	25	9										
18	50	26	8										
19	54	27	7										
20	* 59	* 30	9										
21	40	28	9										
22	54	28	8										
25	55	28	7										
26	56	27	9										
27	29	26	8										
28	55	25	7										
29	56	28	6										
TOTAL	563	298	87		No Claim								

A. Days Served 11 C. Average Daily Attendance 96 E. Highest # of Eligible Free approved during the month 30 *
 B. Enrollment 100 D. Attendance Factor (C ÷ B) .96 F. Highest # of Eligible Reduced approved during the month 10 *
 G. Highest # of Eligible Paid approved during the month 60 *

*** Favorite Menu**

The number of meals claimed by category **CANNOT** exceed the figures reported on lines E, F or G on any given day. If the number of meals claimed by category exceeds the figures on lines H, I or J on any given day, those meal counts **MUST** be circled above and the reason for the discrepancy **MUST** be documented either at the bottom or on the back of this page.

Required Edit Check:

Attendance Factor (D)	X	Highest # of Students Approved for the Month	Attendance Adjusted Eligible
<u>.96</u>	X	<u>30</u>	= <u>28.8 - 29</u> (H) ⁺
<u>.96</u>	X	<u>10</u>	= <u>9.6 - 10</u> (I) ⁺
<u>.96</u>	X	<u>60</u>	= <u>57.6 - 58</u> (J) ⁺

⁺On this calculation, round any decimal to the next whole number. (Example: 21.35 would round up to 22)
 *Students who change categories during the month should be included in both categories. Retain this record at school for three years. Nebraska Department of Education – Nutrition Services

Average Daily Attendance

1. Someone must be responsible for tracking the number of students attending school each day during the month.
2. At the end of the month:
 - a. Total the number of students attending school each day.
 - b. Divide the total from 2.a. by the number of serving days in the month.

Example: School with enrollment of 100

August	Daily Attendance
15	95
18	94
19	93
20	100
21	96
22	100
25	94
26	94
27	97
28	96
29	95
Total	1,054 divided by 11 serving days = 95.8

Average Daily Attendance (ADA) for the month of August is 96.

Example of Claim

School Nutrition Programs



[Applications](#) | [Claims](#) | [Compliance](#) | [Reports](#) | [Security](#) | [Search](#)

[Year](#) | [Help](#) | [Log Out](#)

Claims > Claim Year at a Glance - SNP >
School Year: 2014 - 2015

[VIEW](#) | [MODIFY](#) | [DELETE](#)

2014 - 2015 SNP Site Claim Report

000013 Status: Active ESU #13 4215 Avenue I Scottsbluff, NE 69361	0001 Status: Active MERIDAN 4215 Avenue I Scottsbluff, NE 69361
--	--

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
May 2015	1				

School Nutrition Program General Information

G1. Number of Children Approved for Free Meals:	30
G2. Number of Children Approved for Reduced Price Meals:	10
G3. Number of Children Approved for Paid Meals:	60
G4. Number of Enrolled Children:	100
G5. Attendance Factor Percentage:	96

National School Lunch Program

L1. Number Operating Days:	11
L2. Average Daily Attendance:	96
L3. Reimbursable Lunches Served	
a. Free Lunches Served:	298
b. Reduced Price Lunches Served:	87
c. Paid Lunches Served:	563
d. Total Lunches Served (a + b + c):	948

Created By: jWest on: 8/13/2015 2:17:01 PM Modified By: jWest on: 8/13/2015 2:17:02 PM

Save
Cancel

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Setting Meal Prices



Student Meals:

- The goal of every school should be to have a financially sound School Meals Program. To achieve this goal, it is important to ensure the income from all student meals (free, reduced and paid) covers the cost of producing these meals.
- The USDA reimbursement provided for a free lunch plus the value of USDA donated foods (commodities) plus the certified menu reimbursement is intended to cover the average cost of providing a student lunch. The value of donated foods is determined annually and is the same for all students, whether receiving free, reduced or paid meals. Using these rates for the 2016-17 school year, ($\$3.16 + \$0.23 + \$0.06$), the average cost of a student lunch is approximately \$3.45.

For a reduced-price student lunch, the USDA reimbursement is \$0.40 less than the reimbursement received for a free lunch. Schools may charge a maximum price of \$0.40 for a reduced price lunch ($\$3.22 - \$2.82 = \$0.40$).

The price to charge for a paid student lunch can be calculated by subtracting the USDA reimbursement received for a paid lunch from the reimbursement received for a free lunch ($\$3.22 - \$0.36 = \$2.86$).

- Using another approach, the price of a paid student lunch can be determined by completing an actual determination of the average cost of providing a lunch or breakfast and subtracting the USDA reimbursement received for a paid meal. For example:
 1. The school calculates the actual costs for a lunch. Total expenses are divided by the meal count including the total number of students and adults served. The cost of food, supplies and labor per lunch is \$3.21.
 2. USDA's total reimbursement for a paid student lunch is \$0.36 (a combination of the regular reimbursement of \$0.30 plus the menu certification of \$0.06).
 3. The price to charge for a paid student lunch ($\$3.21 - \0.36) is \$2.85.
- The value of donated foods does not apply to breakfast, though donated foods may be used at breakfast. The 2016-17 USDA reimbursement rate for a free breakfast is \$1.71. The reimbursement rate for a reduced price breakfast is \$1.41 which is \$0.30 less than the free rate of reimbursement for breakfast. The maximum amount that can be charged for a reduced-price student breakfast is \$0.30. The price to charge for a paid student breakfast can be calculated by subtracting the USDA reimbursement received for a paid breakfast from the reimbursement received for a free breakfast $\$1.71 - \$0.29 = \$1.42$.
- The USDA reimbursement rates are adjusted annually to reflect changes in the Consumer Price Index. Each school district must examine their paid meal prices on an annual basis. All districts are required to complete USDA's Paid Lunch Equity (PLE) Tool on an annual basis. Increasing meal prices a small amount each year is recommended. A significant increase in meal prices may result in a drop in participation.

Can Schools Set Meal Prices Too High?

- Meal prices for full price students should not be set so high that full price students do not participate. School lunch and breakfast contribute significantly to academic achievement for all students.

- School districts are required to demonstrate a nonprofit food service operation by limiting net cash resources to an amount that does not exceed three months operating costs for the food service program. For example, if the amount spent on food, labor and other costs associated with the food service program averages \$20,000 per month; the food service account balance must not exceed \$60,000. If the district has an unusually high balance, begin working on a purchasing plan for the future. Contact NDE for more information.

Adult Meals:

- USDA requires schools to ensure that reimbursement, student payments and the value of donated foods are not used to subsidize meals served to adults. In order to meet this requirement, schools are required to sign an agreement that contains the following statement:

“Each School Food Authority shall, with respect to participating schools under its jurisdiction, charge adults, at a minimum, an amount equal to the total reimbursement received for a free lunch under Section 4 and 11 of the National School Lunch Act plus the per-meal value of donated foods plus the certified menu reimbursement. For breakfast, adults should be charged the rate established for free breakfasts under Section 4 of the Child Nutrition Act. No reimbursement or donated food is provided for adult meals.”

- School districts do not receive reimbursement nor do they get donated foods for the adult meals served. Therefore, the adult meal price is based on portion sizes equivalent to a student tray. Although portion sizes are left up to the discretion of the school district, to serve “extras” or even “double portions” to an adult adds to the cost of the meal.

- For the 2016-17 school year, the adult meal prices should be set as follows:

Lunch:	Free reimbursement:	\$3.16
	Donated food value	0.23
	Certified menu reimbursement	+ <u>0.06</u>
	Adult lunch price:	\$3.45 (price set at \$3.45)
Breakfast:	Severe need free reimbursement:	\$2.04
	Adult breakfast price:	\$2.10

- A school that does not set adult meal prices at or above the amount specified must certify each year that school district general funds are used to support the school food service operation. Supporting funds can be direct contributions to the food service account or indirect support such as paying utilities, garbage service, etc.

What Price Should We Charge for A La Carte Items?

- A la carte prices should cover food and labor costs associated with each item, as well as a fair profit. Compare prices of similar items locally and consider setting school prices slightly lower. Prices can deliberately be set lower on certain items such as fresh fruit, bottled water, etc. to encourage the purchase of these items.
- A la carte menu items should be priced so that any combination under Offer Versus Serve would equal or exceed the cost of the reimbursable meal. The reimbursable meal should always be the best buy. You could market it as a “Super Value Meal.”

For example:

- The price charged for a reimbursable student lunch is \$2.85.
- If the price charged for an a la carte sandwich and milk is \$3.10, the reimbursable meal is the better deal (recommended).
- However, if the price charged for an a la carte sandwich and milk is \$2.60, the reimbursable meal is not the better deal (not recommended).

CIVIL RIGHTS

1. School Food Authorities (SFAs) participating in the National School Lunch Program, School Breakfast Program, After School Snack Program or Special Milk Program must include the nondiscrimination statement in their student handbook in the section that addresses access to or information about the school meals program. It must also be included on the school's web site if school meal information is available.

Nondiscrimination Statement

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:

- (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

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If the material is too small to permit the full statement to be included, the material will at a minimum include this statement, in print no smaller than the text: "This institution is an equal opportunity provider."

2. The USDA "And Justice for All" poster must be displayed at each feeding site in a location that is visible to students during meal service.
3. Provide appropriate translations of materials concerning the availability and nutritional benefits of the school meals program, as needed. This requirement can be met through the use of bilingual staff members, volunteers and/or informational materials in appropriate languages.
4. Follow this procedure for Accepting and Filing Complaints of Discrimination in the School Meals Program
 - **RIGHT TO FILE A COMPLAINT:** Any person alleging discrimination based on race, color, national origin, sex, age or disability has a right to file a complaint within 180 days of the alleged discriminatory action.
 - **ACCEPTANCE:** All complaints, written or verbal, shall be accepted by the School Food Authority

(SFA) and forwarded to the Administrator of the Nebraska Department of Education - Nutrition Services within five days. It is necessary that the information be sufficient to determine the identity of the agency or individual toward which the complaint is directed, and to indicate the possibility of a violation. Anonymous complaints shall be handled as any other complaint.

- **VERBAL COMPLAINTS:** In the event that a complainant makes the allegation verbally or through a telephone conversation and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made shall write up the elements of the complaint for the complainant. Every effort should be made to have the complainant provide the following information:
 - 1) Name, address and telephone number or other means of contacting the complainant.
 - 2) The specific location and name of the entity delivering the program service or benefit.
 - 3) The nature of the incident(s) or action(s) that led the complainant to feel discrimination was a factor
 - 4) The basis on which the complainant feels discrimination exists (race, color, national origin, sex, age or disability).
 - 5) The names, titles and addresses of persons who may have knowledge of the discriminatory action(s).
 - 6) The date(s) during which the alleged discriminatory action occurred, or if continuing, the duration of such actions.

5. Train staff on civil rights annually. Specific subject areas to include:

- **COLLECTING AND USING DATA:** Data is collected on ethnicity and race. Parent self-declares. If they do not report, SFA staff will code based on perception. All program materials must be stored in an area of restricted access and retained for three years.
- **EFFECTIVE PUBLIC NOTIFICATION SYSTEMS:** Display the “And Justice for All” poster, include the nondiscrimination statement on program materials, provide information in other languages and alternative formats as needed and convey equal opportunity in all photos and other graphics on websites, publications, etc.
- **COMPLAINT PROCEDURES:** Procedures must be established to accept complaints or grievances based on race, color, national origin, sex, age, or disability. Participants must be advised of their right to file a complaint, how to file a complaint, and the complaint procedures. If there is a complaint, the SFA must contact the Nebraska Department of Education – Nutrition Services.
- **COMPLIANCE REVIEW TECHNIQUES:** Ensure civil rights requirements are being followed during review process.
- **RESOLUTION OF NON-COMPLIANCE:** Inappropriate actions must cease. A corrective action plan is required and appropriate procedures must be implemented.
- **REQUIREMENTS FOR REASONABLE ACCOMMODATION OF PERSONS WITH DISABILITIES:** Entrances and exits must exist to accommodate the disabled. Braille signage and alternative arrangements for service must be available, when needed.
- **REQUIREMENTS FOR LANGUAGE ASSISTANT:** Bilingual personnel and materials must be provided depending on need, resources available and cost.
- **CONFLICT RESOLUTION:** Use alternative dispute resolution techniques when necessary. Treat others with respect.
- **CUSTOMER SERVICE:** “Treat others the way they want to be treated (or at least be aware of what that is).”

6. Attach documentation of annual training, including date and attendance roster.



Important Dates for the School Year

July 1	Start of new Program Year
July 1	Direct Certification list for the new school year is available in the online CNP system
July 15	Annual Financial Statement for Non-Public Schools, Residential Child Care Institutions (RCCIs) and Government Agencies must be completed in the online CNP system
July 15	Sponsor/Site Applications updated in the online CNP system for school districts and RCCIs claiming reimbursement in July
July	Nutrition Services back-to-school mailing which includes program updates, reimbursement rates, adult meal prices, etc.
July - August	Schools distribute Free/Reduced Application Packet to households
August 15	Deadline for schools to update the Sponsor/Site Applications in the online CNP system
August 31	Direct Certification – Upload current “membership list” to NDE using either the CNP system, e-Scholar Uniq-ID or NDE’s Nebraska Student and Staff Record System (NSSRS)
30th School Day	Last day free/reduced meal benefit approvals from previous school year can be honored
October 1	Date free/reduced applications must be counted for verification pool. Verification process begins. Direct Verification is available.
Oct. - 2nd full week	National School Lunch Week
October 15	Deadline for recording the number of Health Inspections received by each feeding site the previous school year in the online CNP system
October 31	Direct Certification – Upload any new or transfer students to NDE using either the CNP system, e-Scholar Uniq-ID or NDE’s Nebraska Student and Staff Record System (NSSRS)
Nov. - December	SFAs considering a Food Service Management Company (FSMC) for the next school year <u>must</u> contact Nutrition Services to receive the RFP packet.
November 15	Verification process must be completed
December 1	Online Verification Report must be completed

- February - April** Paid Lunch Equity (PLE) Tool must be completed by all SFAs that charge for student meals
- February 1** Attachment I: On-Site Reviews - must be completed for each feeding site in districts with two or more feeding sites.
- February 1** Deadline for SFAs to begin the RFP process if planning to contract with a FSMC the next school year
- February 28** Direct Certification – Upload any new or transfer students to NDE using either the CNP system, e-Scholar Uniq-ID or NDE’s Nebraska Student and Staff Record System (NSSRS)
- March - 1st full week** National School Breakfast Week
- April - May** Nutrition Services spring mailing which includes information for the next school year – program changes, updated forms, training dates, etc.
- May 15** FSMC Contract Addendum due to Nutrition Services for approval
- May - 1st full week** School Nutrition Employee Appreciation Week
- May - 2nd Wed.** Nebraska School Food Service Employee Appreciation Day
- June 30** End of Program Year

Claims are to be submitted by the 10th of the following month (i.e. August claims are due by September 10). Federal regulations require all valid final claims to be submitted no later than 60 calendar days following the last day of the full month covered by the claim. This means that all original claims and upward revisions are due within 60 calendar days. Downward revisions may continue to be submitted at any time.

Claim Month	Due Date	Claim Month	Due Date
October	December 30	April	June 29
November	January 29	May	July 30
December	March 1 (February 29 if leap year)	June	August 29
January	April 1 (March 31 if leap year)	July	September 29
February	April 29	August	October 30
March	May 30	September	November 29

Claims: SFAs are encouraged to submit the claim for reimbursement by the 10th day of the following month. Claims are paid on the 10th, 15th and around the 20th each month. SFAs have a maximum of 60 days following the last day of the month to submit or revise a claim.

Nebraska Department of Education Nutrition Services Staff Directory

Nebraska Department of Education
Nutrition Services
301 Centennial Mall South
P.O. Box 94987
Lincoln, Nebraska 68509-4987

Central Office(402) 471-2488
Toll Free (outside Lincoln - Nebraska only) (800) 731-2233
FAX(402) 471-4407

Web Site: <http://www.education.ne.gov/ns>

Online Claims and Applications:
<https://nutrition.education.ne.gov>

School Meals Staff

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Technical Assistance: Nutrition Services Program Specialists are available to help you with any part of your food service operation. Please call regarding regulations, meal pattern, production records, standardizing recipes, meal service issues, job descriptions, labor hours, budget problems, nutrient analysis, etc. We want to help you make your program as efficient as possible.

Nebraska Training and Education for Nutrition Teams (NTENT)

This is a training program designed for school foodservice managers and staff. It is sponsored by the Nebraska Department of Education-Nutrition Services and partners. The program provides training to meet SNA certification requirements, training for job performance improvement and professional growth. The curriculum includes classes, activity-based learning and hands on training in food preparation.

SNA Membership/Certification

The School Nutrition Association (SNA) is the national organization for individuals working in the field of child nutrition. Membership in SNA automatically enables an individual to be a member of the state association, the Nebraska School Nutrition Association (NSNA). Members can become certified as a School Foodservice Manager by meeting specific training and educational requirements.