


Please enter your Name, Title, School Name, Town, School Phone Number, Email, and if you are new to your position for School Year 2025-26. Click on the link to the [Google Sheet](#) entered in the Chat box.

Sign-In Sheet SY 25-26: Office Hours-Determining Meal Eligibility, July 29, 2025						
Name (First and Last)	Title	School Districe of Organization	City	Phone Number	Email Address	New to Position for SY 25-26?
Samantha Hathaway	Administrative Secretary	Willow Springs Public School	Willow Springs	308-245-6784	s.hathaway@link.com	Yes

1



School Year 25-26: Office Hours Bookkeepers/Claim Contacts

Determining Meal Eligibility

July 29, 2025

Nebraska Department of Education

Nutrition Services

Free and Reduced-Price School Meals

[APPLY NOW](#)



2

Your Presenters: Nutrition Services Program Specialists

Erica Arter



Aspen Kosmacek



Shawn Vondracek



3

Housekeeping



Use the **Chat Box** to ask questions.



Questions will be answered at the end of the presentation.



You will be muted during the presentation but unmuted during Q/A time.

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More Housekeeping Tips



The 2025 Bookkeeper Update Zoom presentation, handouts, and slide deck are posted on the Nutrition Services website under Training for your viewing: <https://www.education.nv.gov/ns/training/national-school-lunch-program/>



The slide deck and handouts have been emailed to you and are posted on the Nutrition Services Website: <https://www.education.nv.gov/ns/training/national-school-lunch-program/>



Handouts will be reviewed in packet order. The page number is in the bottom right corner of the slide and handout.



The Professional Standards Training Certificate is page 1 of the handout packet. Today's presentation provides 2 hours of CEUs.

Handout Page 1

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Sign-In Sheet SY 25-26: Office Hours-Determining Meal Eligibility, July 29, 2025						
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Samantha Hathaway	Administrative Secretary	Willow Springs Public School	Willow Springs	308-245-6784	s.hathaway@link.com	Yes

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Topics for Today



- **Meal Eligibility**
 - Direct Certification Process Updates
 - Approving Free and Reduced Meal Applications
- **Navigating the USDA Eligibility Manual**
- **Confidentiality and Nondisclosure of Meal Eligibility**
- **Preparing for the Verification Process**
- **Answering Your Questions**

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The Start of the Meal Eligibility Process

July 2024						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

- The new School Year starts **July 1st** and ends on **June 30th**

Reminder:

A student's eligibility for meal benefits is not disclosed at any point in the process of providing free and reduced meal benefits.



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Carryover of Eligibility



- Students receiving Free and Reduced meal benefits at the end of the prior school year may begin the new school year with the same meal benefits
- **Timeframe:** the prior year's eligibility can be extended up to 30 operating days (school days) **or** up to the time a new determination of eligibility is made, whichever is first
- If no new eligibility determination is made, the student's eligibility must be changed to paid. *SFAs can notify the household before this happens to avoid unpaid meal charges.*

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Eligibility Overview

Two processes for determining students' eligibility:



1. Direct Certification

- **Categorical Eligibility** – Free or Reduced in CNP Direct Certification (DC) system (SNAP, TANF, FDIPIR, FOSTR, MGRNT, MFREE, MRED)

2. Free & Reduced-Price Meal Application

- **Income Eligibility** – Free or Reduced with a meal application (household size and income)
- **Categorical Eligibility** – Free with a meal application (Foster, Homeless, Migrant, Runaway, SNAP, TANF, FDIPIR)

Free & Reduced-Price School Meals Family Application – complete one application per household. Attachment C - 2024-25

Return Completed Application to: (Insert School Name & Mailing Address here)

Part 1: Children in School
 Enter MASTER CARD NUMBER if Precondition Qualifier for SNAP, TANF or FDIPIR (Social Security Number, Medicaid number and EBT numbers are not accepted.) Day to Part 4.
 If all children meals are being used for up to 45 days ago from: _____
 If none of the children are foster or are homeless, migrant or runaway children, complete all items of the application.

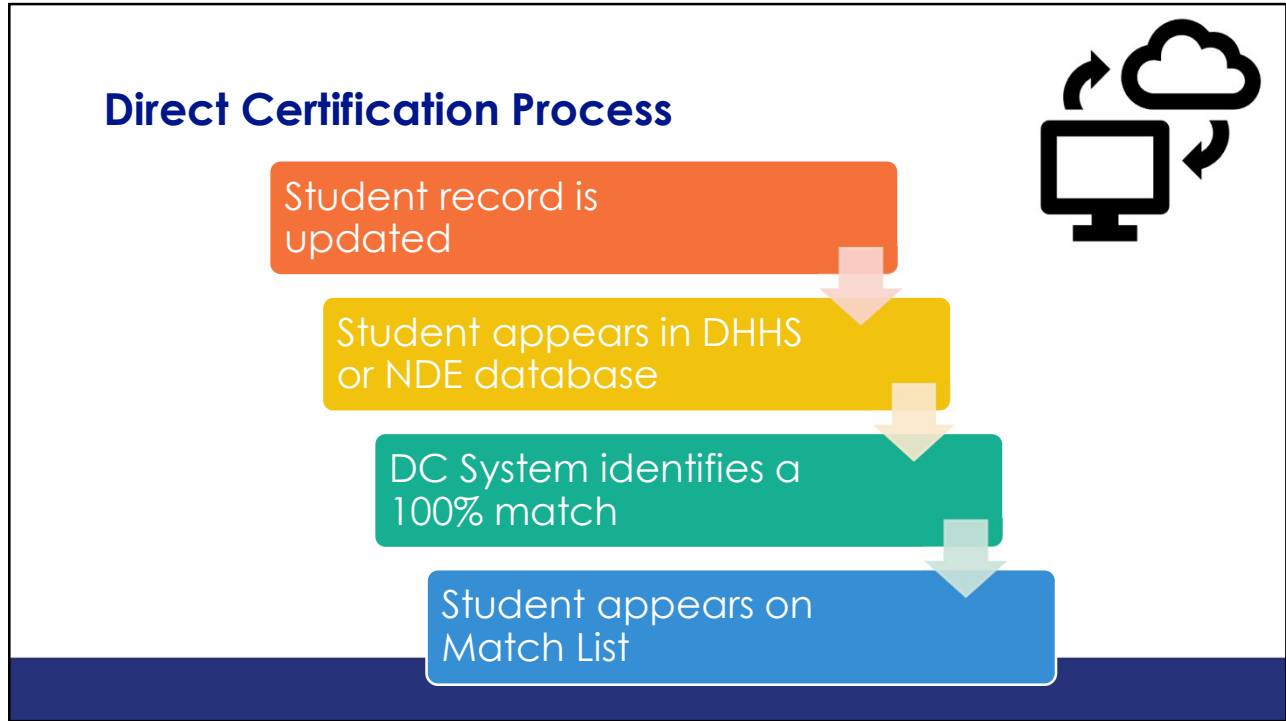
Grade	Name of School Child/Attendee	Check all that apply:
		Foster <input type="checkbox"/> Student <input type="checkbox"/>
		Homeless <input type="checkbox"/> Migrant <input type="checkbox"/>
		Runaway <input type="checkbox"/> Other <input type="checkbox"/>

Part 2: Assistance Programs – SNAP, TANF or FDIPIR benefits
 Enter MASTER CARD NUMBER if Precondition Qualifier for SNAP, TANF or FDIPIR (Social Security Number, Medicaid number and EBT numbers are not accepted.) Day to Part 4.
Part 3: Total Household Gross Income – You report all de facto household members.
 List everyone in the household. Current income each person earns in whole dollars (no cents) & how often. Earning "or" or missing the income field means confirm no income to report. A Foster Child's personal use income must be listed.

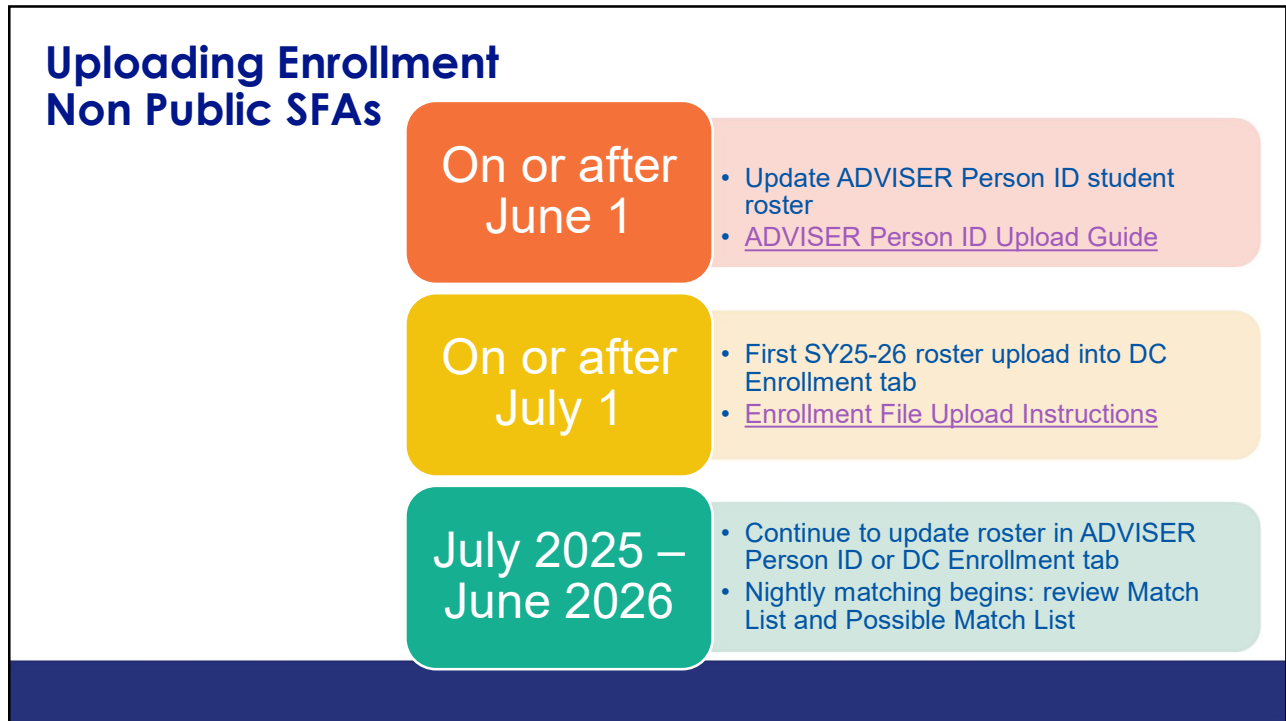
1. Household Member	2. Gross Income (before taxes)	How Often it was Received	3. Public Assistance, Child Support, Allowance	4. Payments, Investments and All Other Income	How Often	
	Income	How often	Income	How often	Income	How often

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

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Uploading Enrollment Public SFAs

On or after
June 1

On or after
July 1

July –
September 14

September 15

- Update ADVISER Person ID student roster
- [ADVISER Person ID Upload Guide](#)

- First SY25-26 roster upload into DC Enrollment tab
- [Enrollment File Upload Instructions](#)

- Continue to update roster in ADVISER Person ID or DC Enrollment tab
- Nightly matching begins: review Match List and Possible Match List

- Student Information System is approved to interface with ADVISER
- Automated matching occurs; roster uploads are no longer required

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Accessing the Direct Certification System in CNP

<https://nutrition.education.ne.gov>
 School Nutrition Programs < Applications < Direct Certification/Direct Verification

School Nutrition Programs NEBRASKA DEPARTMENT OF EDUCATION

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
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

Direct Certification / Direct Verification

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](#)

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Direct Certification

<https://cnpdc.education.ne.gov/Home/Index>

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Enrollment

- Public and nonpublic SFAs can utilize this option for updating student records
- SFA uploads required student data per provided template used for matching
- Begin uploading files into CNP on July 1

Enrollment

Upload or enter student enrollment records for the direct certification process

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Use Template in Enrollment Tab

Please **do not** create your own spreadsheet. You must use to **excel template** provided in the enrollment tab.

All columns required **exc ept Local Student ID**

17

Upload Successful When.....

Student Names and data appear within 5 minutes after refreshing in the "Submitted Student Enrollment Records" table

18

Upload Review

- Error Message**
- Confirm all students are uploaded

- Enrollment Errors**
- Highlighted orange
 - Display Only Errors button

- Upload Errors**
- Yellow error bar
 - Contact NDE for help

- Result Errors**
- Review original file

Student Enrollment 2025 - 2026

Student Enrollment is used to upload or enter student enrollment records for the direct certification process.

Show Help

The following schools have not uploaded any data:
 [Redacted] 001 [Redacted] SECONDARY SCHOOL

Submitted Student Enrollment Records

Display Only Errors School: All Schools Showing 5311 - 5325 of 5868 results

Submit Date	Last Name	First Name	Gender	DOB	School #	School Name	NDE Student ID	Local ID	Action
07/24/25 12:00	Doe	Jane	F	11/2/14	001	Education Center	000000000		Edit Delete

Upload Student Information File

Click here to download an Excel template with the correct formatting and column headers to use when uploading.

Choose File... Upload

An error occurred while saving. Please inform the Help Desk.

Submitted Student Enrollment Records

School: All Schools Showing 1 - 15 of 43851 results

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Enrollment Upload Help

Enrollment Roster File Upload Instructions

Includes:

- Link to template
- Required data and formatting requirements
- Guidance for navigating to the Enrollment module in CNP system

Need help?
 Email nde.nsw@nebraska.gov

ENROLLMENT ROSTER FILE UPLOAD INSTRUCTIONS
 Updated: 5.15.2024
 Questions? Email nde.nsw@nebraska.gov

School Food Authorities (SFAs) who are unable to update their ADVISER/PersonID roster are asked to submit a file containing all enrolled students annually in June to the Direct Certification (DC) System. Starting in early July, matches between the uploaded file and DHS database will appear on the Match List in the DC system.

PREPARING FILE

- Please utilize the [Enrollment Roster template](#) that includes the required columns and formatting.
- One or more excel files (.xls) can be uploaded into the Enrollment module.
- These files should contain all PK-12 students that are currently enrolled at your school district.

FORMATTING REQUIREMENTS

Column Number	Name	Data Format	Notes
1	School Building Number	Numeric (XXX)	Three digit school code
2	Local Student ID	Numeric (Optional)	
3	NDE Student ID	Numeric (10 digits)	NDE's unique state student ID, required for data verification.
4	Student Last Name	Alphanumeric	
5	Student First Name	Alphanumeric	
6	Student Gender	Alphanumeric (M or F)	Any data entered other than "M" or "F" (i.e. "Male" and "Female") will result in an upload error.
7	Student Birth Date	Alphanumeric (yyyy-mm-dd or m/d/yyyy)	Required for student matching.

UPLOAD LOCATION

1. Login to the CNP system (nutrition.education.ne.gov) and navigate to the DC system.

School Nutrition Programs

Handout Pages 2-4

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Match List

- List of directly certified students who qualify for free or reduced priced meals
- Nightly matching process
 - Most recent match date is listed on the green tile
- Matched students do not need to submit a free and reduced-priced meal application

Match List

Manage students directly certified for free or reduced price meal benefits

Last List Date: 06/06/20XX

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Match List

Match List
20XX-20XX

Use the Match List to manage students directly certified for free or reduced price meal benefits during the current school year

[Show Help](#)

Search From:

To:

Show entries

Tip: Sort columns by clicking on the heading title

Showing 1 - 10 of 38 results

List Date	Quality	Last Name	First Name	Gender	DOB	School #	School	NDE Student ID	Local ID
07/02/20XX	SNAP	Student	Example	F	07/08/2008	001	HIGH SCHOOL	000000000	12345
07/08/20XX	SNAP	Student	Example	M	08/21/2007	001	HIGH SCHOOL	000000000	12345
07/08/20XX	SNAP	Student	Example	F	03/25/2005	001	HIGH SCHOOL	000000000	12345
07/04/20XX	SNAP	Student	Example	F	11/13/2006	001	HIGH SCHOOL	000000000	12345
07/04/20XX	SNAP	Student	Example	F	06/11/2004	001	HIGH SCHOOL	000000000	12345
07/04/20XX	SNAP	Student	Example	M	08/21/2007	001	HIGH SCHOOL	000000000	12345
07/04/20XX	SNAP	Student	Example	M	04/01/2005	001	HIGH SCHOOL	000000000	12345
07/04/20XX	SNAP	Student	Example	F	04/03/2011	002	ELEMENTAR...	000000000	12345
07/04/20XX	FOSTR	Student	Example	M	04/24/2012	002	ELEMENTAR...	000000000	12345
07/04/20XX	MFREE	Student	Example	F	02/02/2010	002	ELEMENTAR...	000000000	12345

1
2
3
4
Next

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Students can be Directly Certified Based on these 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

Handout Page 5

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Extending Free and Reduced-Price Meal Benefits for SNAP, TANF, FDPIR, MFREE, and MRED

If family A and family B are residing together, do all students receive meal benefits?

YES, if the two families are a single economic unit (i.e. sharing the cost of rent, utilities, etc.). Families do not have to be related to be considered a household.

Does carryover exist for extended benefits?

YES. Categorical eligibility must be extended to newly enrolled siblings residing in the same household

Do I need to save a list of students with extended benefits?

YES. Your district must be able to link student to the student(s) in the household that are on the direct certification list. Print or Save the match list and manually add these students to the list if they cannot be added in CNP.

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Direct Certification List

- Notify Households of Approval using Attachment D (*Notice of Approval or Denial Letter*)
- Approval Date is the “List Date” on DC List
- **Keep on file at the district**
- Households Directly Certified for free meals do not need to submit a Free/Reduced Price Meal Application

Show 10 entries

List Date ↑↓	Quality ↑↓	Last Name ↑↓	First Name ↑↓
07/08/2025	SNAP	Student	Example

Attachment ID: 2000-XX

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 FDPFR 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

Must indicate if approved by Direct Certification the qualifying program

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.

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Direct Certification List

To learn more about NDE’s Direct Certification System, check out the Direct Certification training webinar or the 2025 Bookkeeper Update recording. Both provide valuable insights and guidance.



Direct Certification

NEBRASKA DEPARTMENT OF EDUCATION
NUTRITION SERVICES
JULY 2023

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

School Meals Training

2025 School Meals Foodservice Training

Information about SY2025-26 Summer Training Opportunities

- 2025 School Food Service Annual Training Flyer
- Registration Instructions for the Annual School Food Service Training
- 2025 Bookkeeper Training Flyer
- 2025 Bookkeeper update
- Bookkeeper Slide Deck 2025
- Bookkeeper Handout
- Inviting the Nutrition Services website & Completing the annual School Nutrition Programs Application
- Process the determine Meal Eligibility-Direct Certification**
- Process the determine Meal Eligibility-Free and Reduced-price Meal Application
- Other Topics: Civil Rights-USDA Foods, and Record Retention
- 2025 School Meals Foodservice Training
- School Meals Slide Deck 2025
- Handout Packet School Meals Training 2025

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

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Eligibility Overview

Two processes for determining students' eligibility:

1. Direct Certification

- **Categorical Eligibility** – Free or Reduced in CNP Direct Certification (DC) system (SNAP, TANF, FDIPIR, FOSTR, MGRNT, MFREE, MRED)



2. Free & Reduced-Price Meal Application

- **Income Eligibility** – Free or Reduced with a meal application (household size and income)
- **Categorical Eligibility** – Free with a meal application (Foster, Homeless, Migrant, Runaway, SNAP, TANF, FDIPIR)

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C - 2024-25
Return Completed Application to: (Insert School Name & Mailing Address Here)

Part 1: Children in School

Child's Name	Grade	State of School Child Attends	Check all that apply: Foster Migrant Homeless
			<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 MAXIMUM CASE NUMBER if household qualifies for SNAP, TANF or FDIPIR (Social Security numbers, Medicaid numbers and EBT numbers are not accepted) (Step to Part 4)

Part 3: Total Household Gross Income – You must list all household members and how often

1. Household Members	2. Gross Income (before taxes) and How Often it was Received		3. Public Assistance, Child Support, Retirement and Other Income	4. All Other Income
	Income	How often		

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

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Forms and Resources Home

- School Meals Program
- Important Dates
- After School Snacks
- Celebrations and Contests
- Fresh Fruit and Vegetable Program
- Forms & Resources**
- Grants
- School Breakfast Program
- Special Milk Program
- Training
- Seamless Summer Option
- Child and Adult Care Food Program

National School Lunch Program

Forms & Resource Center

Administration, Record Keeping & Finance

- Application – Income Eligibility**
- Application – Verification
- Attachments A-L and Permanent Agreement
- Buy American Provision
- Certification of Compliance – Additional 7 Cents
- Charge Policy
- Civil Rights
- Community Eligibility Provision (CEP)

SY 25-26 Forms Available on Website

Application – Income Eligibility

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

- Attachment A Income Eligibility Guidelines 2026
- Attachment B – Letter to Households 2026
- Spanish Version Attachment B – Letter to Household 2026
- Attachment B-1 – Special Milk Program Letter to Households 2026
- Attachment C – Free and Reduced Price Meal Application 2026
- Spanish Version Attachment C – Free and Reduced Price Meal Application 2026
- Attachment C-1 – Free Milk Application 2026
- Attachment D – Approval-Denial Letter 2026
- Spanish Version Attachment D – Approval-Denial Letter 2026
- Attachment D-1 – Special Milk Program Approval-Denial Letter 2026
- Attachment D-3 – Notice for Change of Benefits 2026
- Spanish Version Attachment D-3 – Notice of Change in Benefits 2026
- Attachment E- Self Employment 2026

Handout Pages 6-7

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Free & Reduced-Price Meal Applications

- Nutrition Services website for SY25-26 meal application:
<https://www.education.ne.gov/ns/forms-resources/national-school-lunch-program/application-income-eligibility/>
- Soon the FNS SY25-26 Prototype application will be translated into over 50 different languages
<https://www.fns.usda.gov/cn/translated-applications>

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SY 25-26 Free and Reduced Price Meal Applications

Free & Reduced Price School Meals Family Application - complete one application per household Attachment C, 2025-26

Parent 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 children listed are home, skip to Part 4 to sign the form.
 Parents of the student on behalf of the household, regular or runaway children, complete all steps of this application.

Grade	Name of School Child Attend	Enter <input type="checkbox"/> Regularly	Enter <input type="checkbox"/> Regularly	Enter <input type="checkbox"/> Regularly
		<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 FOPSR Benefits
 Enter MASTER CARD NUMBER if household qualifies for SNAP, TANF or FOPSR. (Social Security numbers, Medicaid numbers and EBT numbers are not accepted - Skip to Part 4)

Part 3: Total Household Gross Income - Tax and capital gains, before and after.

1. Household Members		2. Gross Income (before taxes) and How Often it was Received	
Person name in which address this unit is now often entering "0" or leaving the income field blank (unless the income is report. A foster child's personal life income should be listed)	How often	Earnings from Work before Deductions	Public Assistance, Child Support, Alimony, and All Other Income
	Income	How often	Income
	How often	Income	How often

Total Number of Household Members: Last four digits of Social Security Number (SSN) of the (Child and Adult) and signing this form: 1000-1000-0000-0000 Check if no SSN

Part 4: Adult Signatures and Contact Information - An adult household member must sign the application.
 I certify that all information on this application is true and that all income is reported. I understand that the 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: First name: _____ Date: _____
 Street Address if available: _____ Zip: _____
 Phone: _____


Part 5: Children's Ethnic and Racial Identities - Optional
 Check one Ethnic Identity: Hispanic or Latino or Native Hawaiian or Other Pacific Islander
 Check one or more Racial Identities: Black or African American White American Indian or Alaskan Native Other


Do Not Fill Out the Section Below if for School Use Only


Annual Income Certification: Agency ID: _____ Agency Name: _____ Agency Address: _____
 Total Household Size: _____
 Total Income: _____
 Year: 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040

Signature of Determining Official: _____ Date Approved: _____
 Signature of Confirming Official: _____ Date Confirmed: _____
 Signature of Verifying Official: _____ Date Verified: _____

NE Department of Education - Nutrition Services - National School Lunch Program Page 1 of 2

 Can be sent by mail, email or sent home in a packet **on or after July 1st for the current SY.**

 Cannot require a household to complete an online or paper meal application.

 Households directly certified do not need to fill out an application, unless MRED and applying for free meals.

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Required Documents to distribute to households NOT Directly Certified for Free Meals:

- **Attachment B:** Letter to Household with Instructions
- **Attachment C:** Free and Reduced Price Meal Application
- **Attachment E:** Self-Employment (Optional)
- **Attachment L:** Sharing Information Waiver (Optional)
- **Attachment L-1:** Medicaid Sharing Information Waiver (Optional)

➤ Add SFA information
➤ Do NOT edit content

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Assessing Completeness of Applications

Required Information for a Complete Application

Income Application

- Last four digits of the SSN of the signing adult or the no SSN box marked
- Current income
- Frequency of income
- Source of the income
- Household members, including the child
- Signature of adult household member

Categorical Application

- Child's name
- Case number or indication of status
- Signature of adult household member

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Processing Applications

Date stamp the application when received – this date can be used as the date eligibility can be extended

Must be processed and households notified of the determination within 10 operating days of receiving the application (When school is in session)

Must be approved based on the information the household submits on the application

Follow-up on missing/or vague information- document on application info received/with date/by whom



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Determining Eligibility Based on Income Applications



Income (*current*)

- **Gross income** before any deductions (such as taxes, Social Security taxes, insurance premiums, charitable contributions and bonds)



Household Size

- a group of related or non-related people living under one roof as one economic unit

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Determining Eligibility Based on Income Applications

Use SY 25-26 Income Eligibility Guidelines- Attachment A

NUTRITION SERVICES
 INCOME ELIGIBILITY GUIDELINES
 JULY 1, 2025 - JUNE 30, 2026

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	20,345	1,696	848	783	392	28,953	2,413	1,207	1,114	557
2	27,495	2,292	1,146	1,058	529	39,128	3,261	1,631	1,505	753
3	34,645	2,888	1,444	1,333	667	49,303	4,109	2,055	1,897	949
4	41,795	3,483	1,742	1,608	804	59,478	4,957	2,479	2,288	1,144
5	48,945	4,079	2,040	1,883	942	69,653	5,805	2,903	2,679	1,340
6	56,095	4,675	2,338	2,158	1,079	79,828	6,653	3,327	3,071	1,536
7	63,245	5,271	2,636	2,433	1,217	90,003	7,501	3,751	3,462	1,731
8	70,395	5,867	2,934	2,708	1,354	100,178	8,349	4,175	3,853	1,927
For each additional family member add:	7,150	596	298	275	138	10,175	848	424	392	196

Do NOT distribute Attachment Income Eligibility Guidelines to Households

Handout Page 8

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Determining Eligibility Based on Income Applications

- Households can report income in any increment:
 -Weekly, Biweekly, Every Other Week, Monthly, or Annual
- If multiple frequencies of income are reported, convert all income to an annual amount
- If the household reports a single frequency of income, no conversion is required. **Do NOT convert to annual income.**

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Example #1 – Single Frequency

- Student Name(s)
- Names of all Household Members
- Current Income for each person listed
- Signature of Adult
- Last 4 digits of Social Security Number or No SSN

Received 8/14/xx

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 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.

Name	Grade	Name of School Child Attends	Check all that apply:	
			Foster Child	Homeless, Migrant, Runaway
Sue Wright	9	Lincoln High	<input type="checkbox"/>	<input type="checkbox"/>
Bob Wright	5	Lincoln Elementary	<input type="checkbox"/>	<input type="checkbox"/>
Jacob Wright	4	Lincoln Elementary	<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		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: 5 Last four digits of Social Security Number (SSN) of the adult signing this form: XXX-XXX-0432 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 (Mandatory) Zip: Daytime Phone:

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Example #1 – Income Application: Single Frequency

- If the household reports a single frequency of income, no conversion is required. Do NOT convert to annual income.

John Wright \$1500/mo
 Mary Wright \$1000/mo
 Total \$2500/mo

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	20,345	1,698	848	783	392	28,953	2,413	1,207	1,114	557
2	27,495	2,292	1,146	1,058	529	39,128	3,261	1,631	1,505	753
3	34,645	2,888	1,444	1,333	667	49,303	4,109	2,055	1,897	949
4	41,795	3,483	1,742	1,608	804	59,478	4,957	2,479	2,288	1,144
5	48,945	4,079	2,040	1,883	942	69,653	5,805	2,903	2,679	1,340
6	56,095	4,675	2,338	2,158	1,079	79,828	6,653	3,327	3,071	1,536
7	63,245	5,271	2,636	2,433	1,217	90,003	7,501	3,751	3,462	1,731

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Example #1 – Income Application: Single Frequency

- **Determining Official** must review each application fully
- Approve, Deny or Request more information
- Sign and date each application. **Date should include month/day/year**

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 Income Reduced Income Denied 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: _____ Date Withdrawn From School: _____
 Signature of Verifying Official: _____ Date Verified: _____

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Example #2 – Multiple Frequencies

- Student Name(s)
- Names of all Household Members
- Current Income for each person listed
- Signature of Adult
- Last 4 digits of Social Security Number or No SSN

Received 8/19/xx

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 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.

Name	Grade	Name of School Child Attends	Check all that apply:	
Jane Smith	3	Lincoln Elementary	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Homeless, Migrant, Runaway
Michael Smith	6	Lincoln Elementary	<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	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	
Name	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: 4 Last four digits of Social Security Number (SSN) of the adult signing this form: XXX-XXX-3213 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: George Smith Print name: George Smith Date: 8/18/XX
 Street Address (if available): _____ Zip: _____ Daytime Phone: _____

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Calculating Income - Multiple Frequencies

- If multiple frequencies are reported, convert all income to an annual amount
 Monthly x (times) 12; Weekly x 52; Every two weeks x 26; Twice per month x 24

- For Mary Smith:
 $\$1200/\text{mo} \times 12 = \$14,400/\text{yr}$
 $\$100/\text{wk} \times 52 = \$5200/\text{yr}$

Household Size	Free Meals				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	20,345	1,696	848	783	392
2	27,495	2,292	1,146	1,058	529
3	34,645	2,888	1,444	1,333	667
4	41,795	3,483	1,742	1,608	804
5	48,945	4,079	2,040	1,883	942
6	56,095	4,675	2,338	2,158	1,079
7	63,245	5,271	2,636	2,433	1,217

- For George Smith: \$10,000/yr
- Total Annual Income: \$29,600

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Example #2 – Income Application: Multiple Frequencies

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 Income	<input type="checkbox"/> Reduced Income	<input type="checkbox"/> Denied Reason for denial:	
Total Income: <u>29,600</u> per	<input type="checkbox"/> Categorically eligible:	<input type="checkbox"/> Income too high		
<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	<input type="checkbox"/> SNAP/TANF/FDPIR	<input type="checkbox"/> Incomplete application		
	<input type="checkbox"/> Foster Child			
	<input type="checkbox"/> Homeless/Migrant/Runaway:			
	<i>(Official Documentation Required at School)</i>			
Signature of Determining Official: <i>Mary Nelson</i>			Date Approved: 8/19/XX	

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Attachment E: 20XX-XX

Calculating Income for Self-Employed Individuals

- Attachment E
- Income reported from specific lines on Tax Return Form 1040 – First page of the Tax Return and Schedule 1
- Losses subtracted to determine total income
- Zero income requires no follow-up

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".

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Example #3 – No Income

- Household can report zero income
- Application can be approved for free meals for the school year
- No follow-up is required

Received 8/14/xx

Free & Reduced Price School Meals Family Application – complete one application per household

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.

Name	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"/>

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.

Name	1. Household Members		2. Gross Income (before taxes) and How Often it was Received			
	Income	How often	Earnings from Work before deductions	Public Assistance, Child Support, Alimony	Pensions, Retirement and All Other Income	How often
Sarah Jones	0	mo				
Ben Jones						

Total Number of Household Members: 2 Last four digits of Social Security Number (SSN) of the adult signing this form: XXX-XXX-2345 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: Sarah Jones Print name: **Sarah Jones** Date: **8/14/XX**

Street Address (if available): _____ Zip: _____ Daytime Phone: _____

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Example #3 – Income Application: No Income

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
Total Income: <u>0</u> per	<input checked="" type="checkbox"/> Income	<input type="checkbox"/> Income	Reason for denial:
<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	<input type="checkbox"/> Categorically eligible:	<input type="checkbox"/> Income too high	<input type="checkbox"/> Incomplete application
	<input type="checkbox"/> SNAP/TANF/FDPIR		
	<input type="checkbox"/> Foster Child		
	<input type="checkbox"/> Homeless/Migrant/Runaway:		
	<small>(Official Documentation Required at School)</small>		
Signature of Determining Official: <i>Mary Nelson</i>		Date Approved: 8/15/XX	

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Required Information on Free & Reduced Price Meal Applications

Income Application

- Last four digits of the SSN of signing adult or no SSN box marked
- Current income
- Frequency of income
- Source of the income
- Household members, including child
- Signature of adult household member

Categorical Application

- Child's name
- Case number or indication of status
- Signature of adult household member

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Processing an Application with a Master Case Number

- If household qualifies for SNAP, TANF or FDPIR, they must list their Master Case Number
- Single Box on Part 2 of the application
- 5–9-digit number

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 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.

Name	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"/>

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

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Example #4 – Master Case Number

- Student Name(s)
- Household's Master Case # for SNAP, TANF or FDPIR
- Signature of Adult

Do NOT accept SSN, Medicaid or EBT number

Received 8/14/xx

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 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.

Name	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"/>

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		2. Gross Income (before taxes) and How Often it was Received					
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.		Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
Name	Income	How often	Income	How often	Income	How often	

Total Number of Household Members: _____ 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: Sue Brown Print name: Sue Brown Date: 8/10/XX
Street Address (if available): _____ Zip: _____ Daytime Phone: _____

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Example #4 – Master Case Number:

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	<input type="checkbox"/> Income	Reason for denial:
Total Income: _____ per	<input checked="" type="checkbox"/> Categorically eligible:		<input type="checkbox"/> Income too high
<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"/> SNAP/TANF/FDPIR		<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: <i>Mary Nelson</i>		Date Approved: 8/14/XX	

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Processing an Application with Foster Children

- Foster children automatically qualify for free meals
- No additional documentation required to be on file with application
- Eligibility of other children in household – based on household size & income, including foster child’s personal use income.

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Example #5 – Foster Children Only

- Student Name(s)
- Box checked for each Foster Child
- Signature of Adult
- Last 4 digits of Social Security Number not required

Received 8/19/xx

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 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.

Name	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"/>

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		2. Gross Income (before taxes) and How Often it was Received			
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.		Earnings from Work before deductions		Public Assistance, Child Support, Alimony	
Income	How often	Income	How often	Income	How often

Total Number of Household Members: _____ 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 child(ren) may lose meal benefits and I may be prosecuted under applicable State and Federal laws.

Sign here: *Phyllis Miller* Print name: **Phyllis Miller** Date: **8/18/XX**
Street Address (if available): _____ Zip: _____ Daytime Phone: _____

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Example #5 – Application: Foster Children Only

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

<input checked="" type="checkbox"/> Free	<input type="checkbox"/> Reduced	<input type="checkbox"/> Denied
<input type="checkbox"/> Income	<input type="checkbox"/> Income	Reason for denial:
<input checked="" type="checkbox"/> Categorically eligible:	<input type="checkbox"/> Income too high	<input type="checkbox"/> Incomplete application
<input type="checkbox"/> SNAP/TANF/FDIPIR		
<input checked="" type="checkbox"/> Foster Child		
<input type="checkbox"/> Homeless/Migrant/Runaway:		
(Official Documentation Required at School)		

Signature of Determining Official: *Mary Nelson* Date Approved: **8/20/XX**

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Example #6 – Foster Children – same approval for all

- Student Name(s)
- Box checked for each Foster Child
- Current income for each person listed including foster children
- Signature of Adult
- Last 4 digits of Social Security Number or No SSN

Received 8/18/xx

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 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	Foster Child	Homeless, Migrant, Runaway
7	Lincoln Middle	<input type="checkbox"/>	<input type="checkbox"/>
5	Lincoln Elementary	<input type="checkbox"/>	<input type="checkbox"/>
3	Lincoln Elementary	<input checked="" 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	2. Gross Income (before taxes) and How Often it was Received		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
	Earnings from Work before deductions	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: 5 Last four digits of Social Security Number (SSN) of the adult signing this form: XXX-XXX-6486 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: Denise Peters Print name: Denise Peters Date: 8/17/XX

Street Address (if available): Zip: Daytime Phone:

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Example #6 - Income Application: Foster Children – same approval for all

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	20,345	1,696	848	783	392	28,953	2,413	1,207	1,114	557
2	27,495	2,292	1,146	1,058	529	39,128	3,261	1,631	1,505	753
3	34,645	2,888	1,444	1,333	667	49,303	4,109	2,055	1,897	949
4	41,795	3,483	1,742	1,608	804	59,478	4,957	2,479	2,288	1,144
5	48,945	4,079	2,040	1,883	942	69,653	5,805	2,903	2,679	1,340
6	56,095	4,675	2,338	2,158	1,079	79,828	6,653	3,327	3,071	1,536

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: 1200 per Year Month 2 X Mo Every 2 Wks Week

Free Reduced Denied
 Income Income Reason for denial:
 Categorically eligible: Income too high
 SNAP/TANF/FDIPIR Incomplete application
 Foster Child
 Homeless/Migrant/Runaway:
(Occasional Documentation Required at School)

Signature of Determining Official: Mary Nelson Date Approved: 8/19/XX

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Example #7 - Foster Children – different approvals

- Student Name(s)
- Box checked for each Foster Child
- Current income for each person listed including foster children
- Signature of Adult
- Last 4 digits of Social Security Number or No SSN

Received 8/21/xx

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 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.

Child Name	Grade	Name of School Child Attends	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"/>

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	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
Steve Matthews	2500	mo				
Debbie Matthews	2700	mo				
Jordan Matthews						
Justin Matthews						
Jessica Matthews						
Kristen Thomas						

Total Number of Household Members: (Children and Adults) 6 Last four digits of Social Security Number (SSN) of the adult signing this form: XXX-XX-3152 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 child(ren) may lose meal benefits and I may be prosecuted under applicable State and Federal laws.

Sign here: Steve Matthews Print name: Steve Matthews Date: 8/19/XX
Street Address (if available): Zip: Daytime Phone:

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Example #7 - Income Application: Foster Children – different approvals

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	20,345	1,696	848	783	392	28,953	2,413	1,207	1,114	557
2	27,495	2,292	1,146	1,058	529	39,128	3,261	1,631	1,505	753
3	34,645	2,888	1,444	1,333	667	49,303	4,109	2,055	1,897	949
4	41,795	3,483	1,742	1,608	804	59,478	4,957	2,479	2,288	1,144
5	48,945	4,079	2,040	1,883	942	69,653	5,805	2,903	2,679	1,340
6	56,095	4,675	2,338	2,158	1,079	79,828	6,653	3,327	3,071	1,536
7	63,245	5,271	2,636	2,433	1,217	90,003	7,501	3,751	3,462	1,731
8	70,395	5,867	2,934	2,708	1,354	100,178	8,349	4,175	3,853	1,927

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: 6

Total Income: 5200 per Year Month 2 X Mo Every 2 Wks Week

Free - 1 Income Categorically eligible: SNAP/TANF/FDIPIR Foster Child Homeless/Migrant/Runaway: (Official Documentation Required at School)

Reduced - 3 Income

Denied Reason for denial: Income too high Incomplete application

Signature of Determining Official: Mary Nelson Date Approved: 8/21/XX

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Determining Categorical Eligibility Using an Application

Homeless, Migrant, and Runaway

- Qualify for free meals
- Confirm status for each child before providing benefits
- Documentation from Migrant Coordinator or Homeless/Runaway Liaison
- Eligibility of other children in the household is based on household size and income

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

Return Completed Application to:		Wheeler Central Schools 402 South 10 th Wheeler, NE 53902	
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: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input checked="" type="checkbox"/> Runaway
	Joe Black	7 th Leffler Middle	<input type="checkbox"/> Foster Child <input checked="" type="checkbox"/> Homeless <input checked="" type="checkbox"/> Migrant <input checked="" type="checkbox"/> Runaway
			<input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway
			<input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway
			<input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway

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Determining Categorical Eligibility-Head Start

Head Start

- Qualify for free meals
- Enrollment in Head Start does not need to be identified on the application.
- A child participating in Head Start is not determined eligible for free benefits until the LEA documents the child's status with Head Start program officials.
- Required Documentation: List of participants by a Head Start Official

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Example #8-Denied Applications

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	20,345	1,696	848	783	392	28,953	2,413	1,207	1,114	557
2	27,495	2,292	1,146	1,058	529	39,128	3,261	1,631	1,505	753
3	34,645	2,888	1,444	1,333	667	49,303	4,109	2,055	1,897	949
4	41,795	3,483	1,742	1,608	804	59,478	4,957	2,479	2,288	1,144
5	48,945	4,079	2,040	1,883	942	69,653	5,805	2,903	2,679	1,340
6	56,095	4,675	2,338	2,158	1,079	79,828	6,653	3,327	3,071	1,536
7	63,245	5,271	2,636	2,433	1,217	90,003	7,501	3,751	3,462	1,731
8	70,395	5,867	2,934	2,708	1,354	100,178	8,349	4,175	3,853	1,927

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: 7500 per Year Month 2 X Mo Every 2 Wks Week

Free Reduced Denied
 Income Income
 Categorically eligible:
 SNAP/TANF/FDPIR
 Foster Child
 Homeless/Migrant/Runaway
(Official Documentation Required at School)

Reason for denial:
 Income too high
 Incomplete application

Signature of Determining Official: Mary Nelson 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: _____

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Free & Reduced Price Meal Application Reminders

- Households can submit an application at anytime during the school year.
- Cannot accept applications filled out prior to July 1st for the current school year.
- If a household submits a paper application and appears on the Direct Certification List, Free eligibility should be based on Direct Certification.
- Households Directly Certified as MRED may submit a free and reduced price meal application to qualify for free meals.

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Free & Reduced Price Meal Application Reminders

- Applications may be shared between SFAs
- Eligibility determinations are valid for the school year (**Year-long Eligibility**)
- Keep all applications received on file
 - File alphabetically by Free, Reduced and Denied
 - Keep applications from Directly Certified households separate
- Applications for households that have withdrawn from the district must have the withdrawal date recorded and are filed separately.

Signature of Determining Official: <i>Mary Nelson</i>	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: 12/10/XX

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Notifying Households

Copies of all letters must be retained on-site

- All households must be notified in writing of the results
- **Use Attachment D: Notice of Approval or Denial Letter**
- Can be used to notify households who applied with a meal application or are Directly Certified

Attachment D: 2025-26

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 FDIPIR 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:

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Change in Benefits Mid-Year

- Use Attachment D-3 Notice of Change in Benefits
- Document Change and Reason:
 - Household provides additional information
 - Error in processing application
- If benefits must be reduced or terminated: 10 calendar days' written notice before the change is effective
- If benefits are to be increased: the change goes into effect immediately

Attachment D-3: 2025-26

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.

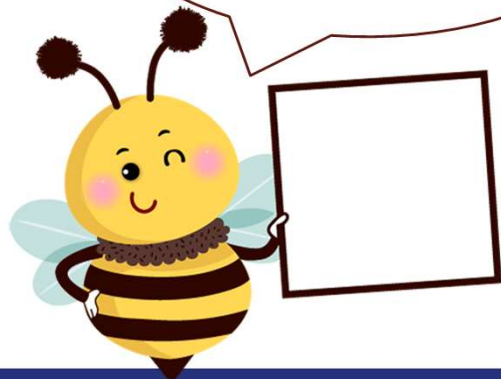
If you disagree with this decision, you may discuss it with **(SDE) or (SDE)**. You also have the right to a fair hearing. If you request a hearing by **(date)**, your child will continue to receive free or reduced-price meals until the decision of the hearing official is made. You may request a hearing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

Sincerely,

(signature)

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Resources: NSLP Meal Application Approval Checklist



NSLP Free & Reduced-Price Meal Application Approval Checklist

Before You Start

- Date-stamp the application upon receipt
- Applications must be processed and households notified within 10 operating days
- Follow-up on missing information
- Obtain Direct Certification (DC) data. DC takes precedence, except MRED can qualify for FREE with app.

1. Is the Application COMPLETE?

Income Application	Categorical Application
<input type="checkbox"/> Last four digits of the SSN of the signing adult or the no SSN box marked	<input type="checkbox"/> Child's name
<input type="checkbox"/> Current income	<input type="checkbox"/> Case number or indication of status
<input type="checkbox"/> Frequency of income	<input type="checkbox"/> Signature of adult household member
<input type="checkbox"/> Source of the income	
<input type="checkbox"/> Household members, including the child	
<input type="checkbox"/> Signature of adult household member	

2. Check for CATEGORICAL ELIGIBILITY

- A SNAP, TANF, or FDIPIR case number is listed -- Approve as FREE (All students listed on app.)
- A Foster child (marked on app) -- Approve as FREE (Foster child only)
- Homeless, Migrant, or Runaway (marked on app) -- Approve as FREE (Must confirm with local liaison)

Categorical eligibility applies to the identified child(ren) only as marked on the application for Foster, Homeless, Migrant, and Runaway. All other household members must qualify based on household size and income.

3. If NOT Categorically Eligible: Evaluate INCOME ELIGIBILITY

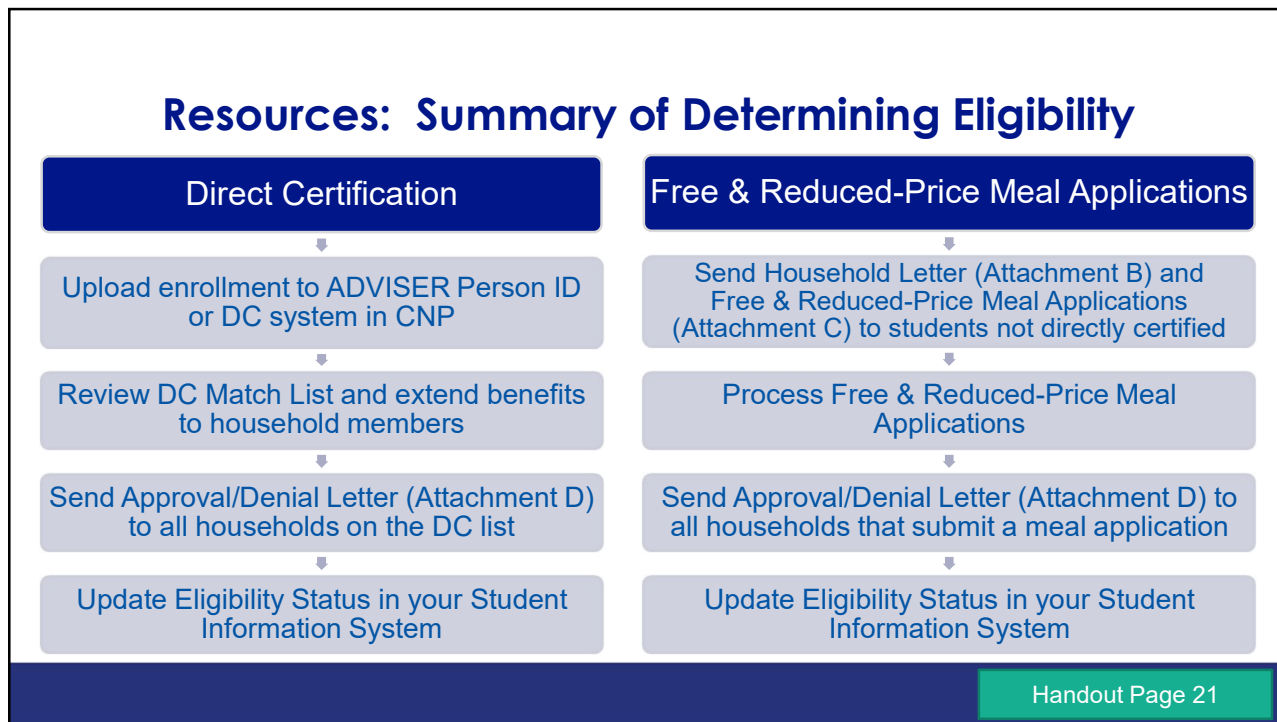
- Ensure all income is reported for each household member (gross income)
- Convert income to annual if multiple income frequencies are reported using USDA conversion rules:
Weekly x 52, Every 2 weeks x 26, Twice per month x 24, Monthly x 12
- Compare total household income and size using Attachment A – Income Eligibility Guidelines
- If income is at or below the Free guidelines -- Approve as FREE
- If income is at or below Reduced-price guidelines but above Free guidelines -- Approve as REDUCED
- If income exceeds the Reduced-price guidelines -- DENY

4. Additional Requirements

- The Determining Official must complete, sign, and date the bottom portion of the application
- Notify household of eligibility status using Attachment D-Notice of Approval/Denial Letter
- Eligibility determinations are valid for the school year (Year-long Eligibility)
- Update Benefit Insurance Systems and/or Benefit Issue Documents
- Keep all applications received on file. File alphabetically by Free, Reduced, and Denied. Keep applications from Directly Certified households separate.
- Households that do not initially apply for meal benefits should be encouraged to complete the school meal application throughout the school year.
- Applications may be shared between School Food Authorities.

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USDA's Eligibility Manual for School Meals – most current edition is July 18, 2017

Divided into six sections:

1. Getting Started
2. The Basis of Eligibility
3. Establishing Eligibility
4. The School Meal Application
5. Confidentiality and Disclosure
6. Verification

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Section 1: Getting Started - Key Requirements

- All schools participating in NSLP and SBP **must make free and reduced-price meals available to all eligible children** (7 CFR 245.1(a)) and (7 CFR 15.1)
- **Policy Statement:** each SFA must have an approved Free and Reduced-Price Policy statement on file. The SFA's Permanent Agreement with the State Agency contains this policy statement (7 CFR 245.10(a))
- **Public Release** of information regarding the availability of free and reduced-price meals and free milk. This release is issued by the State Agency on behalf of all SFA's in the state (7 CFR 245.5(a)(2)) and (7 CFR 245.5(b))
- **Equal Access to All** (those with disabilities and limited English proficiency) (28 CFR 35.160) and (SP 37-2016)

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Section 2: The Basis of Eligibility – Key Points

- Household composition is based on an economic unit. An economic unit is a group of related or unrelated individuals who are living as one economic unit (shared housing, income, and expenses) 7 CFR 245.2.

Special Situations for Determining Household Composition	
Adopted child	An adopted child for whom a household has accepted legal responsibility is considered to be a member of the household . If the household receives assistance payments or a subsidy for the adoption, the assistance payments or subsidy are included as income.
Child residing in an institution or RCCI	A child who is a resident of a non-participating institution and attends a participating school during the week, or a child who resides in a participating RCCI, is considered a household of one .
Child away at school	A child who is temporarily away at school (e.g., attending boarding school or college) is included as a member of the household . A child attending a participating boarding school who applies for meal benefits is also considered a member of the parent's or guardian's household. Eligibility is determined based on the family's size and income.

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Section 2: The Basis of Eligibility – Key Points

Child living with one parent, relative or friend

In cases where the child is living with one parent, relative, or friend, the child is considered to be a member of the household with whom the child resides. Children of divorced or separated parents are considered part of the household with custody.

Families with joint custody

In joint custody situations, a child may physically change residence regularly. If both parents/guardians apply for meal benefits within the same LEA, but the eligibility determination is different, the greater benefit level is used. For example, if one parent or guardian's application results in eligibility for free meals but the other parent or guardian's application is denied, the child would receive free meals regardless of where the child resided on a given school day.

Foreign exchange student

A foreign exchange student is considered to be a member of the household (the "host household") in which the foreign exchange student resides.

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Section 2: The Basis of Eligibility – Key Points

Determining Household Reportable Income

- **Income is any money (before deductions), received on a recurring basis**, including earning, pensions, and child or spousal support, unless an income source is specifically excluded as referenced in the income exclusions.
- **Gross earned income means all money earned before deductions** such as income taxes, employee's social security taxes, insurance, and other deductions.
- **Net income from self-owned business, including farms** (Attachment E)
- **Child Income** is included on the application if the child, regardless of age, has a full-time or regular part-time job. Infrequent earning, such as baby-sitting, mowing lawns, working only during the summer is not included as income.

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Section 3: Establishing Eligibility – Key Points

This section addresses the following:

- **Carryover of eligibility** for up to 30 operating days into the new school year, or until a new eligibility determination is made, whichever comes first.
- **Processing, approving/denying applications/notifying household/implementing eligibility determination** within 10 operating days of receipt of application.
- **Addressing special situations when determining eligibility**, such as foster child listed on a household application.
- **Assessing the completeness of different types of applications** for the determination of eligibility.
- **Record Retention** of a minimum of 3 years after the final claim is submitted for the fiscal year to which they pertain.

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Section 4: The School Meal Application – Key Points

- Households complete one application for their students who attend the same school district.
- Provide Foreign Language Translations of the applications and assistance to those with Limited English Proficiency (LEP) in the completion of the application.
- Households who do not initially apply for meal benefits should be reminded and encouraged throughout the school year to complete the school meal application.
- SFAs are responsible for assuring any automated certification and verification processes meet all regulatory requirements and policies, including the calculation of household income when multiple frequencies are reported.

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Section 4: The School Meal Application – Key Points

- **Paper Applications:** The application form and instructions must be included with the letter to households.
- **Electronic and Scanned Applications:** Not required but encouraged. SFAs may accept scanned paper applications.
- **Electronic Applications:** The letter to households must inform the household how to access the system to apply for benefits. The letter must also explain the household still has the option to submit a paper application and must indicate how the household may obtain and submit a paper application from the school.
- **Electronic Applications:** Must contain the information required of all applications. Requires Nutrition Services approval for use. Submit to aspen.kosmacek@nebraska.gov

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Section 5: Confidentiality and Disclosure – Key Points

- **Maintain confidentiality when processing applications.**
- **Prevent overt identification.**
- **Federal, State, and local programs that may obtain student's eligibility information.**
- **When written parental or guardian consent is required prior to disclosure.**

Section 9(b)(6) of the NSLA, 42 U.S.C.1758(b)(6) and regulations found at 7 CFR Part 245.6 explain the restrictions on the disclosure and use of information obtained from an application for free and reduced-price meals, as well as the **criminal penalties for improper release of information**. While the law discusses applications specifically, the disclosure requirements also apply to information obtained through the direct certification process.

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Section 5: Confidentiality and Disclosure

- **Disclosure** means revealing or using individual children's Program eligibility information obtained through the eligibility process for a purpose other than the purpose for which the information was obtained.
- The SFA must have **written consent** from the household to use the information provided on the application, including the determination of meal benefit, for non-program purposes. Consent must be obtained each school year.

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Section 5: Confidentiality and Disclosure

Overt Identification: Any action that may result in a child being recognized as certified for (or potentially eligible to receive) free or reduced-price school meals or free milk.

SFA's must ensure that a child's eligibility status is not disclosed at any point in the process of providing free and reduced meals, including:

- **During the notification of availability of free and reduced-price benefits**
- **Certification and notification of eligibility**
- **During the provision of meals service, including the point of service**

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Section 6: Verification – Key Points

- Verification is the confirmation of information provided by the household used for the determination of free or reduced meal eligibility.
- Section 9(b)(3) of the NSLA and regulations at 7 CFR 245.6a(C)(1) establish requirements for SFAs in conducting verification of eligibility for free and reduced-price meals based on applications in participating schools.
- Verification begins Oct. 1st, and the results of verification must be reported in CNP no later than Nov. 15th.

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Section 6: Verification – Key Points

The Manual contains information on the following:

- The initial steps for verification
- Application selection procedures, including available sample sizes
- When to review questionable applications (*Verification for Cause not included in required verification sample size*)
- Required procedures for notification and follow-up
- Allowable sources for verification
- How to determine if verification is complete

SFA's will receive additional information from Nutrition Services regarding the Verification Process in September

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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.

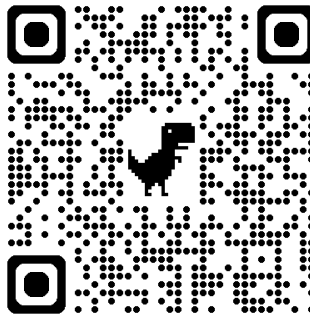
To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter 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.

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Please take a few minutes and complete this short evaluation of today's training



Link to Evaluation: [Office Hours-Determining Meal Eligibility](#)

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Time for Questions and Answers



Contact Nutrition Services at:
1-800-731-2233 or 402-471-2488

Click on "Contact Us" at:
<https://www.education.ne.gov/ns/contact-us/>