



Verification of Approved Continuing Education Units for Professional Standards - NSLP



Title of Activity: Bookkeeper Training SY 2023-24	Participant Name: <hr/> <div>LastFirst</div>
Educational Provider: Nebraska Department of Education-Nutrition Services	SNA Membership ID #:
Location (City and State):	CEU's Earned:
Date:	Learning Codes: Administration: Compliance with Regulations/Policies - 3320
Signature of Educational Provider: <i>Kayla Pantel</i>	

Please keep this certificate for proof of continuing education.

Setting Meal Prices

SY2023-24

- 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 2023-24 school year, ($\$4.25 + \$0.295 + \$0.08$), the average cost of a student lunch is approximately \$4.60

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 ($\$4.25 - \$3.85 = \$0.40$).

The price to charge for a paid student lunch in SY2023-24 is not subject to the Paid Lunch Equity requirements if a school's food service account balance as of June 30, 2022 was \$0 or any positive value. The NDE understands that school districts consider many factors when setting the paid meal price for SY2023-24. One method to determine the paid meal price is by subtracting the USDA reimbursement received for a paid lunch from the reimbursement received for a free lunch ($\$4.25 - \$0.40 = \$3.85$).

- Using another approach, the price of a paid student lunch can be determined by calculating the average cost of providing a breakfast and/or lunch 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 costs for food, supplies, and labor per lunch is \$4.70.
 2. USDA's total reimbursement for a paid student lunch is \$0.48 (a combination of the regular reimbursement of \$0.40 plus the menu certification of \$0.08).
 3. The price to charge for a paid student lunch ($\$4.25 - \0.48) is \$3.77.
- The value of donated foods does not apply to breakfast, though donated foods may be used at breakfast. The 2023-24S USDA reimbursement rate for a free breakfast is \$2.28. The reimbursement rate for a reduced-price breakfast is \$1.98 which is \$0.30 less than the free rate of reimbursement for breakfast. Schools may charge a maximum price of \$0.30 for a reduced-price breakfast. The price to charge for a paid student breakfast can be calculated by subtracting the USDA reimbursement received for a paid breakfast from the reimbursement received for a free breakfast ($\$2.28 - \$0.38 = \$1.90$).
- 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. Increasing meal prices a small amount each year is recommended. Keep in mind that a significant increase in meal prices may result in a drop in participation.

Can Schools Set Meal Prices Too High?

- Meal prices for students paying the full price for breakfast and lunch should not be set so high that 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. 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 2023-24 school year, the adult meal prices should be set as follows:

Lunch:	Free reimbursement:	\$4.25
	Donated food value:	0.295
	Certified menu reimbursement:	+ 0.08
	Adult lunch price:	\$4.625 (price set at \$4.60)
Breakfast:	Severe Need Free reimbursement:	\$2.73
	State reimbursement:	+ 0.05
	Adult breakfast price:	\$2.78 (price set at \$2.75)
- A school that does not set adult meal prices at or above the amount specified above or demonstrate that all costs of the adult meal have been covered must document each year that school district general funds are used to support the difference in what should be charged and what is actually charged.

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 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 \$3.85.
 - If the price charged for an a la carte sandwich, fruit and milk is \$4.15 the reimbursable meal is the better deal.
 - However, if the price charged for this a la carte sandwich, fruit and milk is \$3.50, the reimbursable meal is not the better deal. In this case, the school needs to increase its a la carte prices so that the meal is the better deal. All schools should evaluate a la carte prices on a regular basis.

Complete SY 23-24 School Meals Application no later than August 15th

(If operating in July complete as soon as possible)

Child Nutrition Program (CNP) system is a web-based application and claims system accessed from the Nutrition Services website

<http://nutrition.education.ne.gov>

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DEPARTMENT OF EDUCATION

Nutrition Services
Home

- School Meals Program >
- Child and Adult Care Food Program >
- Summer Food Service Program >
- Team Nutrition >
- Healthy Schools
- Farm To School
- Child Nutrition Program (CNP)**

Child Nutrition Program (CNP)

CNP Online System

CNP Basics

- Click here to access the [Online Application/Claim System](#)
- Click here to access the [CNP Security Administration Manual](#)
- Click here to access the [CNP System Access Form](#)
- Click here to access information about the [CNP Claims System](#)

If not entering through the Nutrition Services Home page, bookmark this link:

<https://nutrition.education.ne.gov>

User ID and **Password** to access the Child Nutrition Program (CNP)

Nutrition Services
Lincoln: 402-471-2488 - 800-731-2233

Returning Users: Log On

User ID:

Password:

[Forgot Your Password?](#)
[Forgot Your User ID?](#)

☐ Remember my User ID

Log On

Nutrition Services Computer Access Application and Agreement

This application and agreement requests the assignment of a User ID and Password to be used as an electronic signature by the person named as Authorized Representative/Responsible Individual on page 2 of this form for the specified Sponsor/System. The Authorized Representative/Responsible Individual is authorized to attest, by electronic signature, as to the accuracy of the data reported to the Nebraska Department of Education (NDE) Nutrition Services System until NDE receives written notice to revoke the rights of access.

The Authorized Representative/Responsible Individual agrees that the use of the electronic signature (User ID and Password) attests to the accuracy of the data transmitted as an electronic version of each designated form. The Authorized Representative/Responsible Individual further agrees that the electronic signature (User ID and Password) is equivalent to, and has the full legal binding force of his/her written signature and is legally valid and enforceable.

The Authorized Representative/Responsible Individual also agrees to all terms of the pertinent application and agreement, related forms and claims and responsibility for the program(s) listed below in which you participate. On page 2, item 15 of this form (NDE-01-033) mark the box for each program in which you participate. The Authorized Representative/Responsible Individual is legally and financially bound by all terms and conditions contained in such agreements.

- **National School Lunch Program, School Breakfast Program and Special Milk Program:** Program Application, Form NDE 01-014; Site Application, Form NDE 01-015; Claim, Form NDE 28-036; and the following as applicable: Annual Financial Statement, Form NDE 01-003 (for Non-Public Schools), and Fruit/Vegetable Claim.
- **Child and Adult Care Food Program:** Application and Agreements, as applicable, NS-407-G, NS-304-H; Form NDE 01-017; Form NDE 01-018, Site Information Sheet; and the following, as applicable: Proprietary For Profit Statement, Form NDE 01-030; Pricing Program Policy Statement, Form NDE 01-036; Adult Center Attachment, Form NDE 01-026; Child Care Claim Form, NDE 28-017; Adult Care Claim, Form, NDE 28-018; Day Care Home Sponsor Claim, Form NDE 28-037.
- **Summer Food Service Program:** Sponsor Application, Form NDE 01-023; Site Application, Form NDE 01-022; Sponsor Budget, Form NDE 01-023; Claim, Form NDE 28-034.

The Authorized Representative/Responsible Individual will be responsible for the security and the integrity of the electronic signature (User ID and Password) as issued by Nutrition Services. The Authorized Representative/Responsible Individual has a duty to exercise reasonable care to retain control of the electronic signature (User ID and Password) and prevent its disclosure to other persons.

Extending Rights to Other Staff

If more than one individual is responsible for entering data, the Authorized Representative/Responsible Individual should assign employees rights to a User ID and Password. Instructions to create a new user are at <https://nutrition.education.ne.gov> under the Login/Password/System Navigation heading, Security Administrative Manual. The Authorized Representative/Responsible Individual and any sub users who you assign will be liable for any misuse of the electronic signature (User ID and Password).

The Authorized Representative/Responsible Individual and any sub users understand and agree that by using the electronic signature (User ID and Password) he/she is signing and legally validating the electronic document.

NDE requires assurance that the Authorized Representative/Responsible Individual has permission of the System/Sponsor to enter into this agreement. The person who signs as the Board President/Owner/CEO provides this assurance. One of the following persons must complete items 9-14 on page 2 of this application and agreement:

- For Local Education Agencies : Board of Education President or Superintendent
- For Non Profit Agencies: Board President or Chief Executive Officer (CEO)
- For Privately-Owned Center: Owner

Authorized Representative/Responsible Individual Profile
(Information must match online program application and signatures must be kept current)

1. Print Name of Authorized Representative/Responsible Individual	2. Signature of Authorized Representative/Responsible Individual
3. Title of Authorized Representative/Responsible Individual	4. Date of Birth of Authorized Representative/Responsible Individual
5. Sponsor/System Name	6. Agreement Number (assigned by NDE)
7. Email address	8. Telephone Number ()

Sponsor/System Approval for CNP System Access	
9. Printed Name of Board President/Owner/CEO	10. Signature of Board President/Owner/CEO
11. Title of Board President/Owner/CEO	12. Date of Birth of Board President/Owner/CEO
13. Telephone Number ()	14. Date Signed

15. Check all Program agreements that apply <input type="checkbox"/> National School Lunch Program, School Breakfast Program and Special Milk Program <input type="checkbox"/> Child and Adult Care Food Program Check one: ___ Child Care Center ___ Adult Care Center ___ Family Day Care Home Sponsor <input type="checkbox"/> Summer Food Service Program
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Please submit the completed form to Nutrition Services at nde.nsweb@nebraska.gov.

NDE USE ONLY

☐ Request Granted

☐ Request Denied

Effective Date _____

Director, Nutrition Services

URL: **<https://nutrition.education.ne.gov>**

User ID _____

Revocation Date _____

An email with the subject line "Confirmation Email for UserID" will be sent to the email address listed in #7. Please refer to the email for your first time log on to the CNP system. If this individual leaves the organization, a new form must be sent to NDE.

Additional programs requested after initial Computer Access in #15:

Program


- ☐ National School Lunch Program, School Breakfast Program and Special Milk Program
☐ Child and Adult Care Food Program (Check One)
 ___ Child Care Center ___ Adult Care Center
☐ Summer Food Service Program

Effective Date _____


Revocation Date _____

Example of Annual Financial Report -Found under the Application Tab

Completed By Non-Public Sponsors

School Nutrition Programs


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

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

[Applications](#) > [List](#) > [Detail](#) >

[VIEW](#)

**20XX-20XX Financial Report
Annual**

General Information

Reporting Period: July 01, 20XX to June 30, 20XX

No.	Description	Total
Cash Income		
5.	Open Cash Balance	\$3,827.50
6.	Federal Reimbursement	\$11,070.61
7.	State Reimbursement	\$0.00
8.	Child Payments	\$19,117.18
9.	Adult Payments	\$63.75
10.	School District Contributions	\$0.00
11.	Transfer from Savings	\$0.00
12.	Loans	\$0.00
13.	All Other	\$56.64
Total Cash Income		\$34,135.68
Cash Expenditures		
14.	Food	\$17,120.41
15.	Labor	\$11,404.23
16.	Repayment of Loan	\$0.00
17.	Transfer to Savings	\$0.00
18.	Equipment	\$0.00
19.	All Other	\$126.40
Total Cash Expenditures		\$28,651.04
Cash Available		
20.	Close Cash Balance	\$5,484.64
21.	Savings Account	\$0.00
22.	Cash Due Program	\$0.00
23.	Other Cash Assets (accrued earnings on investments)	\$0.00
Total Cash Available		\$5,484.64
Cash Payable & Net Cash Resources		
24.	Unpaid Bills: Food	\$818.68
25.	Unpaid Bills: Non-Expendable Equipment	\$0.00
26.	Unpaid Bills: Other	\$2,881.42
27.	Due Other Funds	\$1,783.54
Total Cash Payable & Net Cash Resources		\$5,483.64
Net Cash Resources		
28.	Net Cash Resources Amount	\$1.00
Total Net Cash Resources		\$1.00

<https://www.education.ne.gov/ns/forms-resources/national-school-lunch-program/attachments-a-l-permanent-agreement/>



COORDINATED STUDENT
SUPPORT SERVICES

Forms and Resources Home

School Meals Program >

Seamless Summer Option

Child and Adult Care Food
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Summer Food Service Program >

Team Nutrition >

Nebraska Farm To School >

Child Nutrition Program (CNP)

Quick Links >

Office of Coordinated Student
Support Services



Questions, Comments, or
Corrections? Let us know!

Attachments A-L and Permanent Agreement

National School Lunch and Breakfast Programs

Permanent Agreement and Attachments A-L

- [NDE 01-010 Permanent Agreement and Free/Reduced Price Policy Statement](#)
- [Meal Counts & Claims](#)
- [Income Eligibility Attachments A-E](#)
- [Verifying Income Eligibility Applications Attachments F-H2](#)
- [Attachment I – On-Site Review Summary](#)
- [Attachment I-1 Review of Afterschool Snack Program](#)
- [Attachment J and J-R Edit Check Worksheets](#)
- [Attachment J Edit Check Spreadsheet](#)
- [Attachment K-1 Breakfast Food-Based Production Record](#)
- [Attachment K-2 Lunch Food Based Production Record](#)
- [Attachment K-3 Multi-Day Food/Condiment Bar Production Record](#)
- [Attachment K-4 Single-Day Food Bar Production Record](#)
- [Attachment K-5 Multi-Day Food/Condiment Bar Production Record for RCCI with a 7 Day week](#)
- [Attachment K-6 After School Snack Program Weekly Production Record](#)
- [Attachments L and L-1 Sharing Information documents](#)

[RETURN TO FORMS & RESOURCE CENTER](#)



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Application – Income Eligibility

The following forms are used in the process of approving households for meal benefits.

- [Attachment A Income Eligibility Guidelines 2024](#)
- [Attachment B – Letter to Households 2024](#)
- [Spanish Version Attachment B – Letter to Household 2024](#)
- [Attachment B-1 – Special Milk Program Letter to Households 2024](#)
- [Attachment C – Free and Reduced Price Meal Application 2024](#)
- [Spanish Version Attachment C – Free and Reduced Price Meal Application 2024](#)
- [Attachment C-1 – Free Milk Application 2024](#)
- [Attachment D – Approval-Denial Letter 2024](#)
- [Spanish Version Attachment D – Approval-Denial Letter 2024](#)
- [Attachment D-1 – Special Milk Program Approval-Denial Letter 2024](#)
- [Attachment D-3 – Notice for Change of Benefits 2024](#)
- [Spanish Version Attachment D-3 – Notice of Change in Benefits 2024](#)
- [Attachment E- Self Employment 2024](#)
- [Spanish Version Attachment E – Self Employment 2024](#)
- [Attachment I – Onsite Review for Lunch & Breakfast Program](#)
- [Attachment I-1 – Onsite Review for Afterschool Snack](#)
- [Attachment J – Edit Check Worksheet](#)
- [Attachment J for RCCI – Edit Check Worksheet](#)
- [Attachment L – Sharing Information Waiver 2024](#)
- [Spanish Version Attachment L – Sharing Information Waiver 2024](#)
- [Attachment L-1 – Medicaid Sharing Information Waiver 2024](#)

DC Notifications

All users who wish to receive email notification regarding the DC System need to be listed in the Email Notification table. To add a recipient to this list, follow these steps-

1. Log into the CNP with your User ID and password.
2. Click on the **'School Nutrition Programs'** button.
3. From the blue menu bar click on Applications > Direct Certification / Direct Verification.

The screenshot shows the 'School Nutrition Programs' interface. At the top, there's a header with the Nebraska Department of Education logo. Below it is a navigation bar with links: Applications, Claims, Compliance, Reports, Security, Search, Programs, Year, Help, and Log Out. The 'Applications' link is selected, showing a sub-menu with 'Applications >' and 'School Year: 2018 - 2019'. A table lists various application items and their descriptions. The 'Direct Certification / Direct Verification' item is highlighted in yellow.

Item	Description
Sponsor Manager	SNP Sponsor's Profile, Site and Hold Information
Application Packet	Applications Forms (Sponsor and Site)
Verification Report	Mandatory Annual Verification Report
Verification Summary	Mandatory Annual Verification Report (FNS-742) Summary
Second Review of Applications	FNS-874 report for Sponsors selected to conduct a second review of applications.
Food Safety Inspections	Number of Food Safety Inspections by Site
Food Safety Inspections Summary	Number of Food Safety Inspections by Site Summary
Financial Report	School Food Annual Revenues and Expenditures Report
FFVP Grant Overview	Fresh Fruit and Vegetable Program Grant Information by Site Overview
FFVP Grant Allocations	Fresh Fruit and Vegetable Program Grant Allocations
FFVP Invitations and Approvals	Fresh Fruit and Vegetable Program Invitations and Approvals
Community Eligibility Provision	Enrollment and Eligibility for Community Eligibility Provision
Direct Certification / Direct Verification	Link to verify Direct Certification / Direct Verification
Download Forms	Forms Available for Downloading

4. Click the **'Direct Certification / Direct Verification'** link.

The screenshot shows the 'Direct Certification / Direct Verification' page. The header is the same as the previous screenshot. The navigation bar shows 'Direct Certification / Direct Verification >' and 'School Year: 2018 - 2019'. The page title is 'Direct Certification / Direct Verification'. The main content area contains two sections: 'Direct Certification (DC)' and 'Direct Verification (DV)'. The 'Direct Certification' section explains that it is a process where school districts certify children as eligible for free or reduced-price meals using information provided by State agencies. The 'Direct Verification' section explains that it is a process where school districts can verify approved household meal applications selected for verification using State agency records. At the bottom, there is a link to go to the Direct Certification / Direct Verification screens, which is highlighted in yellow, and a '< Back' button.

Direct Certification (DC) is a process in which school districts certify children as eligible for free or reduced-price meals using information provided by State agencies administering Assistance Programs and Other Source Categorically Eligible Programs. These programs include but are not limited to: SNAP (Supplemental Nutrition Programs), TANF (Temporary Assistance for Needy Families), FDIPIR (Food Distribution Program on Indian Reservations), Migrant, Homeless, Foster and some income-based Medicaid benefits. Information is updated nightly. USDA regulations require schools to utilize the DC list provided. Click the link below to access the list of your district's DC students.

Direct Verification (DV) is a process in which school districts can verify approved household meal applications selected for verification using State agency records to confirm household participation in an eligible program. These programs include but are not limited to: SNAP, TANF, FDIPIR, Migrant, Homeless, Foster, SCHIP (State Children's Health Insurance Program) and Medicaid records. Direct Verification is optional. Click the link below to access this feature.

Click on the link below to go to the Direct Certification / Direct Verification screens.

Direct Certification / Direct Verification

< Back

5. Click the **'Email Notifications'** link on the top blue tool bar.

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Home Matches Lookup Enrollment Reports Direct Verification Email Notifications Maintenance CNP

j.Hilligoss001 - HEMIN

Direct Certification System

Match List
Manage students directly certified for free or reduced price meal benefits
Last List Date: 10/9/2020

Student Lookup
Search for students that could be directly certified in Nebraska for the current school year

Enrollment
Upload or enter student enrollment records for the direct certification process

Direct Verification
Using Direct Verification may eliminate the need to request income verification from households

Possible Match List
Decide which students are eligible for free or reduced price meal benefits

Lookup Results
Review search results from Student Lookup to decide which students are directly certified for meal benefits

Reports
View available reports

Email Notifications
Turn On/Off notifications and manage contact list for individuals to receive emails from the Direct Certification System.

CONFIDENTIALITY NOTICE: All users of this system must adhere to Section 9(b)(6) of the Richard B. Russell National School Lunch Act (NSLA) (42 U.S.C. 1758(b)(6)) which delineates the restrictions on the disclosure and use of information obtained through the direct certification process, as well as the criminal penalties for improper release of information.

6. First review your **'Manage Contacts'** section to ensure the individual needing to receive notifications is not already listed.

- Click on the **'Edit'** link in the *Action* column when in the Email Notifications screen to modify current permissions for individuals.
- If the individual you are wanting to receive notifications is the Authorized Representative, Food Service Director/Manager OR Claim Contact, please click on the **'Edit'** link next to anyone listed to modify the individual and contact information connected to each of these roles.

NEBRASKA
DEPARTMENT OF EDUCATION

Home Matches Lookup Enrollment Reports Direct Verification Email Notifications Maintenance CNP

j.Hilligoss001 - HEMIN

Direct Certification System

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Manage Contacts Screen

Email Notifications

2020 - 2021

Manage Contacts is used to view, add, edit, or delete email contacts for individuals to receive emails concerning updates or changes from the Direct Certification System

[Show Help](#)

[Add New Contact](#)[Turn On/Off Notifications](#)

Email	Last Name	First Name	Title	Action
cisom@gubn.org	Isom	Charles	Superintendent	Edit
dhanson@gubn.org	Hanson	Devon	Food Service Manager	Edit
cisom@gubn.org	Isom	Charles	Lunch Accounts/Free and Reduce	Edit

1

7. If the individual is not listed in the **'Manage Contacts'** section AND is not the Authorized Representative, Food Service Director/Manager OR Claim Contact, click on the link to **'Add New Contact'** and complete the fields as directed and check the notifications they will need to receive.

[Home](#)[Matches](#)[Lookup](#)[Enrollment](#)[Reports](#)[Direct Verification](#)[Email Notifications](#)[Maintenance](#)[CNP](#)

jHillgoss001 - HELM070010

[Add New Contact](#)[Manage Contacts](#)[Turn On/Off Notifications](#)

Direct Certification System

Match List

Manage students directly certified for free or reduced price meal benefits

Last List Date: 10/9/2020

Student Lookup

Search for students that could be directly certified in Nebraska for the current school year

Enrollment

Upload or enter student enrollment records for the direct certification process

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Using Direct Verification may eliminate the need to request income verification from households

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Add New Contact

Email Notifications - Add New Contact

2020 - 2021

Add New Contact is used to create an email contact for an individual to receive emails concerning updates or changes from the Direct Certification System

[Show Help](#)

Add New Contact

Email *

Last Name *

First Name *

Title *

Select Notifications to Receive

Match / Possible Match List

Enrollment / Certify Roster

Save

Start first on the Nutrition Services Website for information:
<https://www.education.ne.gov/ns>



Nutrition Services Vision Statement

Nutrition Services provides leadership that inspires service of nutritious meals to children, students and adults.

Nutrition Services References

Contact Information

Address

Mailing Address: (USPS)

Nutrition Services
PO Box 94987
Lincoln, NE 68509-4987

Shipping Address: (UPS, FedEx)

Nutrition Services
500 S 84th St
Lincoln NE 68510-2611

[Staff Directory](#)

[Contact Us – Nebraska Department of Education](#)

[Materials Order Form](#)

[National School Lunch and Breakfast Program](#)

[Child and Adult Care Food Program \(CACFP\)](#)

Nutrition Services Home

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Office of Coordinated Student Support Services



Questions, Comments, or Corrections? Let us know!

Nebraska Department of Education Nutrition Services Staff Directory

Nebraska Department of Education Nutrition Services
500 S 84 St 2nd Floor
PO Box 94987
Lincoln, Nebraska 68509-4987

Nutrition Services on the Web
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>

Nutrition Services Staff

Megan Piehl, Office Associate (402) 429-7450
email: Meg.Piehl@nebraska.gov

Judy Thiem, Office Associate (402) 219-3570
email: Judy.Thiem@nebraska.gov

NSLP and SFSP Staff

Erica Arter, Program Specialist..... (402) 560-8246
email: erica.arter@nebraska.gov

Jessica Furmanski, Program Specialist..... (308) 660-8755
email: jessica.furmanski@nebraska.gov

Beth Haas, Program Specialist..... (402) 417-3324
email: beth.haas@nebraska.gov

Aspen Shirley, Program Specialist..... (402) 560-8038
email: aspen.shirley@nebraska.gov

Ali Lampman, Program Specialist (402) 560-0418
email: ali.lampman@nebraska.gov

Laura Lutz, Program Specialist..... (308) 529-3500
email: laura.lutz@nebraska.gov

Kayte Partch, Director CNP..... (402) 560-8187
email: kayte.partch@nebraska.gov

Taylor Schorsch, Program Specialist..... (402) 405-2629
email: taylor.schorsch@nebraska.gov

Shawn Vondracek, Program Specialist..... (402) 480-3046
email: shawn.vondracek@nebraska.gov

CACFP Staff

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Health Inspections

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Important Dates – National School Lunch Program

- | | |
|------------------------|---|
| July 1 | <ul style="list-style-type: none">▪ Program Year starts▪ List of Directly Certified students is available in the online CNP system for the new school year▪ Sponsor/Site Program Applications open up in the online CNP system for the new school year |
| July 15 | <ul style="list-style-type: none">▪ Annual Financial Statement for Non-Public Schools, Residential Child Care Institutions (RCCIs) and Government Agencies must be completed online in the CNP System |
| July - August | <ul style="list-style-type: none">▪ Sponsors distribute Free/Reduced Application Packet to households▪ Nutrition Services back-to-school mailing is sent; includes program updates, reimbursement rates, adult meal prices, etc. |
| September | <ul style="list-style-type: none">▪ SFAs participating in the After School Snack Program must complete an On-Site Review at each site within the first 30 days of operation. A second On-Site Review must be completed at each site before the end of the school year. |
| August 15 | <ul style="list-style-type: none">▪ Deadline for SFAs to update the Sponsor/Site Applications in CNP for the new school year |
| August 31 | <ul style="list-style-type: none">▪ Direct Certification – upload current student records to NDE using either the CNP system, e-Scholar Uniq-ID or NDE's Nebraska Student and Staff Recordkeeping System (upload list in early July if current students records are available for the new year) |
| 30th School Day | <ul style="list-style-type: none">▪ Last date free/reduced approvals from previous school year can be honored |
| October 1 | <ul style="list-style-type: none">▪ Verification process begins. Date free/reduced applications must be counted for the verification pool. Complete Section 4 of the online Verification Report to determine the number of applications to verify. |
| October | <ul style="list-style-type: none">▪ National School Lunch Week - 2nd full week |
| October 15 | <ul style="list-style-type: none">▪ Deadline for entering the number of Health Inspections received at each feeding site the previous school year in the online CNP system |
| October 31 | <ul style="list-style-type: none">▪ Direct Certification – upload student records for new or transfer students to NDE using either the CNP system, e-Scholar Uniq-ID or NDE's Nebraska Student and Staff Recordkeeping System |
| November 1 | <ul style="list-style-type: none">▪ Fixed Price Food Service Management Company (FSMC) Request for Proposal (RFP) is available from NDE-Nutrition Services |
| November 15 | <ul style="list-style-type: none">▪ Verification must be completed and the online Verification Report entered in CNP▪ Deadline for SFAs to request NDE's RFP Packet if considering a FSMC for the next school year |
| January 15 | <p>Deadline for SFAs to submit the completed RFP Packet to NDE. This only applies to SFAs planning to outsource operations to a Food Service Management Company.</p> |

- February 1**
 - On-Site Reviews (Attachment I) must be completed for each feeding site for SFAs with 2 or more feeding sites
- February - April**
 - Paid Lunch Equity (PLE) Tool must be completed by all SFAs that charge for student meals
- February 28**
 - Direct Certification – upload student records for new or transfer students to NDE using either the CNP system, e-Scholar Uniq-ID or NDE’s Nebraska Student and Staff Recordkeeping System
- March 1**
 - Last date for the RFP notification in a newspaper with statewide distribution
- March**
 - National School Breakfast Week – 1st full week
- April - May**
 - Nutrition Services spring mailing for the next school year; includes program changes, updated forms, summer training dates, etc.
- May**
 - School Nutrition Employee Appreciation Week – 1st full week
- May 2nd Wednesday**
 - Nebraska School Food Service Employee Appreciation Day
- May 15**
 - Deadline to receive SFA’s FSMC RFP/Contract for approval prior to execution
- Late June**
 - Nebraska School Nutrition Association (NSNA) Annual Conference
- June 30**
 - Program Year ends

Submitting a Claim: 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 20th each month.

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



Direct Certification System

Match List

Manage students directly certified for free or reduced price meal benefits

Last List Date:

Student Lookup

Search for students that could be directly certified in Nebraska for the current school year

Enrollment

Upload or enter student enrollment records for the direct certification process

Direct Verification

Using Direct Verification may eliminate the need to request income verification from households

Possible Match List

Decide which students are eligible for free or reduced price meal benefits

Lookup Results

Review search results from Student Lookup to decide which students are directly certified for meal benefits

Reports

View available reports

Email Notifications

Turn On/Off notifications and manage contact list for individuals to receive emails from the Direct Certification System.

CONFIDENTIALITY NOTICE: All users of this system must adhere to Section 9(b)(6) of the Richard B. Russell National School Lunch Act (NSLA) (42 U.S.C. 1758(b)(6)) which delineates the restrictions on the disclosure and use of information obtained through the direct certification process, as well as the criminal penalties for improper release of information.

Qualifying Programs

Qualifying Program	Direct Certification System Acronym	Benefit Level	Household Extension	Priority
Supplemental Nutrition Assistance Program	SNAP	Free Meals	Yes	1
Temporary Assistance to Needy Families	TANF	Free Meals	Yes	2
Food Distribution on Indian Reservations	FDPIR	Free Meals	Yes	3
Foster Children	FSTR	Free Meals	No	4
Migrant Students	MGRNT	Free Meals	No	5
Homeless Students	HMLS	Free Meals	No	6
Medicaid Free	MFREE	Free Meals	Yes	7
Medicaid Reduced	MRED	Reduced Meals	Yes	8

[Insert School District Letterhead]

[Date]

Dear Parent/Guardian:

Children need healthy meals to learn. **[Name of School/School District]** offers healthy meals every school day. Breakfast costs **[\$]**; lunch costs **[\$]**. **Your children may qualify for free or reduced price meals.** Reduced price is **[\$]** for breakfast and **[\$]** for lunch. If your child(ren) qualified for free or reduced price meals at the end of last school year, you must submit a new application by **[30th operating day]** in order to avoid an interruption in meal benefits.

This packet includes an application for free or reduced price meal benefits and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

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

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **[school, homeless liaison or migrant coordinator]**.

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **[name, address, phone number]**.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **[name, address, phone number, e-mail]** immediately.

5. CAN I APPLY ONLINE? You are encouraged to complete an online application instead of a paper application if your school district makes this option available. The online application has the same requirements and will ask you for the same information as the paper application. Visit **[website]** to begin or to learn more about the online application process. Contact **[name, address, phone number, e-mail]** if you have any questions about the online application.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I 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 and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **[name, address, phone number, e-mail]**.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **[name, address, phone number, e-mail]** to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, please go online to ACCESSNebraska.ne.gov or call 1-800-383-4278.

If you have other questions or need help, call **[phone number]**.

Sincerely,

[signature]

Instructions for Completing the Free & Reduced Price School Meals Family Application

For households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:

- Part 1:** List each child's name, the school they attend and their grade.
Part 2: Enter household's Master Case Number if the household qualifies for SNAP, TANF or FDPIR.
Part 3: Skip this part.
Part 4: Complete this part. An adult must sign the form.
Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

For households with FOSTER, HOMELESS, MIGRANT or RUNAWAY CHILDREN, follow these instructions:

If all children in the household are foster children:

- Part 1:** List all foster children, the school they attend and their grade. Check the box indicating the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Complete this part. An adult must sign the form.
Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

If some of the children in the household are foster children or are homeless, migrant or runaway children:

- Part 1:** List all children, the school they attend and their grade. Check the appropriate box.
Part 2: If the household does not have a Master Case Number, skip this part.
Part 3: Follow these instructions to report total household income from last month.
Column 1 – Household Members: 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. Attach another sheet of paper if necessary.
Column 2 - Gross Income and How Often it was Received: Gross income is the amount earned **before taxes and other deductions**; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly.

Earnings from Work includes the following:

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)

If you are in the U.S. Military, include:

- Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances)
- Allowances for off-base housing, food and clothing

Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster care payments.

Public Assistance/Child Support/Alimony includes the following:

- Unemployment benefits, Worker's compensation
- Supplemental Security Income (SSI), Cash assistance from state or local government
- Veteran's benefits (VA benefits), Strike benefits
- Child support payments, Alimony payments

Pensions/Retirement/All Other Income includes the following:

- Social Security payments (including railroad retirement and black lung benefits)
- Private pensions or Disability benefits
- Regular income from trusts or estates, Annuities, Investment income, Earned interest, Rental income and *Regular* cash payments received from outside the household.

If you have no income, write "0" or leave the income field blank. By doing this, you are certifying there is no income to report.

Household Size: Enter the total number of people in your household.

Social Security Number: The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled “Check if no SSN.”

Part 4: Complete this part. An adult must sign the form.

Part 5: This part is optional and does not affect your children’s eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

Please note: Children who meet the definition of homeless, migrant or runaway, are eligible for free meals. However, the school district must have documentation on file from a migrant coordinator, homeless/runaway liaison or the district’s Direct Certification list to approve the child for free meals.

For ALL other households, follow these instructions:

Part 1: List all children, the school they attend and their grade.

Part 2: If the household does not have a Master Case Number, skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column 1 – Household Members: 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. Attach another sheet of paper if necessary.

Column 2 - Gross Income and How Often it was Received: Gross income is the amount earned **before taxes and other deductions**; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly.

Earnings from Work includes the following:

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)

If you are in the U.S. Military, include:

- Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances)
- Allowances for off-base housing, food and clothing

Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster care payments.

Public Assistance/Child Support/Alimony includes the following:

- Unemployment benefits, Worker’s compensation
- Supplemental Security Income (SSI), Cash assistance from state or local government
- Veteran’s benefits (VA benefits), Strike benefits
- Child support payments, Alimony payments

Pensions/Retirement/All Other Income includes the following:

- Social Security payments (including railroad retirement and black lung benefits)
- Private pensions or Disability benefits
- Regular income from trusts or estates, Annuities, Investment income, Earned interest, Rental income and *Regular* cash payments received from outside the household.

If you have no income, write “0” or leave the income field blank. By doing this, you are certifying there is no income to report.

Household Size: Enter the total number of people in your household.

Social Security Number: The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled “Check if no SSN.”

Part 4: Complete this part. An adult must sign the form.

Part 5: This part is optional and does not affect your children’s eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

Return Completed Application to: **(Insert School Name & Mailing Address here)****Part 1: Children in School**

List names of all children in school (**First, Middle Initial, Last**).
If all children listed are foster, skip to Part 4 to sign the form.
If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.

Grade

Name of School Child Attends

Check all that apply:
Homeless,
Foster Migrant,
Child Runaway

☐☐☐☐☐☐☐☐☐☐**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☐ Homeless/Migrant/Runaway:

(Official Documentation Required at School)

Signature of Determining Official:

Date Approved:

FOR THE VERIFICATION PROCESS ONLY:

Signature of Confirming Official:

Date Confirmed:

Signature of Verifying Official:

Date Verified:

Date Withdrawn
From School:

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

FEDERAL INCOME CHART for School Year 2023-24					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Each additional person:	9,509	793	397	366	183

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 are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for program reviews and law enforcement officials to help them look into violations of program rules.

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

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (202) 690-7442; or

(3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.

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 can use their 2020 U.S. Individual Income Tax Return Form 1040 to report self-employment income for the free and reduced-price meal application. The income to report 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.

When completing this form, **losses** (negative numbers) reported on any of the lines below are included when determining the **total** self-employed income. If the total income is a negative number, it is to be recorded as zero on the meal application in the column labeled "All Other Income".

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

Important Reminders from the U.S. Individual Income Tax Return Form 1040:

Line 1 cannot be used to report current income. Income from wages or salaries must be reported on the application for the most recent month.

Line 9 (Total Income) and line 11 (Adjusted Gross Income) cannot be used for the purpose of applying for free and reduced-price meals.

The five line items listed below are used to determine allowable self-employment income.

From the first page of the U.S. Individual Income Tax Return Form 1040:

Line 7 Capital Gain or (loss) _____

From the U.S. Individual Income Tax Return Form 1040 – SCHEDULE 1 - under Part 1 - Additional Income:

Line 3 Business Income or (loss) _____

Line 4 Other Gains or (losses) _____

Line 5 Rental Real Estate, etc. _____

Line 6 Farm Income or (loss) _____

Total of the above five lines: _____ **equals annual self-employed income ***

* Report this figure on the meal application in the column labeled "All Other Income".

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

NOTE: This form is used only to report income from self-employment and/or farming. If any members of the household have income from other jobs, the gross income from those jobs must be reported on the meal application form.

Sharing Information with Other Programs - Optional

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify.

For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

If you checked “yes” to any or all of the boxes above, complete the following form to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **[name]** at **[phone]** or email at **[email address]**.

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

Sharing Information with Medicaid/SCHIP - Optional

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

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

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and return it to your child's school. (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 Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **[name]** at **[phone]** or email at **[email address]**.

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

**NUTRITION SERVICES
INCOME ELIGIBILITY GUIDELINES**

JULY 1, 2023 - JUNE 30, 2024

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	18,954	1,580	790	729	365	26,973	2,248	1,124	1,038	519
2	25,636	2,137	1,069	986	493	36,482	3,041	1,521	1,404	702
3	32,318	2,694	1,347	1,243	622	45,991	3,833	1,917	1,769	885
4	39,000	3,250	1,625	1,500	750	55,500	4,625	2,313	2,135	1,068
5	45,682	3,807	1,904	1,757	879	65,009	5,418	2,709	2,501	1,251
6	52,364	4,364	2,182	2,014	1,007	74,518	6,210	3,105	2,867	1,434
7	59,046	4,921	2,461	2,271	1,136	84,027	7,003	3,502	3,232	1,616
8	65,728	5,478	2,739	2,528	1,264	93,536	7,795	3,898	3,598	1,799
For each additional family member add:	6,682	557	279	257	129	9,509	793	397	366	183

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

Notice of Approval/Denial for All Students

[Date]

[Child(ren)'s Name(s)]

[School(s)]

[Parent's Name and Address]

Dear Parent//Guardian:

Based on your application or other supporting documentation received by our office, your child/children have been:

_____ Approved for free meals based on:

☐ Household Meal Application *or*

☐ Direct Certification – based on the following qualifying program:

☐ SNAP ☐ TANF ☐ Foster ☐ FDPIR ☐ Migrant ☐ Homeless ☐ Medicaid-Free

If directly certified, no further application is necessary.

_____ Approved for reduced-price meals at \$0.40 for lunch and \$0.30 for breakfast based on:

☐ Household Meal Application *or*

☐ Direct Certification – based on the following qualifying program:

☐ Medicaid – Reduced

If directly certified, no further application is necessary. However, if you think your household may qualify for free meals based on household size and income, you may complete a meal application.

_____ Denied for the following reasons:

_____ Income over the allowable amount.

_____ Incomplete application. Complete the following information:

Please contact your school in the following situations:

- If there are other school-aged children in your household who are not listed above and you would like them to receive meal benefits
- You do not want your child/children to receive meal benefits
- You have additional questions

If you do not agree with this decision, you may discuss it with the district's hearing official. You also have a right to a fair hearing. To request a fair hearing, call or write the following official:

[Name and Title]

[Address]

[Phone]

Once approved, your children are eligible for free or reduced-price meals for the remainder of the school year. 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 SNAP, TANF or FDPIR you may fill out another application at that time.

Sincerely,

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

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (202) 690-7442; or
- (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 20XX-XX

Return Completed Application to:						(Insert School Name & Mailing Address here)					
Part 1: Children in School											
List names of all children in school (First, Middle Initial, Last). If <u>all</u> children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.				Grade		Name of School Child Attends				Check all that apply: Foster Child Homeless, Migrant, Runaway	
Justin Brown				2		Lincoln Elementary				<input type="checkbox"/> <input type="checkbox"/>	
										<input type="checkbox"/> <input type="checkbox"/>	
										<input type="checkbox"/> <input type="checkbox"/>	
										<input type="checkbox"/> <input type="checkbox"/>	
										<input type="checkbox"/> <input type="checkbox"/>	
Part 2: Assistance Programs – SNAP, TANF or FDIPIR Benefits											
Enter MASTER CASE NUMBER if household qualifies for SNAP, TANF or FDIPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4										137269	
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	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 <input type="checkbox"/>							
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: <u>Sue Brown</u>				Print name: Sue Brown				Date: 8/10/XX			
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:											
<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 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 <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week				<input checked="" type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Income Reason for denial: <input checked="" type="checkbox"/> Categorically eligible: <input type="checkbox"/> Income too high <input checked="" type="checkbox"/> SNAP/TANF/FDIPIR <input type="checkbox"/> Incomplete application <input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless/Migrant/Runaway: (Official Documentation Required at School)							
Signature of Determining Official: <u>Mary Nelson</u>						Date Approved: 8/14/XX					
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: 20XX-XXReturn Completed Application to: **(Insert School Name & Mailing Address here)****Part 1: Children in School**

List names of all children in school (**First, Middle Initial, Last**).
If all children listed are foster, skip to Part 4 to sign the form.
If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.

Grade

Name of School Child Attends

Check all that apply:
Homeless,
Foster Migrant,
Child Runaway

Sue Wright**9****Lincoln High**☐☐**Bob Wright****5****Lincoln Elementary**☐☐**Jacob Wright****4****Lincoln Elementary**☐☐☐☐☐☐**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

John Wright**1500****mo****Mary Wright****1000****mo****Sue Wright****Bob Wright****Jacob Wright**

Total Number of Household Members:
(Children and Adults)

5

Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – **0 4 3 2**

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: *Mary Wright*Print name: **Mary Wright**Date: **8/13/XX**

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☐ Not Hispanic or Latino☐ White☐ American Indian or Alaskan Native☐ other Pacific Islander**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: **5**Total Income: **2500**

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☐ Homeless/Migrant/Runaway:

(Official Documentation Required at School)

Signature of Determining Official: *Mary Nelson*Date Approved: **8/15/XX****FOR THE VERIFICATION PROCESS ONLY:**

Signature of Confirming Official:

Date Confirmed:

Signature of Verifying Official:

Date Verified:

Date Withdrawn
From School:

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 20XX-XX

Return Completed Application to: <i>(Insert School Name & Mailing Address here)</i>					
Part 1: Children in School					
List names of all children in school (First, Middle Initial, Last). If <u>all</u> children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.	Grade	Name of School Child Attends	Check all that apply: Foster Child Homeless, Migrant, Runaway		
Jane Smith	3	Lincoln Elementary	<input type="checkbox"/>	<input type="checkbox"/>	
Michael Smith	6	Lincoln Elementary	<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 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
Mary Smith	1200	mo	100	wk	
George Smith					10,000 yr
Jane Smith					
Michael Smith					
Total Number of Household Members: (Children and Adults) <u>4</u>		Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – <u>3 2 1 3</u> Check if no SSN <input type="checkbox"/>			
Part 4: Adult Signature and Contact Information – An adult household member must sign the application.					
<i>“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.”</i>					
Sign here: <i>George Smith</i>		Print name: George Smith		Date: 8/18/XX	
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:					
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> White		<input type="checkbox"/> American Indian or Alaskan Native	
				<input type="checkbox"/> Native Hawaiian or other Pacific Islander	
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: <u>4</u>		<input checked="" type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Income Reason for denial: <input type="checkbox"/> Categorically eligible: <input type="checkbox"/> Income too high <input type="checkbox"/> SNAP/TANF/FDPIR <input type="checkbox"/> Incomplete application <input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless/Migrant/Runaway: (Occasional Documentation Required at School)			
Total Income: 29,600 per					
<input checked="" type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week					
Signature of Determining Official: <i>Mary Nelson</i>				Date Approved: 8/19/XX	
FOR THE VERIFICATION PROCESS ONLY:					
Signature of Confirming Official:		Date Confirmed:		Date Withdrawn From School:	
Signature of Verifying Official:		Date Verified:			

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 can use their 2019 U.S. Individual Income Tax Return Form 1040 to report self-employment income for the free and reduced-price meal application. The income to report 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.

When completing this form, **losses** (negative numbers) reported on any of the lines below are included when determining the **total** self-employed income. If the total income is a negative number, it is to be recorded as zero on the meal application in the column labeled "All Other Income".

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

Important Reminders from the U.S. Individual Income Tax Return Form 1040:

Line 1 cannot be used to report current income. Income from wages or salaries must be reported on the application for the most recent month.

Line 7b (Total Income) and line 8b (Adjusted Gross Income) cannot be used for the purpose of applying for free and reduced-price meals.

The five line items listed below are used to determine allowable self-employment income.

From the first page of the U.S. Individual Income Tax Return Form 1040:

Line 6 Capital Gain or (loss) _____

From the U.S. Individual Income Tax Return Form 1040 – SCHEDULE 1 - under Part 1 - Additional Income:

Line 3 Business Income or (loss) **\$25,000**

Line 4 Other Gains or (losses) _____

Line 5 Rental Real Estate, etc. _____

Line 6 Farm Income or (loss) **- \$15,000**

Total of the above five lines: **\$10,000** equals annual self-employed income *

* Report this figure on the meal application in the column labeled "All Other Income".

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

Filing Status ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial George A		Last name Smith	Your social security number 2 2 2 3 3 4 4 4 4
If joint return, spouse's first name and middle initial Mary B		Last name Smith	Spouse's social security number 3 3 3 4 4 5 5 5 5
Home address (number and street). If you have a P.O. box, see instructions. 123 Platte Street			Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Lincoln, NE 68555			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code	If more than four dependents, see instructions and ✓ here <input type="checkbox"/>

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Jane Smith		6 6 6 7 7 8 8 8 8		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bob Smith		6 6 6 8 8 9 9 9 9		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1 20,000
2a Tax-exempt interest	2a
3a Qualified dividends	3a
4a IRA distributions	4a
c Pensions and annuities	4c
5a Social security benefits	5a
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	6
7a Other income from Schedule 1, line 9	7a 10,000
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b 30,000
8a Adjustments to income from Schedule 1, line 22	8a
b Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b
9 Standard deduction or itemized deductions (from Schedule A)	9
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10
11a Add lines 9 and 10	11a
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form **1040**

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040 or 1040-SR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

20XX
Attachment
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☐ No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	25,000
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	-15,000
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	10,000

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a	22	

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71479F

Schedule 1 (Form 1040 or 1040-SR)

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 20XX-XX

Return Completed Application to:						(Insert School Name & Mailing Address here)							
Part 1: Children in School													
List names of all children in school (First, Middle Initial, Last). If <u>all</u> children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.				Grade		Name of School Child Attends				Check all that apply: Foster Child Homeless, Migrant, Runaway			
Ben Jones				11		Lincoln High				<input type="checkbox"/> <input type="checkbox"/>			
										<input type="checkbox"/> <input type="checkbox"/>			
										<input type="checkbox"/> <input type="checkbox"/>			
										<input type="checkbox"/> <input type="checkbox"/>			
										<input type="checkbox"/> <input type="checkbox"/>			
Part 2: Assistance Programs – SNAP, TANF or FDIPIR Benefits													
Enter MASTER CASE NUMBER if household qualifies for SNAP, TANF or FDIPIR: (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			
Sarah Jones				0		mo							
Ben Jones													
Total Number of Household Members: (Children and Adults) <u>2</u>				Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – <u>2 3 4 5</u> Check if no SSN <input type="checkbox"/>									
Part 4: Adult Signature and Contact Information – An adult household member must sign the application.													
<i>"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."</i>													
Sign here: <u>Sarah Jones</u>				Print name: Sarah Jones				Date: 8/14/XX					
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:													
<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 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: <u>2</u>				<input checked="" type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Income Reason for denial: <input type="checkbox"/> Categorically eligible: <input type="checkbox"/> Income too high <input type="checkbox"/> SNAP/TANF/FDIPIR <input type="checkbox"/> Incomplete application <input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless/Migrant/Runaway: (Official Documentation Required at School)									
Total Income: <u>0</u> per													
<input type="checkbox"/> Year <input checked="" type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week													
Signature of Determining Official: <u>Mary Nelson</u>						Date Approved: 8/15/XX							
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: 20XX-XX

Return Completed Application to: <i>(Insert School Name & Mailing Address here)</i>							
Part 1: Children in School							
List names of all children in school (First, Middle Initial, Last). If <u>all</u> children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.	Grade	Name of School Child Attends	Check all that apply: Foster Child Homeless, Migrant, Runaway				
Jesse Martin	7	Lincoln Middle	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
Part 2: Assistance Programs – SNAP, TANF or FDIPIR Benefits							
Enter MASTER CASE NUMBER if household qualifies for SNAP, TANF or FDIPIR: (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 <input type="checkbox"/>					
Part 4: Adult Signature and Contact Information – An adult household member must sign the application.							
<i>“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.”</i>							
Sign here: <i>Phyllis Miller</i>		Print name: Phyllis Miller			Date: 8/18/XX		
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:					
<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 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: _____		<input checked="" type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Income Reason for denial: <input checked="" type="checkbox"/> Categorically eligible: <input type="checkbox"/> Income too high <input type="checkbox"/> SNAP/TANF/FDIPIR <input type="checkbox"/> Incomplete application <input checked="" type="checkbox"/> Foster Child <input type="checkbox"/> Homeless/Migrant/Runaway: (Occasional Documentation Required at School)					
Total Income: _____ per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week							
Signature of Determining Official: <i>Mary Nelson</i>				Date Approved: 8/20/XX			
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: 20XX-XX

Return Completed Application to:						(Insert School Name & Mailing Address here)					
Part 1: Children in School											
List names of all children in school (First, Middle Initial, Last). If <u>all</u> children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.				Grade		Name of School Child Attends				Check all that apply: Foster Child Homeless, Migrant, Runaway	
Leslie Peters				7		Lincoln Middle				<input type="checkbox"/> <input type="checkbox"/>	
Luke Peters				5		Lincoln Elementary				<input type="checkbox"/> <input type="checkbox"/>	
Chris Nelson				3		Lincoln Elementary				<input checked="" type="checkbox"/> <input type="checkbox"/>	
										<input type="checkbox"/> <input type="checkbox"/>	
										<input type="checkbox"/> <input type="checkbox"/>	
Part 2: Assistance Programs – SNAP, TANF or FDIPIR Benefits											
Enter MASTER CASE NUMBER if household qualifies for SNAP, TANF or FDIPIR: (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	Income	How often
Gary Peters				700	2 wks						
Denise Peters				500	2 wks						
Leslie Peters											
Luke Peters											
Chris Nelson											
Total Number of Household Members: <u>5</u> (Children and Adults)				Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – <u>6 4 8 6</u> Check if no SSN <input type="checkbox"/>							
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: <u>Denise Peters</u>				Print name: Denise Peters				Date: 8/17/XX			
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:											
<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 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: <u>5</u>				<input checked="" type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Income Reason for denial: <input checked="" type="checkbox"/> Categorically eligible: <input type="checkbox"/> Income too high <input type="checkbox"/> SNAP/TANF/FDIPIR <input type="checkbox"/> Incomplete application <input checked="" type="checkbox"/> Foster Child <input type="checkbox"/> Homeless/Migrant/Runaway: (Offering Documentation Required at School)							
Total Income: <u>1200</u> per											
<input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input checked="" type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week											
Signature of Determining Official: <u>Mary Nelson</u>						Date Approved: 8/19/XX					
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: 20XX-XX

Return Completed Application to:						(Insert School Name & Mailing Address here)					
Part 1: Children in School											
List names of all children in school (First, Middle Initial, Last). If <u>all</u> children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.				Grade		Name of School Child Attends				Check all that apply: Foster Child Homeless, Migrant, Runaway	
Jordan Matthews				10		Lincoln High				<input type="checkbox"/> <input type="checkbox"/>	
Justin Matthews				9		Lincoln High				<input type="checkbox"/> <input type="checkbox"/>	
Jessica Mathews				6		Lincoln Middle				<input type="checkbox"/> <input type="checkbox"/>	
Kristen Thomas				5		Lincoln Elementary				<input checked="" type="checkbox"/> <input type="checkbox"/>	
										<input type="checkbox"/> <input type="checkbox"/>	
Part 2: Assistance Programs – SNAP, TANF or FDIPIR Benefits											
Enter MASTER CASE NUMBER if household qualifies for SNAP, TANF or FDIPIR: (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	
Steve Matthews				2500		mo					
Debbie Matthews				2700		mo					
Jordan Matthews											
Justin Matthews											
Jessica Matthews											
Kristen Thomas											
Total Number of Household Members: (Children and Adults) <u>6</u>				Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – <u>3 1 5 2</u> Check if no SSN <input type="checkbox"/>							
Part 4: Adult Signature and Contact Information – An adult household member must sign the application.											
<i>"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."</i>											
Sign here: <u>Steve Matthews</u>				Print name: Steve Matthews				Date: 8/19/XX			
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:											
<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 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: <u>6</u>				<input checked="" type="checkbox"/> Free - 1 <input checked="" type="checkbox"/> Reduced - 3 <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Income Reason for denial: <input checked="" type="checkbox"/> Categorically eligible: <input type="checkbox"/> Income too high <input type="checkbox"/> SNAP/TANF/FDIPIR <input type="checkbox"/> Incomplete application <input checked="" type="checkbox"/> Foster Child <input type="checkbox"/> Homeless/Migrant/Runaway: (Occasional Documentation Required at School)							
Total Income: <u>5200</u> per											
<input type="checkbox"/> Year <input checked="" type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week											
Signature of Determining Official: <u>Mary Nelson</u>						Date Approved: 8/21/XX					
FOR THE VERIFICATION PROCESS ONLY:											
Signature of Confirming Official:						Date Confirmed:			Date Withdrawn From School:		
Signature of Verifying Official:						Date Verified:					

Notice of Change in Benefits

School: _____ Date: _____

Dear _____:

We have reviewed the free or reduced-price eligibility determination of **[names of children]** because:

_____ You contacted us with additional information.

_____ We became aware of an error in processing or a change in federal policy.

The review has determined that:

- ☐ Your children's eligibility has not changed. It remains _____ Free _____ Reduced-Price.
- ☐ Starting **[date]**, your children's eligibility for meals will be changed **to free** because your income is within the free meal eligibility limits. Your children will receive meals at no cost.
- ☐ Starting **[date]**, your children's eligibility for meals will be changed **to reduced-price** because your income is over the free meal limit but within the reduced-price meal eligibility limits. Reduced-price meals cost **[\$]** for lunch and **[\$]** for breakfast.
- ☐ Starting **[date]**, **your children are no longer eligible** for free or reduced price meals for the following reason(s):
 - _____ Records show that you are not receiving SNAP (formerly Food Stamps) or TANF at this time.
 - _____ Your income is over the limit for free or reduced-price meals.
 - _____ You requested to be changed to another category.
 - _____ Your household size decreased.

Meals cost **[\$]** for lunch and **[\$]** for breakfast. If your household income goes down or your household size goes up, you may submit a new application.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your children will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name]**, **[address]**, **[phone number]**.

Sincerely,

[signature]

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

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

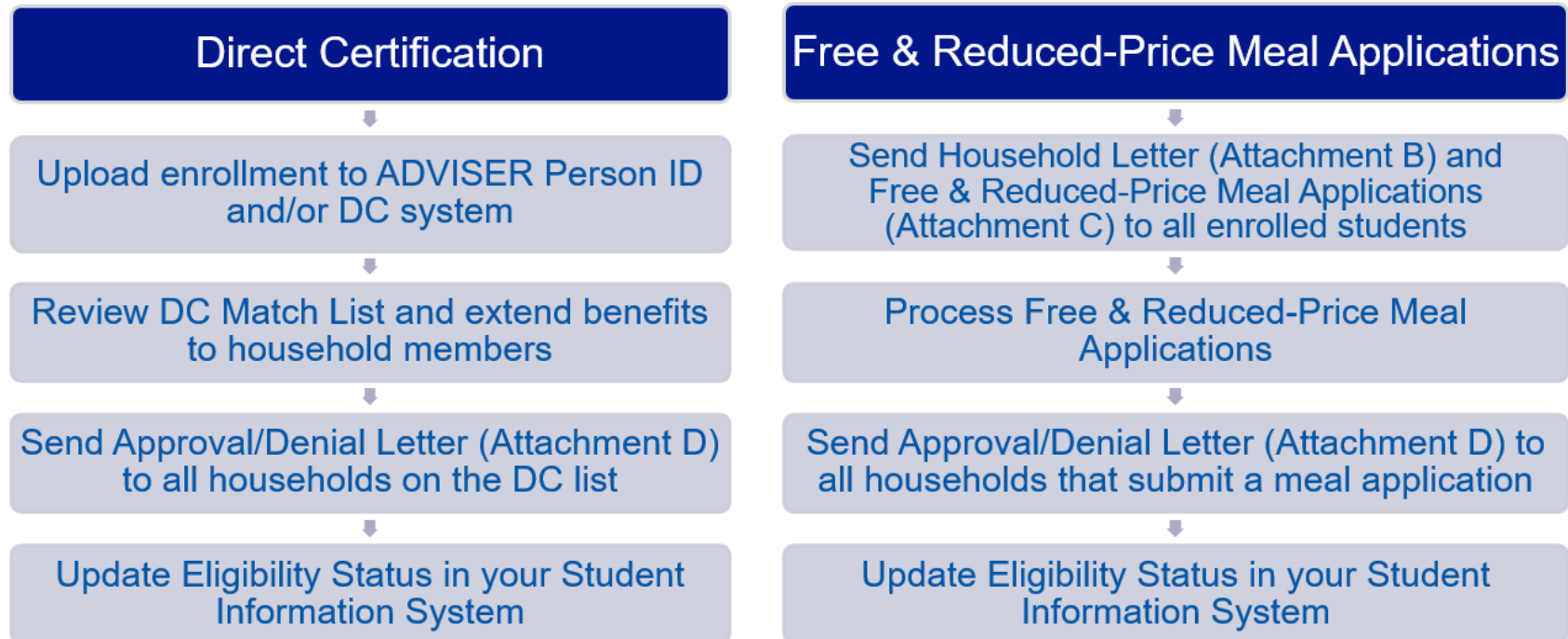
To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002->

[508-11-28-17Fax2Mail.pdf](#), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (202) 690-7442; or
- (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.

Process For Determining Eligibility



Eligibility Manual for School Meals

Determining and Verifying Eligibility



USDA Food and Nutrition Services
Child Nutrition Programs

July 18, 2017

The contents of this guidance document do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

<https://www.education.ne.gov/ns/forms-resources/national-school-lunch-program/application-verification/>



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Questions, Comments, or
Corrections? Let us know!

Application – Verification

Verifying Income Eligibility Applications

Verification Process



The online Verification Report will open to School Food Authorities (SFAs) on **Thursday, October 31st**; SFAs will not be able to access the report until this time. Please utilize a printed copy of Attachment H – Verification Collection Report (link below) to track the report data, which can then be used as reference to complete the online Verification Report from October 31 – November 15.

- [Reviewing the Basics of Verification](#)
- [How to complete the Verification Report](#)
- [Online Training](#) – Part 3 The Process of Verification
- Verification for Cause [SP 13-2012 Policy Memorandum](#)
- [Eligibility Manual for School Meals](#) Determining and Verifying Eligibility
 - Section 6: Verification Page 96
 - Direct Verification, Page 109
- [Link to Direct Certification and Direct Verification](#) – Instructions for Direct Certification and Direct Verification

Forms

- [Attachment F – Verification Selection Letter 2020](#)

School Nutrition Programs



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Applications >

School Year: 20XX-20XX

Item	Description
Sponsor Manager	SNP Sponsor's Profile, Site and Hold Information
Application Packet	Applications Forms (Sponsor and Site)
Verification Report	Mandatory Annual Verification Report
Verification Summary	Mandatory Annual Verification Report (FNS-742) Summary
Second Review of Applications	FNS-874 report for Sponsors selected to conduct a second review of applications.
Food Safety Inspections	Number of Food Safety Inspections by Site
Food Safety Inspections Summary	Number of Food Safety Inspections by Site Summary
Financial Report	School Food Annual Revenues and Expenditures Report
FFVP Grant Overview	Fresh Fruit and Vegetable Program Grant Information by Site Overview
FFVP Grant Allocations	Fresh Fruit and Vegetable Program Grant Allocations
FFVP Invitations and Approvals	Fresh Fruit and Vegetable Program Invitations and Approvals
Community Eligibility Provision	Enrollment and Eligibility for Community Eligibility Provision
Direct Certification	Direct Certification
Direct Certification / Direct Verification	Link to verify Direct Certification / Direct Verification
Download Forms	Forms Available for Downloading

We Must Check Your Application

You must send the information we need, or contact [name] by [date], or your children will stop receiving free or reduced-price meals.

School: _____ Date: _____

Dear _____:

We are checking your Free and Reduced-Price School Meals Application. Federal rules require that we do this to make sure only eligible children receive free or reduced-price meals. You must send us information to prove that **[names of children]** are eligible. If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. **If you were receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), or Temporary Assistance to Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) when you applied for free or reduced-price meals, or at any time since then, send us a copy of one of these:**
 - SNAP, TANF or FDPIR Certification Notice that shows dates of certification.
 - Letter from SNAP, TANF or FDPIR office that shows dates of certification.
 - **Do not send your EBT card.**
2. **If you get this letter for a homeless, migrant 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, TANF or FDPIR benefits:**
Send papers that show the amount of money your household receives from each source of income. The papers you must send show the **name** of the person who received the income, the **date** it was received, **how much** was received and **how often** it was received. **Send information to: [address].**

Acceptable papers include:

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

Social Security, Pensions, or Retirement: Social Security retirement benefit letter, statement of benefits received or pension award notice.

Unemployment, Disability, or Worker's Comp: Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation office.

Welfare Payments: Benefit letter from the TANF office.

Child Support or Alimony: Court decree, agreement or copies of checks received.

Other income (such as rental income): Information that shows the amount of income received, how often it is received and the date received.

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

Military Housing Privatization Initiative: Letter or rental contract showing that your housing is part of the Military 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 up to the time of verification.

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 email us at [email address].

Sincerely,

[signature]

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced price meals. Pursuant to Section 7 of the Privacy Act, disclosure of your Social Security number is not required. We do not need and are not requesting any Social Security numbers that may appear on documents you submit.

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

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (202) 690-7442; or
- (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.

We Have Checked Your Application

School: _____ Date: _____

Dear _____:

We checked the information you sent us to prove that **[names 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) is/are no longer eligible** for free or reduced price meals for the following reason(s):
 - ____ Records show that no one in your household received SNAP, TANF or FDPIR benefits.
 - ____ Records show that the child(ren) is/are not homeless, runaway 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 previously denied benefits because no one in the household received SNAP, TANF or FDPIR benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name]**, **[address]**, **[phone number]** or **[email]**.

Sincerely,

[signature]

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

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online

at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (202) 690-7442; or
- (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.

Civil Rights Summary
Must be completed by November 15

School District: _____ City/Town _____

Date: _____

Please note: Ethnicity refers to a person's place of origin/nationality or the culture they identify with. Hispanic is an ethnicity but can be any race. Please record the number of students in this school district by ethnic and racial identity that qualify for free and reduced-price meals.

Record ethnic identities:

Ethnic Identity

_____ Hispanic or Latino

_____ Not Hispanic or Latino

Record racial identities:

Racial Identity:

_____ Asian

_____ American Indian or Alaska Native

_____ Black or African American

_____ Native Hawaiian or Pacific Islander

_____ White

**Keep this completed form in the school district's permanent school lunch file.
You do not need to mail it to Nutrition Services.**

Name of Household: _____

VERIFICATION TRACKER FOR SCHOOL USE

Attach this form to each application selected for verification along with copies of all correspondence with the household regarding verification and copies of all documents received from the household.

Date Confirmation Review Completed: _____

Date Verification Letter Sent (Attachment F): _____

Date Response Due from Household: _____

Date and Method used for Contacting Non-
Responding Households a Second Time or N/A _____

Number of Students on Application: _____

Original Application Approval was:

- ☐ Free Eligible Based on Master Case Number (SNAP/TANF/FDPIR)
- ☐ Free Eligible Based on Foster Child
- ☐ Free Eligible Based on Income/Household Size Information
- ☐ Reduced-Price Eligible

Verification Result: District must show calculations used to determine household income.

- ☐ No Change
- ☐ Free Eligible Based on Master Case Number (SNAP/TANF/FDPIR) Agency Response
- ☐ Free Based on Foster Child Agency Response
- ☐ Free Eligible Based on Income/Household Size Information
- ☐ Reduced Price Eligible Based on Income/Household Size Information
- ☐ Paid Eligible Based on Income/Household Size Information or SNAP/TANF/FDPIR Agency Response
- ☐ Paid Eligible because the Household Did Not Respond

Date Verification Results Letter Sent (Attachment G): _____

Date Change Made in Computer System/Roster: _____

Date Hearing Requested/Date Hearing Decision: _____

Date Verification Completed: _____

Verifying Official's Signature: _____

Household Reapplied with Documentation after being notified of a change in meal benefits.

Show calculations used to determine household income.

Results of Reapplication:

- ☐ Denied Based on Income/Household Size Information
- ☐ Free Eligible Based on SNAP/TANF/FDPIR Agency Response
- ☐ Free Eligible Based on Foster Child Agency Response
- ☐ Free Eligible Based on Income/Household Size Information
- ☐ Reduced Price Eligible Based on Income/Household Size Information

Determining Official's Signature: _____ Date of New Approval: _____

SFA Verification Collection Report For School Year: 20XX - 20XX

280001 Status: Active
Omaha Public Schools
 DBA:
 3215 Cuming Street
 Nutrition Services
 Omaha, NE 68131-2024

General Information

Type of Organization: Public

Verification Contact Information

1. Name:	Salutation <input type="text"/>	First Name <input type="text"/>	Last Name <input type="text"/>
2. Email Address:	<input type="text"/>		
3. Phone:	<input type="text"/>	Ext: <input type="text"/>	Fax: <input type="text"/>
4. Title:	<input type="text"/>		

Due Date: November 18, 20XX

Instructions

ANNUALLY, each SFA, including ALL RCCIs, with schools operating the National School Lunch Program (NSLP) and/or School Breakfast Program (SBP) must report verification information. All SFAs, including SFAs with all schools exempt from verification requirements, must complete applicable sections.

NOTE: SFAs that are Special Milk Only are exempt from filing an SFA Verification Collection Report.

Section 1 - Total Schools, Residential Child Care Institutions (RCCIs), and Enrolled Students

All SFAs must report Section 1.

Report schools or institutions operating the NSLP and/or SBP as of the **last operating day in October**.

	A. Number of Schools OR Institutions	B. Number of Students
1-1 Total schools (Do not include RCCIs):	<input type="text" value="95"/>	<input type="text" value="0"/>
1-2 Total RCCIs (Do not include schools counted in 1-1):	<input type="text" value="0"/>	<input type="text" value="0"/>
1-2a RCCIs with day students (Report ONLY day students in 1-2aB):	<input type="text" value="0"/>	<input type="text" value="0"/>
1-2b RCCIs with NO day students:	<input type="text" value="0"/>	<input type="text" value="0"/>

Section 2 - SFAs with schools operating alternate provisions

Only SFAs with alternative provisions must report Section 2.

Report schools or institutions operating the NSLP and/or SBP as of the **last operating day in October**.

	A. Number of Schools AND Institutions	B. Number of Students
2-1 Operating Provision 2/3 in a BASE year for NSLP and SBP:	<input type="text" value="0"/>	<input type="text" value="0"/>
2-2 Operating Provision 2/3 in a NON BASE year for NSLP and SBP:	<input type="text" value="0"/>	<input type="text" value="0"/>
2-2a Provision 2/3 students reported as FREE in a NON BASE year:		<input type="text" value="0"/>
2-2b Provision 2/3 students reported as REDUCED PRICE in a NON BASE year:		<input type="text" value="0"/>
2-3 Operating the Community Eligibility Provision (CEP):	<input type="text" value="0"/>	<input type="text" value="0"/>
2-4 Operating other alternatives for NSLP and SBP:	<input type="text" value="0"/>	<input type="text" value="0"/>
2-5 Operating an alternate provision(s) for only SBP or only NSLP:	<input type="text" value="0"/>	<input type="text" value="0"/>

Section 3 - Students Directly Certified as Free or Reduced eligible; NOT subject to verification

All SFAs must report Section 3 or check box 3-1 if applicable.

Report students approved FREE/REDUCED eligible as of the **last operating day in October**.

- 3-1** Check the box only if all schools and/or RCCIs in the SFA were not required to perform direct certification **with SNAP** (i.e. NON BASE year Provision 2/3 or CEP for all schools). ☐

**B. Number of
FREE Students**

- 3-2 Students directly certified through Supplemental Nutrition Assistance Program (SNAP):**

Do **not** include students certified with **SNAP** through the letter method.

- 3-3 Students directly certified through other programs:**

a. Medicaid Free (**MFREE**)

b. Other: Temporary Assistance for Needy Families (**TANF**), Food Distribution Program on Indian Reservations (**FDPIR**), Migrant (**MGRNT**), Foster (**FOSTR**), those documented as homeless, Runaway, Head Start, Pre-K Even Start, or non-applicant but approved by local officials.

DO NOT include SNAP students already reported in 3-2.

- 3-4 Students certified categorically FREE eligible through SNAP letter method.**

Include students certified for free meals through the family providing a letter from the **SNAP** agency.

**B. Number of
MRED Students**

- 3-5 Students directly certified for Medicaid Reduced meals (MRED)**

Section 4 - Students approved as FREE or REDUCED PRICE eligible through a household application

ALL SFA collecting applications must report Section 4. Report number of applications (A) approved as of October 1st. Report number of students (B) as of the last operating day in October.

	A. Number of Applications	B. Number of Students
4-1 Approved as categorically FREE Eligible. Based on those providing documentation (e.g. a case number for SNAP, TANF, FDPIR on an application).	<input type="text" value="0"/>	<input type="text" value="0"/>
4-2 Approved as FREE eligible. Based on household size and income information.	<input type="text" value="0"/>	<input type="text" value="0"/>
4-3 Approved as REDUCED PRICE eligible. Based on household size and income information.	<input type="text" value="0"/>	<input type="text" value="0"/>

T-1 Total FREE Eligible Students Reported

0

T-2 Total REDUCED PRICE Eligible Students Reported

0

Section 5

ALL SFAs must report Section 5 or check box 5-1 if applicable

- 5-1 Check the box if ALL schools and/or RCCIs are exempt from verification.** ☐
(See instructions for list of exemptions.)

[Instructions](#)

- 5-2 Was verification performed and completed?**

- ☐ Yes, completed by November 15th
☐ Yes, completed after November 15th
☐ No, verification was NOT performed or the process was not completed

- 5-3 Type of Verification process used:**

- ☐ Standard (Lesser of 3% or 3,000 error-prone)
☐ Alternate one (Lesser of 3% or 3,000 selected randomly)
☐ Alternate two (Lesser of 1% or 1,000 error prone applications PLUS lesser of one-half of one percent or 500 applications with SNAP/TANF/FDPIR case numbers)

- 5-4 Total ERROR PRONE applications:**

Report all applications as of October 1st considered error prone.

- 5-5 Number of applications selected for verification sample:**

ALL SFAs must report 5-7 or check box 5-6 if applicable.

- 5-6 Check the box if direct verification was not conducted in the SFA.** ☐
(i.e. not one of the schools and/or RCCIs in the SFA performed direct verification.)
If 5-6 is checked, skip 5-7.

A. Number of Applications**B. Number of Students**

5-7 Confirmed through direct verification: Report if FREE and/or REDUCED PRICE eligibility is confirmed through direct verification with SNAP/TANF/FDPIR/MEDICAID as of November 15th.

0

0

5-8 Results of Verification by Original Benefit Type

For each original benefit type (A, B, & C), report the number of applications and students as of November 15th for each result category (1, 2, 3, & 4).

Do NOT include students and applications already reported in 5-7A or 5-7B (direct verification applications and students).

Result Category	A. FREE-Categorically Eligible Certified as FREE based on SNAP/TANF/FDPIR documentation (e.g. case number) on application		B. FREE-Income Certified as FREE based on income/household size application		C. REDUCED PRICE-Income Certified as REDUCED PRICE based on income/household size application	
	a. Applications	b. Students	a. Applications	b. Students	a. Applications	b. Students
1. Responded, NO CHANGE:	0	0	0	0	0	0
2. Responded, Changed to REDUCED PRICE / FREE:	REDUCED PRICE 0	0	REDUCED PRICE 0	0	FREE 0	0
3. Responded, Changed to PAID:	0	0	0	0	0	0
4. NOT Responded, Changed to PAID:	0	0	0	0	0	0

VC-1 Total questionable applications verified for cause (Enter "N/A" if not applicable): Report the number of applications as of November 15th verified for cause in addition to the verification requirement.

0

Sponsor Comments

Explanation of any report abnormality:

Corrective Action Plan Attachments

Sponsors are required to submit a Corrective Action Plan in the event that the Sponsor fails to complete the eligibility verification by the established deadline and fails to request an extension.

[Add](#)

Attachment Count: 0

Internal Use Only

Date Received:

Date Approved:

Date Opened: 09/01/20XX

Date Closed:

Status: Not Started

01/01/20XX

Internal Comments:

Comments to SFA:

Save

Cancel

VIEW | **MODIFY** | INTERNAL USE ONLY

Understanding the Difference Between

MENU PLANNER (MP)

and

POINT OF SERVICE (POS)

LUNCH

MEAL PATTERN REQUIREMENTS—Menu must have:

MP

5

Components

Full Portions

BREAKFAST

MEAL PATTERN REQUIREMENTS—Menu must have:

MP

3

&

4

Components & Minimum Items

Full Portions

LUNCH

WHAT THE STUDENT TAKES = Reimbursable Meal

POS

3

Different
Components

1 of which is 1/2 cup fruit/veg

BREAKFAST

WHAT THE STUDENT TAKES = Reimbursable Meal

POS

3

Items

1 of which is 1/2 cup fruit/veg



Offer Versus Serve in the National School Lunch and Breakfast Programs

Offer Versus Serve (OVS) is a serving option that applies to menu planning and the determination of reimbursable school meals in the U.S. Department of Agriculture's (USDA) National School Breakfast (SBP) and Lunch Programs (NSLP). OVS cannot be utilized in the Afterschool Snack Program.

The USDA meal patterns include five food components: Meat/Meat Alternate, Grains, Fruits, Vegetables and Milk. OVS allows students to decline a certain number of food components in the meal, reducing food waste and food costs and allowing students to select the foods they prefer to eat. OVS must be implemented in senior high schools for lunch. OVS is optional for junior high, middle schools and elementary schools.

OVS Requirements for Lunch:

For a lunch to be reimbursable under OVS, schools must meet the following criteria:

- All **five food components** (meat/meat alternate, grains, fruits, vegetables and low-fat (1%) or fat-free milk) must be offered to all students.
- Serving sizes for all food components must equal the required quantity for the different grade groups in the NSLP meal pattern.
- Meals must be priced as a unit, i.e., students pay the same price regardless of whether they take three, four or five food components.
- Students decide which foods to decline, if any. Students must be allowed to decline up to two food components.
- All students must take **at least three** of the five food components offered, including **at least a 1/2 cup serving of fruit or vegetable** and **full servings** of the other selected food components. Students may take smaller portions of the declined food components; however, they do not count towards a reimbursable meal.
 - When the meat/meat alternate is provided in two menu items (such as a Cheese Stick and Yogurt), the student must take at least the minimum daily serving size depending on the grade group. For grades K-5 and 6-8: 1 oz.; for grades 9-12 grades: 2 oz.
 - When the meal includes multiple grain items and the student selects more than one (e.g., 1/2 cup of pasta and a one-ounce roll), only one grain counts as a reimbursable component toward the OVS requirements.



A **food component** is one of the five food groups that comprise a reimbursable meal; including meat/meat alternate, grains, fruits, vegetables and milk.

A **food item** is a specific food offered within the five food components.

The chart below summarizes the meal pattern requirements and the number of food components that students can decline.

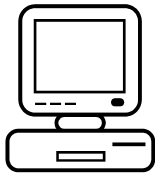
Must offer Five Components ¹	Student May Decline
<ul style="list-style-type: none"> One serving of meat/meat alternate One serving of grains One serving of fruits One serving of vegetables One serving of fat-free or low-fat (1%) unflavored or flavored milk 	<ul style="list-style-type: none"> Up to two food components; however, must take 1/2 cup serving of fruit, vegetable or a combination of the two
¹ Serving sizes must equal the required quantities for each grade group specified in the NSLP meal pattern.	

OVS Requirements for Breakfast – Effective School Year 2014-15

OVS is not required at breakfast but encouraged in order to reduce plate waste. For purposes of OVS, a school must offer at least four food items that meet the required food components. Under OVS, students must select three food items, including at least 1/2 cup of fruit. If OVS is not implemented, students must leave the serving line with all food items. For a breakfast to be reimbursable under OVS, schools must meet the following criteria:

- The meal must be planned to include the three required components: grains, fruits and milk.
- For all grade groups:
 - Schools must offer at least a 1 ounce equivalent (oz. eq.) of grains daily.
 - Schools may offer meat/meat alternate in place of part of the grain component after the minimum daily grain requirement is met.
 - Schools must offer 1 cup of fruit, 100% juice or vegetable daily. No more than half of the fruit or vegetable offerings during the week may be in the form of juice.
 - Vegetables may be substituted for fruits, but the first two cups of vegetable per week must be from the dark green, red/orange, beans and peas (legumes) or other vegetable subgroups.
 - Students are required to take 1/2 cup of fruit.
- Serving sizes for all food components must equal the required quantity for the different grade groups in the SBP meal pattern.
- Meals must be priced as a unit, i.e., students pay the same price regardless of whether they take three or four items.
- Students may decline any one food item.
- Students must take full servings of **at least three** of the four food items offered. Students may take a smaller portion of the declined food item; however, it does not count towards a reimbursable meal.

Must offer Four Food Items ¹	Student May Decline
<ul style="list-style-type: none"> Two oz. eq. of Grains (can be the same food item) OR One oz. eq. of Grain and substitute a one oz. eq. of Meat/Meat Alternate for a Grain One serving of Fruit, Vegetable or 100 percent Juice One serving of fat-free or low-fat (1%) unflavored or flavored milk 	<ul style="list-style-type: none"> One food item; however, must take 1/2 cup serving of fruit
¹ Serving sizes must equal the required quantities for each grade group specified in the SBP meal pattern.	



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 group under Food Based Menu Planning. Offer Versus Serve (OVS) requirements 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 submitted **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 department 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

- 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 for documenting 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 of 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 eat 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 cannot be 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 cannot be 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 sale items claimed for reimbursement** – food items sold independently of the reimbursable meal and not priced as a unit cannot be 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.

[illegible]

INSTRUCTIONS: The **LUNCH** Edit Check is **REQUIRED**. BREAKFAST & SNACK Edit Checks are optional but encouraged to avoid errors and ensure accurate daily meal counts.

1. Enter the site name, month/year and serving dates.
2. Enter daily meal counts for free, reduced and paid students.
3. At the end of the month complete boxes **A-F**.
4. Use the information from **A-F** to calculate the Attendance Factor and the ***Attendance Adjusted Eligibles (AAE)*** in boxes **G-J**.
5. Compare daily meal counts with the AAE for each category.
6. Circle all dates where free, reduced or paid meal counts exceeded the AAE and document a justification (on the reverse side or attached) for each of the dates.

A. Number of serving days

B. SFA enrollment

C. Average Daily Attendance

D. Highest # Free Eligible
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
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98
99
100

E. Highest # Reduced Eligible	
-------------------------------	--

F. Highest # Paid Eligible	
----------------------------	--

G. Attendance Factor	=
----------------------	---

$$C \underline{\hspace{1cm}} \div B \underline{\hspace{1cm}} = G \underline{\hspace{1cm}}$$

H. Free AAE	=
-------------	---

$$G \times D = H$$

I. Reduced AAE =	
------------------	--

$$G \times E = I$$

J. Paid AAF =

$$G \times F = J$$

Completed by:

Date:

Creating a School Meals Charge Policy

All School Food Authorities (SFAs) participating in USDA's school meal programs are required to have a written and clearly communicated policy that addresses unpaid meal charges by July 1, 2017. When creating your policy, the focus should be on the parents and guardians responsible for providing funds for meal purchases; it should not have a negative impact on the students. A charge policy is **not** required if the SFA does not charge for student meals or if all schools in an SFA

Charge Policy

- The policy must explain how the SFA will handle situations where children eligible to receive reduced price or paid meals do not have money in their account or in hand to cover the cost of their meal at the time of service.
- SFAs have discretion in the development of their policy; it may vary depending on student grade levels.
- The policy must be provided in writing to all households at the start of each school year and to households transferring to the school district during the school year.
- The policy can be included in a back-to-school mailing with a meal application, the student handbook or online portals households use to access student accounts. It could also be provided again by mail, email or a note home the first time a household falls behind in payment.
- Simply posting the policy to the SFA's website does not meet the written requirement; it does not ensure the information reaches all households.
- The policy must also be provided in writing to all school or SFA-level staff responsible for policy enforcement. SFAs are encouraged to provide information about the policy to administrators to ensure they are familiar with and supportive of the policy.
- The policy should make clear that households can apply for meal benefits any time during the school year.
- The policy should ensure consistency with other SFA policies that address unpaid fees.

Payment Options & Reminders

- * Households must be notified of all payment methods used at the school, including any fees associated with specific payment options. At least one payment method must be free of charge.
- * SFAs cannot exclusively require the use of an online payment system; an alternative option must be available.
- * Any student who has money to purchase a reduced price or paid meal at the time of meal service must be provided a meal. SFAs may not use the student's money to repay previously unpaid charges if the student intended to use the money to purchase a meal that day.
- * Involve appropriate staff when communicating with households who have unpaid meal charges. Schools may not enlist the assistance of unauthorized persons, such as parent volunteers, to follow up with payment reminders or debt collection efforts.

Student Accounts with Remaining Funds

- When a child leaves the district or graduates, SFAs must attempt to return remaining student account funds. However, SFAs may allow households not approved for free or reduced price meals to donate their remaining funds to cover unpaid meal charges that were uncollectable.
- Households approved for reduced price meal benefits must receive a refund. Children approved for reduced price meals pay a maximum of 40 cents for lunch and 30 cents for breakfast; keeping the unused funds would result in the per meal price exceeding these amounts.

Student Meals

- SFAs are encouraged to provide regular, reimbursable meals to all students who want one; however, USDA does not require SFAs to provide a meal to paid or reduced price students with a negative account balance unless the student has money at the time of meal service.
- An SFA may choose to provide an alternate meal; the alternate meal must accommodate special dietary needs.

Claiming Alternate Meal	Not Claiming Alternate Meal but Charging Student:	Not Claiming Alternate Meal and Not Charging Student:
<ul style="list-style-type: none"> Meal must meet meal pattern The SFA must offer a full meal Lunch: 5 components Breakfast: 3 components/4 items 2 kinds of milk must be offered SFA may limit choices to less expensive options If the student is not charged for the alternate meal, the SFA must pay for the meal with non-Federal funds 	<ul style="list-style-type: none"> Meal not required to meet meal pattern Each item must be priced individually Price charged is subject to non-program food regulations Each item must meet Smart Snack guidelines 	<ul style="list-style-type: none"> Meal not required to meet meal pattern Meal is provided free of charge The cost of the food must be paid for with non-Federal funds The meal does not have to meet Smart Snack guidelines

Debt Collection—Delinquent Debt vs. Bad Debt

- The collection of unpaid meal charges should be included in the SFA's policy.
- Unpaid meal charges are classified as "delinquent debt" as long as it is considered collectable and reasonable efforts are being made to collect it.
- A debt owed to the SFA's nonprofit food service account remains on the accounting documents until it is either collected or is determined to be uncollectable and written off.
- Unpaid meal charge debt may be carried over from year to year.
- When local officials determine further collection efforts for delinquent debt are useless or too costly, the debt must be reclassified as "bad debt."
- Bad debt must be written off as an operating loss.
- School food service funds may not be used to cover costs related to the bad debt.
- A transfer using non-Federal funds such as the school district's general fund, special funding from State or local governments or any other non-Federal sources must be made to the nonprofit food service account to cover these losses.
- Once delinquent meal charges are converted to bad debt, records relating to those charges must be maintained in accordance with record retention requirements.

Resources

- SP 23-2017: *Unpaid Meal Charges: Guidance and Q&A* 03/23/16-
<https://www.fns.usda.gov/school-meals/unpaid-meal-charges-guidance-and-q>
 - Public Law 111-296, Section 143; December 13, 2010

- SP 57-2016: *Unpaid Meal Charges: Local Meal Charge Policies* 07/08/16
<http://www.fns.usda.gov/unpaid-meal-charges-local-meal-charge-policies>
 - WI Dept. of Public Instruction: *In a "Nutshell" Unpaid Meal Charges*, 11/2016

This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document. For comments regarding this document contact nde.guidance@nebraska.gov.

Non-Program Foods ▪ Food Cost and Selling Price

SFA Name	Date Completed:
-----------------	------------------------

“Non-program foods” are defined as non-reimbursable foods and beverages (also known as **“à la carte”**) that are purchased and then sold by the SFA’s food service department. SFA’s must demonstrate that the selling price for “non-program” foods is set high enough to fully cover the cost of the food item. This ensures that reimbursement intended to support the production of reimbursable school meals does not subsidize the sale of à la carte items.

Complete the three sections using invoice pricing from 5 consecutive days, to evaluate and document that à la carte pricing is set at a level which fully covers the base food cost. Copies of invoices must be available the day of your Administrative Review.

Cost per serving of commodity foods can be found on the “End Product” sheets, on the DHHS Food Distribution website. Open the pdf document for the product type. The cost per serving will be shown as “FFS/serv.”

http://dhhs.ne.gov/children_family_services/Pages/StateProcOfDonatedFoods.aspx

Completed by:			Invoice date(s):				
Item	Brand	Purchase Unit (PU)	Purchase Price	Serving Size	Servings Per PU	Cost Per Serving	Selling Price
MILK							
<i>Chocolate Skim</i>	<i>Moo Moo</i>	<i>na</i>	<i>na</i>	<i>1 - 8 oz.</i>	<i>na</i>	<i>0.24</i>	<i>0.35</i>
Milk Totals							
ENTRÉE							
<i>Chicken Nuggets</i>	<i>Flavorbest</i>	<i>300 ct case</i>	<i>\$89.00</i>	<i>3 pieces</i>	<i>100</i>	<i>0.89</i>	<i>\$1.50</i>
Entrée Totals							

OTHER A LA CARTE & SMART SNACKS

Item	Brand	Purchase Unit (PU)	Purchase Price	Serving Size	Servings Per PU	Cost Per Serving	Selling Price
<i>Crispy Brown Rice Bar</i>	<i>Munchy</i>	<i>200 ct box</i>	<i>\$86.00</i>	<i>1</i>	<i>200</i>	<i>0.43</i>	<i>0.50</i>
Other A La Carte & Smart Snack Totals							

Calculate the percent of non-program revenue by dividing the Total Cost Per Serving by the Total Selling Price

	Total Cost per Serving	Total Selling Price
Milk Total		
Entrée Total		
Other A La Carte & Smart Snacks Total		
Grand Total		

Grand Total of Cost per Serving	Grand Total of Selling Price	% of Non-Program Food Cost
÷		=
100 minus % of Non-Program Food Cost		= _____ % Profit

On-Site Review Checklist

Assessment of the SFA's Meal Counting and Claiming System

Attachment I: 2023-24

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

According to USDA regulations, 7 CFR 210.8(a)(1) and 7CFR 220.11(d)(1), a School Food Authority (SFA) with two or more feeding sites is required to perform an on-site review of the meal counting and claiming system and the readily observable general areas of review under 7CFR 210.18(h) by completing the following checklist for each site that offers lunch and 50% of all sites that offer breakfast 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).

Review Date: _____

Review Date: _____

Breakfast:		Point of Service (POS) Meal Count Method used at this site:		Lunch:	
<input type="checkbox"/> Roster <input type="checkbox"/> Ticket <input type="checkbox"/> Electronic				<input type="checkbox"/> Roster <input type="checkbox"/> Ticket <input type="checkbox"/> Electronic	
YES	NO			YES	NO
_____	_____	1. Is the <i>POS</i> 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 <i>POS</i> 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 <i>POS</i> 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
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A la carte sales?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Field trip meals?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incomplete student 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"/>	Lost, stolen or forgotten, misused or destroyed tickets, cards or IDs?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Selling second meals?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Offer Versus Serve?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Claiming student worker 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"/>	Charging meals or prepayment of meals?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unpaid meal charges?
_____	_____	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 <i>POS</i> 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?		_____	_____
_____	_____	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:		_____	_____
Breakfast:		Meal Counts		Lunch:	
Free	Reduced	Paid		Free	Reduced
_____	_____	_____	# Students Approved by Category	_____	_____
_____	_____	_____	Today's Meal Count by Category	_____	_____
_____	_____	_____		_____	_____
_____	_____	_____	11. Does the system prevent overt identification of children receiving free or reduced price meals?	_____	_____

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

Attachment I: 2023-24

Breakfast:		Recordkeeping	Lunch:	
YES	NO		YES	NO
_____	_____	12. If the school prepares food on-site, are Production Records completed daily <u>OR</u> 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?	_____	_____
NOTE: The next two questions are for all SFAs <u>except</u> for SFAs on Provision 2 in non-base years, CEP or RCCIs that serve only residential children.				
_____	_____	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.	_____	_____
<input type="checkbox"/> NA			<input type="checkbox"/> 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.	_____	_____
<input type="checkbox"/> NA			<input type="checkbox"/> NA	

YES		NO		Readily Observable General Areas		YES		NO	
<i>Were any issues readily observed in any of the following areas:</i>									
_____	_____	16. Maintenance of the Nonprofit School Food Service Account?				_____	_____		
_____	_____	17. Paid Lunch Equity?				_____	_____		
_____	_____	18. Revenue from non-program foods?				_____	_____		
_____	_____	19. Indirect costs?				_____	_____		
_____	_____	20. Free/reduced price process including verification, notification & other procedures?				_____	_____		
_____	_____	21. Civil Rights?				_____	_____		
_____	_____	22. Reporting and recordkeeping?				_____	_____		
_____	_____	23. Food safety?				_____	_____		
_____	_____	24. Competitive food service?				_____	_____		
_____	_____	25. Water available at both breakfast and lunch?				_____	_____		
_____	_____	26. Professional standards				_____	_____		
_____	_____	27. SBP and SFSP outreach?				_____	_____		
_____	_____	28. Local school wellness policies?				_____	_____		
_____	_____	29. Other				_____	_____		

<u>CORRECTIVE ACTION</u> 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
<u>CORRECTIVE ACTION 45 Day Follow Up:</u> 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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<div>Year _____</div> <div>Annual Training Log</div> <div>All NSLP Employees</div> <div>Employee Name</div>	Date												Total Annual Training Hours
	Training Title												
	Hours												



Professional Standards Training Requirements and Online Resources



Annual Training Requirements	
Title	Required Hours
Program Directors	12 hours
Program Managers	10 hours
Program Staff (20 or more hours per week)	6 hours
Program Staff (less than 20 hours per week)	4 hours
Vended Site Staff (20 or more hours per week)	6 hours
Vended Site Staff (less than 20 hours per week)	4 hours

Important Points:

- Training hours earned in excess of the annual requirement may be applied to the school year directly preceding or directly following the date of training. Therefore, if the number of training hours earned in SY21-22 did not meet the annual requirement, extra hours earned in SY22-23 can be used to make up the difference.
- **New Food Service Directors** must be certified in food safety either not more than 5 years prior to their starting date or within 30 days of their start date (USDA Hiring Standards). It is mandatory that new directors obtain this certification by completing the ServeSafe Manager Certification training.
 - ServSafe Training through Nebraska Extension can be found on the following UNL website: <https://food.unl.edu/servsafe-training>. You can also contact your local health department to determine when and where the training will be offered in your area. There is also an opportunity to take the course online. Information can be found on the ServSafe website: <https://www.servsafe.com/>
- Training in the area of food safety is mandatory for **Vended Site Staff**. It's recommended that at least one person at each vended SFA take the ServSafe Managers course to fulfill this requirement (see information above). A second food safety training course choice can be found on the Institute of Child Nutrition (ICN) website with the title *Food Safety in Schools*.
 - The Institute of Child Nutrition (ICN) *Food Safety in Schools* course can be found here: <https://theicn.docebosaas.com/learn/course/21/FoodSafetyinSchools>
You must register to create a free account to sign in.
- Every year, all Food Service Directors must read and sign off on *Standard Operating Procedures (SOPs)* relevant to your foodservice operation: <https://www.education.ne.gov/ns/nslp/hazard-analysis-and-critical-control-point/#1566416773609-65d0c690-7f7f>
- All training must be documented on a training tracker/log.
 - NDE Annual Training Log: [https://www.education.ne.gov/ns/nslp/professional-standards/Training tracker/log](https://www.education.ne.gov/ns/nslp/professional-standards/Training%20tracker%20log) at bottom of the page.
 - USDA Training Tracker Tool 2.0: <https://pstrainingtracker.fns.usda.gov/>

Additional Online Resources for Free Continuing Education/Training

Nutrition Services School Lunch Training webpage:

<https://www.education.ne.gov/ns/training/national-school-lunch-program/>

- In addition to School Lunch Training for Food Service staff, this page has links to training for all individuals who work with the School Meals Program including bookkeepers. You can access select Town Hall trainings on topics such as Shutting Down your Kitchen Over Summer and Commodities in addition to training to meet the annual Civil Rights training requirement. There are also links to upcoming workshops and other in-person training opportunities.

Institute of Child Nutrition (ICN) e>Learning Portal: <https://theicn.docebosaas.com/learn>

- Over 60 courses in categories such as Food Safety and School Nutrition. Register for a free account and get started!

School Nutrition Association (SNA): <https://schoolnutrition.org/learning-center/>

- The SNA Learning Center provides many resources on topics such as Breakfast in the Classroom, Culinary Skills, Procurement and the Training Zone to name a few.
- The Training Zone is described as a "One-Stop Shop" for all of SNA's eLearning. Here you'll find Online Training Modules, On-Demand Webinars, and the popular Webinar Wednesdays.
- Must be a member to log in.

USDA/FNS

- **Database of Professional Standards Trainings:** <https://professionalstandards.fns.usda.gov/>
 - Search for training by topic. Check out the Trainings of the Month on timely topics such as *Purchasing Using the Food Buying Guide*.
- **USDA/FNS YouTube Channel:** <https://www.youtube.com/user/USDAfoodandnutrition>
 - You can browse by Videos, Playlists, Community and Channels. Good source of up-to-date information on many topics such as CN Labeling, Farm to School, USDA Foods and more.
- **Team Nutrition:** <http://www.fns.usda.gov/tn/team-nutrition>
 - A link to Team Nutrition Webinars & Training can be found in the bottom right-hand corner of the Spotlights section. Good source of Crediting Updates for Child Nutrition Programs.
- **Food Safety:** <https://www.fns.usda.gov/ofs/food-safety>
 - In the Spotlights section you'll find links to Food Safe Schools resources including Produce Safety Hacks and Food Safety Flashes videos.
 - Produce Safety University Resource page <https://www.fns.usda.gov/psu/graduates>
A wonderful source of produce safety training in many formats including fact sheets, videos, webinars and training materials taught at the annual USDA Produce Safety University.
- **Making It Count (UMass Amherst):** <http://www.makingitcount.info/>
Highly recommended training for foodservice staff who work at vended sites.
 - Videos and interactive activities provide a fun learning experience for all school food service staff.
 - Topics are divided into the categories of Breakfast, Lunch, Afterschool Snack, Food Production in Schools, Accountability and Access. Specific topics within these categories include Identify a Reimbursable Meal, Portion Control, Meal Patterns, Dietary Specifications and Special Dietary Needs.



Professional Standards for All School Nutrition Program Employees

Summary of the Final Rule Effective March 7, 2019

USDA has established minimum professional standards requirements for school nutrition professionals who manage and operate the National School Lunch and School Breakfast Programs.

The standards, another key provision of the Healthy, Hunger-Free Kids Act of 2010 (HHFKA), aim to institute minimum education standards for new State and local school nutrition directors as well as annual training standards for all school nutrition professionals. These new standards will ensure school nutrition personnel have the knowledge, training, and tools they need to plan, prepare, and purchase healthy products to create nutritious, safe, and enjoyable school meals. This final rule will:

- Create minimum hiring standards for new school food authority (SFA) directors based on a school district's size;
- Establish minimum hiring standards for new State directors of school nutrition programs and State directors of distributing agencies; and
- Require minimum annual training for all new and current school nutrition professionals.

A comprehensive Professional Standards Web site provides a database of training options. School nutrition staff can search for training that meets their learning needs in one easy-to-use location: <http://professionalstandards.fns.usda.gov/>

Training Standards for All School Nutrition Program Employees (All Local Educational Agency Sizes)

All Directors	Beginning school year 2016-2017: at least 12 hours of annual continuing education/training. This required continuing education/training is in addition to the food safety training required in the first year of employment.
All Managers	Beginning school year 2016-2017: at least 10 hours of annual continuing education/training.
All Other Staff Other than the Director or Manager who works an average of at least 20 hours per week	Beginning school year 2016-2017: at least 6 hours of annual continuing education/training.
Part-Time Staff Work <20 hours per week	Each year, at least 4 hours of annual continuing education/training, regardless of the number of part-time hours worked. Note: If hired January 1 or later, an employee must only complete half of the above required training hours.

Training Requirements for All State Agency Directors

State Director of School Nutrition Programs	State Director of Distributing Agencies
Each year, at least 15 hours of annual continuing education/training. Must PROVIDE, or ensure that State agency staff receives, annual continuing education/training. Must also PROVIDE a minimum of 18 hours of training to SFAs each year.*	Each year, at least 15 hours of annual continuing education/training. Must PROVIDE, or ensure that State food distribution staff receives, annual continuing education/training.*

**Training is an approved use of State Administrative Expenses (SAE) funds and a variety of training formats are allowed. States may use contractors or partner with other organizations (School Nutrition Association and National Food Service Management Institute, etc.) to provide training.*

Hiring Standards for New School Nutrition Program Directors

New directors — those hired on or after July 1, 2015 — are subject to the new education requirements below. Existing directors will be grandfathered in their current positions as well as in the Student Enrollment category where they currently are working. (School Nutrition Program Directors are the individuals responsible for the operation of school nutrition programs for all schools under the local educational agency (LEA).)

Minimum Requirements for Directors	Student Enrollment 2,499 or less	Student Enrollment 2,500-9,999	Student Enrollment 10,000 or more
Minimum Education Standards See the final rule for additional preferred educational standards for new directors	Bachelor's degree, or equivalent educational experience, with academic major in specific areas;* OR Bachelor's degree in any academic major, and State-recognized certificate for school nutrition directors; OR Bachelor's degree in any academic major, and at least 1 year of relevant food service experience; OR Associate's degree or equivalent educational experience, with academic major in specific areas,* and at least 1 year of relevant food service experience; OR High school diploma (or GED) and at least 3 years of relevant food service experience. (For an LEA with less than 500 students, the State agency may approve a candidate who meets the educational standards but has less than the required 3 years experience.)	Bachelor's degree, or equivalent educational experience, with academic major in specific areas;* OR Bachelor's degree in any academic major, and State-recognized certificate for school nutrition directors; OR Bachelor's degree in any academic major and at least 2 years of relevant school nutrition programs experience; OR Associate's degree or equivalent educational experience, with academic major in specific areas,* and at least 2 years of relevant school nutrition programs experience.	Bachelor's degree, or equivalent educational experience, with academic major in specific areas;* OR Bachelor's degree in any academic major, and State-recognized certificate for school nutrition directors; OR Bachelor's degree in any academic major and at least 5 years experience in management of school nutrition programs. * Specific majors/areas of concentration: food and nutrition, food service management, dietetics, family and consumer sciences, nutrition education, culinary arts, business, or a related field.
Minimum Prior Training Standards	At least 8 hours of food safety training is required either not more than 5 years prior to their starting date or completed within 30 days of the employee's start date.		

Hiring Standards for New State Directors

	State Director of School Nutrition Programs	State Director of Distributing Agencies
Education	Bachelor's degree with an academic major in areas including food and nutrition, food service management, dietetics, family and consumer sciences, nutrition education, culinary arts, business, or a related field.	Bachelor's degree with any major.
Knowledge & Experience	Extensive relevant knowledge and experience in areas such as institutional food service operations, management, business, and/or nutrition education.	
Skills & Abilities	Additional abilities and skills needed to lead, manage, and supervise people to support the mission of school nutrition programs.	

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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (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.



Buy American Provision

The School Food Authority (SFA) will to the maximum extent practical purchase American grown products as required by participation in the federal school meals programs. Domestic commodities or food products are agricultural commodities produced and/or processed in the United States. For unprocessed foods, agricultural commodities must be domestic. Processed foods must be processed domestically using agricultural food components that are comprised of over 51% domestically grown food items by weight or volume (7 CFR 210.21, 220.16, SP38-2017). Products from Guam, American Samoa, Virgin Islands, Puerto Rico, and the Northern Mariana Islands are allowed under this provision as territories of the United States.

The SFA must ensure the Buy American Provision is included in the SFA's procurement plan/procedures, all procurement solicitation/contracts and bid specifications. The SFA must ensure the Buy American Provision is followed for all informal purchasing and micro-purchasing.

Limited Exceptions to the Buy American Provision

Federal regulations require all foods purchased for USDA Child Nutrition Programs to be of domestic origin to the maximum extent practical. There are limited exceptions to the Buy American provision, these include:

- a. The product is not produced or manufactured in the U.S. in sufficient and reasonably available quantities of a satisfactory quality. Examples: bananas and pineapple
- b. Competitive bids from vendors reveal the cost of a U.S. product is significantly higher than a non-domestic product.

Vendors must notify the SFA prior to delivery when a non-domestic product is substituted for a domestic product. Vendors must provide the school food service director with documentation to support the substitution, which would include product availability and/or cost information. The food service director must approve the substitution of a non-domestic product for a domestic product prior to delivery. Any non-domestic product delivered to the school without the prior approval of the food service director, may be rejected and returned to the vendor at vendor's expense.

Buy American Justification Form

Complete this form when purchasing a **non-domestic food** product due to the following exceptions: **availability and/or cost.**

Vendor's Name:	
Vendor Contact Information:	
Food Product Name:	
Food Product Country of Origin:	
Purchase Unit (example: case, lbs., each)	
Indicate reason below for purchase of non-domestic food item: <input type="checkbox"/> Availability – Poor market conditions exist (weather, and/or supply availability). Provide explanation: <input type="checkbox"/> Cost – Domestic food product is significantly higher in cost than non-domestic food product. Complete cost information below.	
Cost per Purchase Unit for Domestic Food Product	\$
Cost per Purchase Unit for Non-Domestic Food Product	\$
What other alternatives to using this non-domestic food products were considered?	
Explain why the non-domestic food product was used and an alternate food product was not used:	

Food Service Director Signature

Date

Code of Conduct Template for School Food Authorities

This written Code of Conduct shall govern the performance and actions of School District officers, School Board members, employees, School Food Authorities, directors, volunteers or agents who are engaged in any aspect of procurement, contracts, grants or the administration and supervision of contracts supported entirely or in part by federal entitlement funds disbursed by USDA. These regulations are found in:

- 2 CFR 200.317-326 Office of Management and Budget (OMB) Super Circular
- 7 CFR 210.21 National School Lunch Program (NSLP) Procurement
- 7 CFR 220.16 School Breakfast Program (SBP) Procurement
- 7 CFR 225.17 Summer Food Service Program (SFSP) Procurement

The [District or System name] School Food Authority seeks to conduct all procurement procedures: in compliance with stated regulations; and to prohibit conflicts of interest and actions of employees engaged in the selection, award and administration of contracts.

No employee, officer, or agent may participate in the selection, award, or administration of a contract supported by a Federal, State, or local funds if he or she has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract.

The officers, employees, and agents of the non-Federal entity may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. However, organizations may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value.

Disciplinary actions, as outlined in local district policy [Number and title of district or system's internal policy], will be applied for violations of such standards by officers, employees, or agents of the organization.

Procurement Plan for School Food Authorities

This is a template to be used by School Food Authorities (SFAs). Please modify the template to reflect your SFA's procurement process.

The following procurement policy statement shall govern all purchasing activities that relate to any aspect of the School Meals Program. This statement is meant to provide guidance to our personnel and vendors on acceptable and/or required procurement practices. Our goal is to fully implement all required and recommended procurement rules, regulations and policies set forth in 2 CFR 200, 7 CFR parts 210, and by the State Agency.

Procurement Policy

The purchasing procedure to be followed shall be determined by the anticipated total annual expenditure on items related to the food service program:

- 1) When the annual total for food service program related items **is less than \$250,000** (small purchase threshold) per procurement event or in aggregate purchases per year this organization will follow the informal **Small Purchase Procedures**.
- 2) When the annual total for food service program related items **is greater than \$250,000** (small purchase threshold) per procurement event or in aggregate purchases per year this organization will follow the **Formal Competitive Solicitation Procedures**.

Micro-Purchase Procedures

Micro-Purchases may be used for single purchases under \$10,000 made with a vendor 2 CFR 200.320(a).

- 1) Prices must be reasonable 2 CFR 200.320(a).
- 2) Purchases will be spread equitably among all qualified sources 2 CFR 200.320(a).

Small Purchase Procedures

For purchases made below the small purchase threshold, the Small Purchase Procedure will be utilized to purchase necessary goods and services. When Small Purchase Procedures are used, this organization will take the following steps:

- 1) Contact a reasonable number of qualified vendors
- 2) Write specifications for goods and services
- 3) Document each vendor's quoted price (ex. log sheet)
- 4) Select the company that provides the lowest, most responsive, and responsible quote
- 5) Document supplier that was awarded the quote
- 6) Manage orders by confirming product and prices match quotes

Formal Competitive Solicitation Procedures

For purchases made in excess of the small purchase threshold, a Formal Competitive Solicitation will be conducted. When Formal Competitive Solicitation Procedures are used, this organization will take the following steps:

- 1) Prepare an Invitation for Bid (IFB) or Request For Proposal (RFP) document specifically addressing the items to be procured
 - a. Include detailed specifications
 - b. Ensure price will be the selection criteria most heavily weighted.
- 2) Publicly announce and advertise the bid/proposal at least 21 calendar days prior to bid opening
 - a. Announcements will include the date, time, and location in which bids will be opened.
- 3) Determine the most responsive and responsible bid/proposal by using the selection criteria set forth in the bid/proposal document
 - a. Responsive bidders will be those whose bid/proposal conforms to all of the terms, conditions and requirements of the IFB/RFP;
 - b. Responsible bidders will be those who are capable of performing successfully under the terms and conditions of the contract.
- 4) Award the contract
 - a. To the most responsive and responsible bidder based on the criteria set forth in the IFB/RFP;
 - b. At least two weeks before program operations begin;
 - c. If a protest is received, it must be handled in accordance with 7 CFR 210.21.
- 5) Retain all records pertaining to the formal competitive bid process for a period of five years plus the current year

(Note: If the small purchase threshold established in the sponsor's procurement policy statement is less than \$250,000, the smaller purchase threshold will govern.)

Procurement Summary

This organization incorporates the following elements into the Procurement Policy Statement, as required by 2 CFR 200 and 7 CFR parts 210.

- A. **Competition:** We shall demonstrate our goods and services are procured in an openly competitive manner and competition will not be unreasonably restricted 7 CFR 210.21(c)(1) and 2 CFR Part 200.319(a)(1-7).
- B. **Comparability:** We recognize for true competition to take place, we must maintain reasonable product specifications to adequately describe the products to be purchased and the volume of planned purchases based upon pre-planned menu cycles 2 CFR 200.319(a)(6).

- C. **Documentation:** We shall maintain for the current year and the preceding three years all significant materials that will serve to document our policies and procedures 2 CFR 200.318(i).
- D. **Code of Conduct:** This program shall be governed by the SFA's Code of Conduct and it shall apply to all personnel, employees, directors, agents, officers, volunteers or any person(s) acting in any capacity concerning the food service procurement program 2 CFR 200.318(c)(1).
- E. **Contract Administration:** Purchases shall be checked or verified by designated staff to assure that all goods and services are received and prices verified against the contract. All invoices and receipts shall be signed, dated, and maintained in the documentation file 2 CFR Part 200.318(b).
- F. **General Requirements:**
- 1) Small, minority and women's businesses enterprises and labor surplus firms are used when possible 2 CFR 200.321.
 - 2) Ensure compliance with the Buy American Provision when purchasing food 7 CFR 210.21(d).
 - 3) A cost or price analysis in connection with every procurement action in excess of the small purchase threshold including contract modifications 2 CFR 200.323(a).
 - 4) Documented Procurement Procedures and activities will be maintained 2 CFR 200.318(a).
- G. **Food Service Supervisor:**
- 1) Plan the goods or services needed for the school food service program for the school year based on planned menus through needs assessment, forecasting and budgeting.
 - 2) Develop written specifications for food/supplies needed. Include details such as descriptions and product requirements (e.g. packaging, weight, pack size, etc.) for needed goods or services.
 - 3) Compare product specifications among all vendors/contractors. Information for informal purchases may be obtained online, in catalogs, sale flyers, newspapers, prices obtained from grocery stores, farmer's markets, etc.
 - 4) Make procurement awards based on the lowest and best vendor's response as determined by quality, availability, service and price.
 - 5) Place and confirm orders with vendors or make plans to purchase the required items.
 - 6) Work with vendors on a fair and equal basis.
 - 7) Conduct an in-house procurement review once per year.

Procurement Review Log

School: _____

Purpose – to find out how the district makes purchases for the school meals program

- These are federal taxpayer dollars so there must be free and open competition
- Make sure all purchases are allowable
- Purchase items at the lowest price unless documentation on file

Who is responsible for purchasing?

Who pays the bills?

What bookkeeping system do you use?

What is the process for paying bills? Are invoices for the program filed separately? Filed by month?

Who do you buy from?

Do you compare prices? If yes, how often? weekly / monthly / quarterly / annually

Are you keeping documentation of these price comparisons?

Three types of purchases:

Micro Purchases - informal and non-competitive

- Single purchases – under \$10,000 per purchase
- Price is reasonable - do not need competitive quotes if price is reasonable
- Purchases are equitably distributed – spread the wealth
- Example – purchasing produce from local vendors, one-time purchases, emergency repairs

Small Purchases – informal but competitive

- Single purchases - >\$10,000 - <\$250,000 unless school has smaller threshold
- Prices must be obtained from multiple vendors
- Document your procedure for contacting vendors
- Can use price lists, catalogs, flyers, emails
- Document best prices – received by email, phone, visiting with salesman
- Examples – bread, milk, groceries, pest control, uniforms, equipment

Formal Purchases – formal and competitive

- Single purchases – > than \$250,000
- Go out for bid – RFP or IFB (cost only)

Allowable and Unallowable Costs

- Provide food for teacher meetings, parent teacher conferences, board meetings, etc.
- Pest control – asked to pay entire bill
- Personal gifts – birthdays, retirements, illness

Company invoices selected for review:

<https://www.education.ne.gov/ns/forms-resources/national-school-lunch-program/contracts-meal-service-agreements/>



Forms and Resources Home

School Meals Program >

Child and Adult Care Food Program >

Summer Food Service Program >

Team Nutrition >

Farm To School

On-line Application/Claim System

Quick Links >



Questions, Comments, or Corrections? Let us know!

Contracts – Meal Service Agreements

Forms & Resource Center

Contracts – Meal Service Agreements

- [NDE Contract #1 – Host School Provides Meal Service to Recipient School Students.doc](#)
[NDE Contract #1 – Host School Provides Meal Service to Recipient School Students.pdf](#)
- [NDE Contract #2 – Meals Transported from School to Recipient School.doc](#)
[NDE Contract #2 – Meals Transported from School to Recipient School.pdf](#)
- [NDE Contract #3 – Meals Transported from Commercial Vendor to Recipient School.doc](#)
[NDE Contract #3 – Meals Transported from Commercial Vendor to Recipient School.pdf](#)

USDA Foods – www.cnpweb.org/nebraska/login

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The screenshot shows the top navigation bar of the Nebraska DHHS Food Distribution Program web application. The header includes the Nebraska DHHS logo, the text "Food Distribution", the "FDP" logo, and the text "Food Distribution Program". To the right are links for "Help" and "Logoff". Below the header is a blue navigation bar with links: "Summary", "Entitlement", "Inventory", "Allocations", "Orders", "Billing", "Survey", "Maintenance", "Reports", and "Resources". Below the navigation bar is a yellow bar with the text "Home > Select Year". On the right side of the yellow bar, it says "Program Year: 0 Sponsor 000000 -".

Program Year Selection

Program Year	Program Begin Date	Program End Date
2016	July 1, 2015	June 30, 2016
2017	July 1, 2016	June 30, 2017
2018	July 1, 2017	June 30, 2018
2019	July 1, 2018	June 30, 2019
2020	July 1, 2019	June 30, 2020
2021	July 1, 2020	June 30, 2021