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TO: District Superintendents
Superintendents of Schools
Chancellor, New York City Department of Education
Chief Administrative Officers of Nonpublic Schools Participating in the
School Lunch, Breakfast, or Special Milk Programs
Executive Directors of Residential Child Care Institutions
School Food Service Directors/Managers

FROM: Paula Tyner-Doyle, Coordinator

SUBJECT: 2015-2016 Free and Reduced Price Income Eligibility and Policy Information

PLEASE READ CAREFULLY

The 2015-2016 Free and Reduced Price Policy information announces the income eligibility scales for the 2015-2016 school year and provides each school food authority (SFA) with the forms and guidance needed to process applications for free and reduced price meals and/or milk. Some of these forms are on the Child Nutrition Knowledge Center website now in Word document format for your convenience.

This packet reiterates the most recent information needed to make eligibility determinations. The CNP will provide access to webinars in August that will address the application and eligibility process.

KEEP THIS BOOKLET ON FILE: Retain with copies of the public release, application form, and parent letter(s) used by your district/school for free or reduced price meal and/or milk benefits during the 2015-2016 school year.

• **New York City information**

This packet contains information for both New York City and for the rest of the state. The Eligibility Letter for Free Meals/Milk for New York City and the questions and answers for New York City, which are different, are included on pages 18-19. Be sure you refer to the questions and answers for your area of the State.

• **Foreign Language Applications and Letters**

An application and parent letter in Spanish are included in this booklet and on the Child Nutrition Knowledge Center website. Prototype copies of applications are also available through USDA in many translated foreign languages. Each packet contains a letter to households, an application, instructions on how to complete the meal benefit application, a chart for the current year income eligibility guidelines, a waiver for information for health insurance, a verification selection letter to parents and a verification letter of results and adverse action. These can be downloaded from USDA's web site at <http://www.fns.usda.gov/cnd/Application/translatedapps.html>.

Common Errors (use the prototype forms and letters enclosed in this booklet or the Word documents on the Child Nutrition Knowledge Center website to avoid many of these errors)

- **Pre-printed applications are not allowed**

Applications cannot be computer generated based on prior knowledge of family names, family size, social security number, income, etc. Only the child's name, and the household name and address may be preprinted. No other information required for an eligibility decision may be preprinted. Applications must be completed manually or electronically by the family and signed by an adult family member.

- **Inappropriate outdated application forms**

All SFAs must use New York State's current application. For school year 2015-2016, this application is enclosed and can also be found at <http://portal.nysed.gov/portal/page/portal/CNKC>. If the application is made available on the school website, be sure to update with the new application and parent letter each year.

- **Inappropriate headings**

The free/reduced price application must include the proper heading which indicates its purpose. It cannot be labeled as a "reduced fee" application for alternate purposes if it establishes eligibility for free/reduced price meals.

- **Parent letter not included or wrong income scale used**

Parents must receive together, the Free and Reduced Price Meal application and the required parent letter (Attachment VII) that includes **only the reduced price eligibility scale**. Otherwise the application cannot be approved. Parent letters incorrectly containing both scales, only the free scale, or no scale jeopardize free and reduced reimbursement to your SFA.

- **Public announcement errors**

Many schools fail to send the public announcement each year to the informational media (local newspaper), the local unemployment office, and any major employers contemplating large layoffs in the area. We have inserted the required scales in the prototype notice. (Attachment II). **Please note that this announcement may not be published on the school's website.**

- **School website issues**

Applications on the school website are not kept current each year. Be sure the website is updated with the current application, and the current parent letter. **The public announcement which includes both the free and reduced price eligibility scales may never be posted on the website or in the news feed.**

It is essential that you understand there will be no exceptions to these policies. SFAs that are not in compliance will find their applications for free and reduced price meals disallowed and will incur additional printing, dissemination and approval costs to bring their programs into compliance.

Ensure everyone connected with the application process for free and reduced price meals is fully aware and in compliance with all required policies.

GENERAL INFORMATION

- The **Certification of Acceptance** form must be completed annually (Attachment III or IV) and maintained on file for three years plus the current year.
- Income eligibility guidelines, which must be used for the Child Nutrition Programs (CNP), are based on the federal income poverty guidelines and are stated by household size. The information in both scales must be used for eligibility determinations and must be included in the public release to the local newspaper, the local unemployment office, and any major employer contemplating large layoffs in the area. However, only the reduced price scale may accompany the parent letter and application in those schools participating in the National School Lunch Program and/or School Breakfast Program. Including the free scale with the parent letter and application will result in the SFA being ineligible to receive free reimbursement. The free scale may not be posted on the school website or printed in any school publication. SFAs in non-compliance would have to reissue the parent letter with the proper scale and application form and verify all reissued applications in order to receive free reimbursement for the balance of the school year.
- SFAs opting to use alternate counting and claiming procedures (Provision 2) must retain applications for three years plus the current year following the end of the provision.

Change in Authorizing Signature: There is no federal requirement that describes who must sign Child Nutrition Program documents. The Child Nutrition Program regulations specify that an official of the SFA make written application to the state agency for any school in which it desires to operate the program. The SFA means the governing body which is responsible for the administration of one or more schools and which has the legal authority to operate the program.

The signature of the District Clerk, as well as an officer of the Board of Education, such as President or Vice President, is accepted for the forms.

The Board of Education may delegate the Chief Administrative Officer to act as its agent with regard to entering into contracts and agreements for the Child Nutrition Programs. This policy **will not** permit the chief administrative officer's signature in lieu of board action, but will permit the chief administrative officer to sign, in all respects, **after** the board resolution.

Recent Updates

Direct Certification Matching Process - All Local Educational Agencies (LEAs) are required to complete a minimum of three times a year, the online Direct Certification Matching Process (DCMP) to identify students eligible for free school meals. Four data files are posted throughout the year. The DCMP is intended to certify all eligible students receiving Supplemental Nutrition Assistance Program (SNAP) and Medicaid (determined by the Medicaid Administering Agency at or below 133 percent of the Federal poverty guidelines before the application of blocks, exceptions or disregards). The National School Lunch Program (NSLP) enables all children in households receiving SNAP benefits to receive free school meals. Therefore, if a member of the household is eligible for SNAP, all children in that household are eligible for free meals in the NSLP. The New York State Education Department (NYSED) will provide confidential data to LEAs. Direct Certification Matching Data includes: the case name, student's name (first, middle initial, last), date of birth, age, and address (street, city, state, zip). All DCMP users will be required to certify that this information will remain confidential in compliance with the disclosure statement provided. The online DCMP will help reduce the waste from paper applications and the burden on low income households to return eligibility letters. Instruction for conducting this process is provided in a separate memo on the Child Nutrition website. Medicaid DC is included with SNAP from the beginning of the year. If a student is in the database with all identifiers identical from SNAP and Medicaid, students will be noted as SNAP. In many cases, SNAP and Medicaid data is **not**

identical, therefore two records will exist for the same child. In all cases of duplicate records, chose the SNAP record for eligibility certification purposes.

Community Eligibility Provision (CEP) - Schools where at least 40 percent of enrolled students have been deemed free eligible through a means other than an income application (*i.e.*, directly certified using electronic SNAP or Medicaid data, the Eligibility letter for School Meals/Milk, homeless, migrant, runaway, foster, and head start) as of April 1, 2015, may participate in the Community Eligibility Provision for the 2015-2016 school year. The schools will receive reimbursement in the free and paid category based on the percentage of directly certified students as noted above times a multiplier (as written in federal regulation currently 1.6). For more details about participation and how to apply, please see the CEP Memo on the Child Nutrition Management System website.

Medicaid Demonstration Project – New York State participated in the USDA Demonstration Projects to evaluate direct certification with Medicaid in school years 2012-2013 and 2013-2014. Participation in this demonstration project has resulted in the allowance for New York State to continue to use direct certification with Medicaid as a mechanism to certify eligible students for free meals. The Medicaid direct certification data is included with the SNAP direct certification electronic file housed in the secure Child Nutrition Management System. This data will be available at the beginning of the school year with eligibles marked MEDI for Medicaid eligible. If a student is eligible for both SNAP and Medicaid, they will have two distinct records in the direct certification file. In cases where there is a SNAP record and a MEDI record, choose the SNAP record for eligibility purposes as SNAP direct certification remains the highest level of free eligibility. If a student receives only Medicaid, they will be noted as MEDI in the file. Other household members of students directly certified with Medicaid may be provided free eligibility by extension to the Medicaid recipient. **It is important to note that only Medicaid eligibles found in the direct certification file may be provided free eligibility based on Medicaid.** The SFA cannot accept a Medicaid card or a Medicaid number written on a free and reduced price application to qualify students for free meals. If a family provides a Medicaid card or a Medicaid number written on an application, the SFA can check the family's eligibility in the direct certification file, but if the family is not found, the SFA must reach out to the family for additional income information in order to establish eligibility for free or reduced price meals.

Elimination of Temporary Free Eligibility - The Temporary (45 Days) Approval for free benefits was eliminated in the Final Rule of the 2010 Healthy, Hunger Free Kids Act on October 28, 2011. Applications where the family has reported zero (0) income (not applications with missing income) must be given free meal benefits for the entire school year from the time the application was received and approved. Any income field left blank is a positive indication of no income and certifies there is no income to report.

Expansion of Eligibility for Free Meals – Local Education Agencies (LEA) may extend free meal benefits to all children living in the same household as a child receiving food stamp, TANF or FDPIR benefits and the Eligibility Letter for School Meals/Milk. Extension can also be provided to other household members of a student who was deemed MEDI in the SNAP/Medicaid database. School enrollment records of children living at the same address must be kept to document eligibility.

Foster Children Eligibility - A separate application is no longer needed for foster children. They are now categorically eligible for free meals based on documentation received from an appropriate State or local agency indicating their status as a foster child. In addition, the foster family may include the foster child as a household member. The foster child's personal income must be included with the family income on the application when processing the application. The foster child would be certified for free meals, and then the remainder of the household members would be certified for benefits based on household size and income or other categorical eligibility information reported on the application. A foster child remains eligible for free meals for the entire school year, even if he or she returns home to their family. You can contact your county Office of Children and Family Services (OCFS) for a list of foster children in your district/school.

Homeless Children – McKinney-Vento Act - All public school districts are required to appoint a homeless liaison. Children identified as homeless by the liaison are eligible for free meals. A list or e-mail from the Homeless Liaison

that includes students' names, effective date, and liaison signature must be retained on file to document eligibility for school year 2015-2016. Homeless families may reside with another household and still be considered homeless.

The homeless family does not need to complete an application. The host family may include the homeless family as household members on their application, but must also include any income from the homeless family. Eligibility of the host family must be determined by household size and income. Visit www.nysteachs.org and click "Liaison List" on the toolbar to find the homeless liaison for your district.

Head Start - All children enrolled in Head Start and participating in child nutrition programs are automatically eligible for free meals without further application or eligibility determination if the following criteria are met:

- The Head Start program must be located in and operated by the school/district.
- The school/district must maintain administrative control over the program.

In the case where the Head Start program does not meet the criteria, the school/district may vend meals to the Head Start program. The Head Start program may receive reimbursement for those meals through the Child and Adult Care Food Program (CACFP) administered by the NYS Department of Health.

Universal Pre-K (UPK) - Students enrolled in Universal Pre-K programs are not automatically eligible for free meal benefits. These students are not necessarily from economically disadvantaged backgrounds. Only UPK students with direct certification eligibility or approved income applications on file would be eligible for free or reduced price benefits.

Informing Households - The parent letter and application should be sent to households of all school children before the beginning of the school year or as early as possible in the school year so that eligibility determinations may be made and free and reduced price benefits provided as soon as possible. Local education agencies (LEAs) should send out the letter no earlier than four calendar weeks prior to the time students start school. Normally this would be August 1 in New York State for schools beginning in September. Letters cannot be sent home at the end of the school year (May/June) for the next year.

An application form and instructions must be included with the parent letter. LEAs opting to use a web based system must still provide all families with school aged children free/reduced price applications and parent letters in paper form.

If the LEA uses a computer or web-based system to process applications, the letter must inform the household how to access the system in order to apply for benefits.

Civil Rights Requirements and Annual Training

LEAs participating in the National School Lunch and School Breakfast Programs are required to collect data of all potential participants with regard to race and ethnicity specifically. The data already being collected as a requirement of the No Child Left Behind Act may also be used for the National School Lunch and School Breakfast Programs. A form is available on the Child Nutrition website detailing the specific annual requirements.

Annual Civil Rights training must be provided by the LEA for all staff, including front line cafeteria staff who interact directly with program applicants and participants. A Power Point presentation is available on the Child Nutrition website for staff training. A record of the annual training, including a sign-in sheet, the date, location, and who provided the training, must be kept for three years plus the current year.

LEAs must comply with all Civil Rights and non-discrimination requirements in 7 CFR Part 15, Subpart A and FNS Instruction 113-1.

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INTRODUCTION

All schools participating in the federally assisted National School Lunch Program, School Breakfast Program, or Special Milk Program **must** make these benefits available to eligible children each year. The State Education Department annually issues this free and reduced price policy booklet to all SFAs to assist in the correct implementation of these program requirements.

Each participating SFA must annually adopt the free and reduced price policy statement.

The 2015-2016 free and reduced price policy booklet consists of:

- the Policy Statement;
- direct certification information;
- over certification information;
- disclosure information and prototype parent letter regarding disclosure of eligibility;
- the income eligibility guidelines as issued by the United States Department of Agriculture;
- prototype public release;
- free and reduced price meal applications and instructions in English and Spanish;
- prototype parent letters regarding school meals, food substitutions for children with disabilities, and disclosure.

Policy Statement: This statement sets forth the conditions that must be followed for the SFA to maintain participation in the Breakfast, Lunch, or Special Milk Programs and must be officially adopted each year. Completion and signing the Certification of Acceptance (Attachments III or IV) acknowledges the SFA's adoption of this policy statement.

Eligibility Letters and Direct Certification Matching Process (DCMP): This process enables children from families receiving SNAP to receive free meals or free milk at schools participating in the Child Nutrition Programs without having to complete an application. Students found in DCMP that are noted as Medicaid are also to be provided free eligibility.

Public Release, Parent Letter, and Free and Reduced Price Meal Application: These attachments can be found on the Child Nutrition Knowledge Center website in Word format for your convenience.

Any changes in the **content** of the release, parent letter, or application **require prior NYSED approval**. Submit any changes to Barbara St. Louis at Barbara.St.Louis@nysed.gov. Any changes that have not been approved may result in funds being reclaimed. If the SFA uses the prototype letters in this policy booklet, there is no need for the SFA to send the State Education Department any information for approval.

Parent Disclosure Letter and Consent Statements: These attachments are in "prototype" form. Any changes in the content of the parent disclosure letter or consent statements require prior approval from Barbara St. Louis at Barbara.St.Louis@nysed.gov.

POLICY STATEMENT FOR FREE AND REDUCED PRICE MEALS OR FREE MILK

_____, (Local Education Agency or governing body) responsible for administration of one or more schools referred to as the school food authority (SFA), has entered into agreement to participate in the National School Lunch Program, School Breakfast Program, and/or Special Milk Program and accepts responsibility for providing free and reduced price meals and/or free milk to eligible children in the schools under its jurisdiction.

The SFA assures the State Education Department that the school system will uniformly implement the following policy with respect to determining the eligibility of children for free and reduced price meals in each school building under its jurisdiction that participates in the programs mentioned above.

In fulfilling its responsibilities, the SFA agrees to the following:

A. Free Meals and (For Milk Only Schools) Free Milk

To serve meals or milk at no charge to children from families whose income is at or below the income levels for free meals and milk listed on the annual income eligibility guidelines, or to children from Supplemental Nutrition Assistance Program (SNAP) households, Temporary Assistance to Needy Families (TANF) households, households participating in the Food Distribution Program on Indian Reservations (FDPIR) that provide a case number, or households that provide an Eligibility Letter for School Meals/Milk or are identified through the SNAP/MEDICAID Direct Certification Matching Process.

B. Reduced Price Meals

To serve breakfast and/or lunch at a reduced price of \$.25 or less, to children from families whose income is within the range of the annual income eligibility guidelines for reduced price meals.

C. Special Conditions

To serve free meals/milk to foster children in cases where the court or welfare agency is legally responsible for the child. Documentation from an appropriate State or local agency supports the foster child's status.

To provide free or reduced price meals or free milk to children whose parents or guardians have become unemployed, provided the loss of income causes the family income during the period of unemployment to be within the eligibility criteria. These students must be approved using one of the methods noted in this eligibility guidance booklet.

D. Non-Discrimination

1. That there will be no physical segregation of, or any other discrimination against, any child because of his/her inability to pay the full price of the meal or milk. The names of children eligible to receive free or reduced price meals or free milk shall not be published, posted, or announced in any manner, and there shall be no overt identification of any such children by use of special tokens or tickets, or by any other means. Further assurance is given that children eligible for free or reduced price meals or free milk shall not be required to:

- Work for their meals or milk.
- Use a separate lunchroom.
- Go through a separate serving line.
- Enter the lunchroom through a separate entrance.

- Eat meals or drink milk at a different time.
 - Eat a meal different from the meal sold to children paying the full price for the same meal or drink milk different from that sold to children paying the full price.
2. That in the operation of Child Nutrition Programs, no child shall be discriminated against because of his or her race, gender identity, sex, age, color, disability, national origin, religion, reprisal, political beliefs, marital status, familial or parental status, sexual orientation, all or part of income is derived from public assistance or protected genetic information in employment or in any activity conducted or funded by the Department.

E. Hearing Procedures

To establish and use a fair hearing procedure in cases of appeal by parents of the school's decision on applications and in cases where the school official challenges the accuracy of information contained in an application or of the continued eligibility of any child for a free or reduced price meal or free milk. During appeal, hearing, and disposition of the case, the child will receive free or reduced price meals or free milk.

To maintain, for a period of three years plus the current year, records of all such appeals, challenges, and dispositions.

That in initiating the hearing procedure, the parent or local school official may request a conference to provide an opportunity for the parent and school official to discuss the situation, present information, and obtain an explanation of data submitted in the application and decisions rendered. Such a conference shall not in any way prejudice or diminish the right to a fair hearing.

That the hearing procedure shall provide:

1. A simple, publicly announced method for making an oral or written request for a hearing;
2. An opportunity to be assisted or represented by an attorney or other person in presenting an appeal;
3. An opportunity to examine, prior to and during the hearing, the documents and records presented to support the decision under appeal;
4. That the hearing shall be held with reasonable promptness and convenience and that adequate notice shall be given as to the time and place of the hearing;
5. An opportunity to present oral or documentary evidence and arguments supporting the position;
6. An opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses;
7. That the hearing shall be conducted and the decision made by a hearing official who did not participate in making the decision under appeal or in any previous conference;
8. That the decision of the hearing official, who may not be the same person as the reviewing and/or the verification official, shall be based on the oral and documentary evidence presented at the hearing and made a part of the hearing record;
9. That the parties concerned and their designated representative shall be notified in writing of the decision of the hearing official;
10. That a written record shall be prepared with respect to each hearing which shall include: the decision under appeal; any documentary evidence and a summary of any oral testimony presented at the hearing; the decision of the hearing official, including the reasons therefore and a copy of the notification to the parties concerned of the decision of the hearing official; and
11. That such written record of each hearing shall be preserved for a period of three years plus the current year and shall be available for examination by the parties concerned or their representative at any reasonable time and place during such period.

F. Reviewing Official

A reviewing official shall review and make determinations of eligibility using the criteria outlined in this policy to determine which individual children are eligible for free or reduced price meals or free milk. The official should sign, date, and indicate the eligibility determination on each application.

G. Notice to Parents

To send at the beginning of each school year, and whenever there is an increase in eligibility, to the parent or guardian of each child, a letter such as the prototypes in Attachment VII or VIII, including a form on which to make application for free or reduced price meals or free milk, and a parent disclosure letter and consent statement.

H. Applications

To advise parents to complete the application and return it or submit the Eligibility letter for free school Meals/Milk received from the NYS Department of Education to the reviewing official for eligibility determination.

To maintain applications, Eligibility letters, and documentation of action taken, for three years after the end of the school year to which they pertain.

To accept applications at any time during the year and to supply applications to any parent enrolling a child in a school for the first time.

To accept the application of a child who transfers from one school to another under the jurisdiction of the SFA. Copies of the application or Eligibility letter and eligibility dates should be retained with the records of both schools. The application from the transfer student from another SFA must be reviewed to ensure that it is correctly approved. Incorrectly approved applications cannot be accepted.

To inform parents of eligibility determinations. Parents must be notified in writing of the reason(s) for denial of their application, notification of the right to appeal, instructions on how to appeal, and a reminder to parents that they may reapply for free and reduced price benefits at any time during the school year. Copies of denial letters to parents must be maintained for three years plus the current year. If a family reapplies with a lower income after being denied benefits, the new reported income must be verified.

I. Verification of Applications

Verify the eligibility of applicant households **by November 15** in accordance with program regulations and annually maintain records.

J. Anonymity and Accountability

To establish a procedure to collect money from children who pay for their meals or milk which prevents overt identification, and accounts, at the point of service, for the number of free, reduced and full price meals served or the number of half-pints of free and full price milk served. The procedure(s) adopted will be used in order that no other child in the school will consciously be made aware, by such procedure, of the identity of the children receiving reduced price meals, free meals, or free milk.

K. Amendments to Policies

To submit to the State Education Department any alterations or amendments to the policy including eligibility criteria, applications, public announcements, etc., for approval prior to implementation. Such changes will be effective following approval by the NYSED Child Nutrition Program Administration office. Any and all changes

in eligibility criteria shall be publicly announced in the same manner used at the beginning of the school year. Changes in content, to any prototype documents from this guidance booklet require prior State Agency approval.

L. Records

To maintain a file of the following records for three years plus the current year after the end of the fiscal year to which they pertain:

1. All eligibility determinations obtained through the Direct Certification matching Process (SNAP, MEDI, Foster)
2. All applications, Eligibility letters and documents to support other homeless, migrant, head start, etc.
3. Records of all appeals and challenges and their disposition.
4. All notifications of eligibility determinations, including benefit denial letters.
5. Records of all verification efforts and resulting eligibility changes.

M. Public Release

At the beginning of the school year, a public release containing the same information supplied to parents and including both free and reduced price eligibility criteria should be provided to the media (local newspaper), the local unemployment office, and any major employers contemplating large layoffs in the areas from which the school draws its attendance. Documentation must be kept on file for three years plus the current year identifying where the public release was sent.

N. Special Assistance - Provisions 1 and 2 and Community Eligibility Provision

Provision 1: Biennially, notify parents, distribute and certify applications for free students in schools where at least 80 percent of all enrolled children are eligible for free or reduced price meals. Annually, notify, distribute, and certify applications for all other students enrolled in the school. Maintain accountability and record keeping requirements as mandated by program regulations for this alternate system.

Provision 2: In schools where all enrolled children, regardless of their category of eligibility, are served meals at no charge; notify parents, distribute, and certify applications for free and reduced price students once every four consecutive school years. For three years after the base year, the school is not required to count meals served by category for claiming purposes. After the base year, the building's monthly reimbursement is based on total meal counts and monthly claim statistics from the base year. Maintain accountability and record keeping requirements as mandated by program regulations for this alternate reimbursement system.

*** If your school year begins in September, you must notify your Child Nutrition representative by September 1, 2015 if you intend to participate in Provision 1 or 2 for the 2015-2016 school year. If your school year begins in July, you must notify us by July 1, 2015.**

Community Eligibility Provision: Schools where at least 40 percent of enrolled students have been deemed free eligible through a means other than an income application (i.e., directly certified using electronic SNAP/MEDI, Eligibility Letter for School Meals/Milk, homeless, migrant, runaway, foster, and head start) as of April 1, 2015, may participate in the Community Eligibility Provision for the 2015-2016 school year. The schools will receive reimbursement in the free and paid category based on the percentage of directly certified students as noted above times a multiplier (as written in federal regulation). For more details about participation and how to apply, please see the CEP Memo on the Child Nutrition Management System website.

Program Terminations: To provide 60 days advance written notice to parents and to immediately inform the NYSED Child Nutrition Program Administration of intent to discontinue participation in NSLP/SBP.

O. Administrative Prerogative

In certain circumstances, when households fail to apply for free or reduced price meals, the nutritional needs of students who are obviously at an economic disadvantage may be addressed by local officials.

Using administrative prerogative, local officials may complete an application for a student known to be eligible if the household had applied. This limited use option acknowledges the various reasons that a family may fail to apply for free or reduced price meals, such as lack of understanding, fear of authority, alien status, substance abuse, etc.

To exercise this option properly, an application must be completed on behalf of the student, based on the best family size and income information available. The source of this information must be noted on the application. Documented prior efforts must be made by the SFA to obtain a completed application from the parent or guardian.

The names of all household members, a social security number, or an adult signature need not be secured. Instead, the name of the student, household size, estimated family income including source, and the administrator's signature must be provided. The household must be notified of the student's approval status for free or reduced price meals. These applications should be excluded from the verification process.

This option must be used **judiciously and only after repeated efforts to obtain applications from families have been unsuccessful**. It is to be used on an individual basis and not to provide eligibility determinations for large numbers of students. It also may not be used when family income is above the eligibility guidelines, even though the children are coming to school without a meal or money. Family economic status must remain the criterion for administratively making the decision to provide the student access to free or reduced price meals.

P. Meal Eligibility for Homeless/Migrant/Runaway Children

The United States Department of Agriculture (USDA) has acknowledged that the number of homeless, migrant and runaway children has risen considerably in the last few years, that parents/guardians who are homeless or migrant often fail to return a free meal application, and these children are often not included in the direct certification process. While administrators can exercise the administrative prerogative option for determining program eligibility, this process is only intended to be exercised on a case-by-case basis and becomes burdensome in areas where there are many homeless/runaway children residing in shelters or migrant status children. USDA has therefore established the following procedures for all Child Nutrition Programs when an application is not submitted by the household or it is not anticipated that an application will be submitted:

- The migrant coordinator, homeless liaison or runaway provider may provide you with a list of eligible children based on established criteria. The list must be dated and signed by the coordinator, liaison or provider. These children are then directly certified for free meals for the school year. No other documentation is needed. This is the preferred option.

Other options:

- The director of the homeless shelter at which the child resides can complete and submit an application for the child, or send a list of all children residing in the shelter to the school;
- Local level officials may complete an application for a child and approve the child for free meals based solely on their knowledge that the child's address is a homeless shelter or that the child has no known address and is indeed homeless;

- If large numbers of homeless children make it impractical for a homeless shelter or school officials to complete individual applications, the school administrator may establish a list of eligible students based on his/her knowledge of the family's residence (shelter, address, car, etc.). The documentation necessary to substantiate free meal eligibility for a list of children must contain at a minimum the following information:
 - The child's name
 - The effective date of eligibility determination
 - The name of the shelter, etc., where the child resides
 - The signature of the determining official
- Documentation of migrant status children should be maintained by the school migrant coordinator as documentation to substantiate free meal eligibility. This should include the date, the child's name, and signature of the migrant coordinator. For a list of contacts in your school, go to www.nysteaches.org.

Q. Food Distribution Program on Indian Reservation (FDPIR)

Public and nonpublic schools participating in the School Lunch, Breakfast, or Special Milk Programs may accept insertion of a Food Distribution Program on Indian Reservation (FDPIR) case number in lieu of household income, food stamp number, or TANF number.

R. Food Substitutions for Children With Disabilities

Federal regulations governing the operation of Child Nutrition Programs and Section 504 of the Rehabilitation Act of 1973 require that children with disabilities be offered the opportunity to participate in all academic and nonacademic activities including the school nutrition programs. To ensure that these children are not denied reasonable access to the programs, the Department of Agriculture's regulations require schools and institutions to make reasonable accommodations, such as providing substitutions in the regular meal patterns, for children who have a disability and whose disability restricts their diet. A student with a disability is defined in 7 CFR part 15b.3 as one who has "... a physical or mental impairment which substantially limits one or more major life activities..." Major life activities are defined to include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Accordingly, meal substitutions must be made for children with disabilities and must be supported by a statement signed by the physician attesting to the need for the substitutions and recommending alternate foods. These meals must be offered at no extra charge. Substitutions may also be made for non-disabled children who are unable to consume the regular meal because of medical or other special dietary needs, though schools are not required to do so in these instances. Substitutions for non-disabled children must be supported by a statement signed by a recognized medical authority. **Children with disabilities are not automatically eligible for free meal benefits.** Parents must adhere to the same income eligibility criteria and procedures used for all children.

ADMINISTRATIVE PREROGATIVE: QUESTIONS AND ANSWERS

1. ***Can a student be approved for free or reduced price meals without an application from the parent or guardian?***

Yes. Under special circumstances, a school official may use administrative prerogative and fill out an application for a student whom they have reason to believe would be eligible if the household were to apply. However, the school must first attempt to obtain an application from the household. This prerogative should not be indiscriminately used to claim ineligible students for free meals or to generate aid for other federal programs.

2. ***How can a school show that attempts have been made to obtain the application from the household?***

Copies of mailings to the household and documentation of conversations with the parent/guardian or a responsible adult in the household must be kept on file. An administrator cannot arbitrarily qualify students from families who did not reapply from the prior year.

3. ***If the parent/guardian of the student cannot be reached or communicated with due to language barriers, etc., who may be contacted for household information?***

An employer, a Social Service official, immigration official, or a relative suggested by either the student or the student's teacher may be contacted to urge the household to apply.

4. ***Is there a specific time-period that the school must allow to pass before attempts to obtain an application are deemed unsuccessful?***

No specific time-period is required. The process should be facilitated as quickly as possible so that the student is not going without meals in school.

5. ***Can an administrative prerogative be implemented during the period of time in which the school is attempting to obtain an application from the household?***

If the school has reason to believe that the student is going without meals in school on a regular basis due to financial need, the school may implement an administrative prerogative immediately.

6. ***What should the school official be looking for as evidence that the student is not getting proper nourishment?***

The student's teacher, the school nurse, or other school personnel in direct contact with the student may notice behavior indicating under nourishment, such as irritability, listlessness, complaints of headache or stomach ache, and absenteeism. School cafeteria personnel may notice that a student has no food during the lunch period or is constantly requesting to charge lunch.

7. ***Can a school official simply write a note to the food service manager to add a student's name to the list of eligible students?***

No. The school official must complete an application that contains the name of the student, the household size, an estimated family income, and a signature of the school official. The source of information must be noted on the application.

8. ***How should the school tell the student and the household that the student would have access to free meals in the school cafeteria?***

The household must be informed of the decision via phone, correspondence, or in person. The student may be told by the teacher, school nurse, or other school official.

9. ***Is an application completed by a school official handled in the same way as those submitted by households?***

Yes. Like other applications, it must be counted for purposes of the claim for reimbursement and retrievable by building during a review. However, the application should not be included in the verification process.

10. ***Can the administrative prerogative be implemented for families or groups of students who appear to be lacking proper nutrition?***

No. Applications must be completed on an individual basis.

11. ***Can an application be completed for a student who appears to be lacking proper nourishment, if the household has indicated that it is not eligible for benefits?***

No. An application can only be completed for students who appear to be missing meals for reasons of financial need. Other problems occurring in a household that may result in poor eating habits, but are not a reflection of family economic status, should not be resolved by this measure.

ELIGIBILITY LETTER / MATCHING METHOD FACT SHEET

Direct certification is the process that enables children from families receiving SNAP to receive free meals or free milk at school **without having to complete an application**. Direct Certification results in more students gaining access to the school nutrition programs, because some parents do not complete application forms correctly or do not submit applications. The Direct Certification Matching Process (DCMP) reduces administrative time and cost since the school only needs to match names in the NYSED online database list to enrolled students to confirm eligibility for free meals.

As a secondary measure to ensure all students receiving SNAP benefits receive a free school meal/milk, the NYSED will use the DCMP electronic file to generate Eligibility letters to all families. In conjunction with the New York State Office of Temporary and Disability Assistance (OTDA) the New York State Education Department (NYSED) is sending a letter to all families with school-age children (ages 3-18) who currently receive SNAP benefits. This letter (sample follows) can be submitted to the child's school as certification of eligibility of the child/children listed for free meals or milk **in lieu of the family completing an application for free meals/milk**. SFAs must still provide families with school-age children free/reduced price applications and parent letter. While it is the expectation that all SFA's will conduct electronic matching with the DCMP file at the beginning of the school year, this letter may be submitted by families and used to provide free meal/milk benefits. It is recommended that if a family provides an Eligibility letter, that the SFA search the last name of the student exactly as it is written on the letter in the DCMP file and certify the student based on electronic matching. Since eligibility letters do not need to be reviewed for completeness, administrative time incurred by reviewing officials to process eligibility is also reduced. Additionally, eligibility letters are not subject to the verification process and will reduce the number of applications which schools must verify, thereby further reducing administrative time and cost. Schools may extend free meal benefits to children not listed on the eligibility letter or on the direct certification match list, who reside in the same household as long as school enrollment records are used to verify and document the student's address.

Families applying for SNAP after August when the annual Eligibility letters have been mailed, or after the Direct Certification Matching database has been generated, receive a statement with their approval of benefits notice. This statement is also an additional acceptable form of eligibility for free Meals/Milk. **Families must provide both the cover letter (which has the family name, address and date in the current school year) and the page that validates that the children named are eligible for free meals.**

Record keeping and reporting requirements for children whose eligibility is obtained from these direct certification methods are the same as for free and reduced price application forms. They must be:

- maintained at the SFA level;
- retrievable by building; and,
- maintained for three years plus the current year, regardless of the child's actual attendance during this period.

Please ensure that principals, teachers and the school lunch director in your district/school are made aware of the letter method of certification for free meals/milk and the name of the reviewing official. Households can submit this letter for free school meals/milk as an alternative to the application process. The **Eligibility Letter for Free Meals/Milk** qualifies students as **categorically eligible** for free school meals/milk and is exempt from the verification process.

Reviewing officials often want to require families to identify each child's school and grade before the eligibility letter can be processed. Children are automatically entitled to benefits based on the fact that they receive SNAP benefits. The State or the school food authority (SFA) cannot and should not impose an additional standard. Our goal is to expedite, not complicate, the eligibility process.

The number of children eligible for program benefits as a result of direct certification must be included with the count of free eligibility on reimbursement claim forms when reporting numbers of approved applicants. Schools can use students previous year designations for the first 30 operating days of the new school year only. Parents or guardians have the right to decline the meal benefits and must be informed of this right and the process to do so.

SFAs that participate in the Child and Adult Care Food Program and/or Summer Food Service Program may use the eligibility letter and direct certification matching process for these programs also.

The following answers will assist you in responding to questions regarding direct certification in **New York City**:

1. Does direct certification apply to my child who attends a school that doesn't have a lunch or a breakfast program?

Direct certification applies to schools participating in the Special Milk Program where the federal government pays for the milk served to children and free milk is available to eligible students. Contact the school principal or school lunch director to find out if the school participates in the Special Milk Program with the free milk option.

2. Do these free meals apply to any food that my child obtains at school?

Direct certification applies only to meals served to your child under the National School Lunch (NSLP) and School Breakfast Programs (SBP). It does not apply to food obtained separately (a la carte items or an a la carte type of school food service program).

3. Does this apply to my child who attends a nonpublic school?

Yes, if the nonpublic school participates in the National School Lunch, School Breakfast, or Special Milk Programs. Contact the school principal to find out if the school takes part in any of these federal programs.

4. What if one of the children listed lives in my household, but is not my child?

Kinship is not a factor in establishing the child's eligibility. If the child lives in the household and is found in the electronic direct certification file, that child as well as all other children living in the household may receive free meals/milk.

5. What if one of the children is no longer in my household?

The letter should be provided to the household of where the child resides.

6. What should I do if one of my children is not listed as eligible?

Notify the food service director that you have additional children living in the household. The food service director or school must verify the children's address through school enrollment records.

7. Can my preschooler (3 year old), who is listed, get free lunch or free milk?

A three-year old child can only receive the free milk or free meal benefits if the child is enrolled in a school.

8. Can I refuse to accept these free meals for my children?

Yes, you can refuse these benefits. If your child has been automatically certified during the DCMP then you must indicate the declination of benefits on the DCMP notification letter and return it to the school where your child attends.

9. What if one or more of my children doesn't like school lunch? Can I refuse the free meals for some of the children?

By federal regulation, the school must provide the same free meal benefits for all the children in the household. Even if only one child likes the school lunches, you should accept the free meal benefits. The meals will be made available to all the children, but they are not required to take them.

10. *If my child qualifies for free school meals, can he/she get free milk when he/she brings a lunch from home to school?*

No, only the full reimbursable meal may be obtained. The school cannot give your child free milk to eligible students in schools where free meals, which include milk, are available to students. The school can give free milk only if the school participates in the Special Milk Program.

11. *If my child qualifies for free school meals, can he/she get free milk at recess time?*

No. The free meal benefits apply only to complete meals in schools offering meals in the NSLP or the SBP.

12. *Is free milk for pre-kindergarten and kindergarten students only?*

Not necessarily. If the pre-kindergarten and kindergarten students are half-day students and are, therefore, not in school when breakfast and lunch meals are served, these children are eligible for free milk. Free milk is available to any student in a school where the federal government pays for milk under the Special Milk Program, but does not pay for meals, and the school has opted to offer free milk. The school must apply to participate in the Special Milk Program to offer free milk to those students.

13. *Can my child, who is home schooled, get a free lunch when he/she makes use of other school facilities?*

Federal regulations restrict the availability of the free meals to enrolled school children. Free school meals are not available to the home-schooled child as they are not enrolled in a school.

14. *Can my child who has graduated from high school but is living in my household, get free meals at school if he/she has siblings or other eligible household members?*

No. Only enrolled students are eligible to take part in these benefits.

15. *What if no child in my household is old enough to be responsible for returning the eligibility letter to the school?*

If you are uncomfortable about having a child take the eligibility letter to the school, either mail it or take it to the school yourself. You may also call the school to inform them you have received the letter so that they may look for the student in the electronic DCMP File.

16. *When will my child receive free meals or free milk?*

Any child who received free meals last year will get free meals/milk for the first 30 operating days of the new school year. If your family is new to the school system or first-time recipients of free meal benefits, you should call the lunch director or principal of the school.

The following questions and answers will assist you in responding to questions 1-20 regarding direct certification in **all areas of New York State, except New York City**:

1. Does direct certification apply to my child who attends a school that doesn't have a lunch or a breakfast program?

Direct certification also applies to children who attend schools where the federal government pays for the milk served to children and free milk is available to eligible students. Contact the school principal or school lunch director to find out if the school participates in the Special Milk Program with the free milk option.

2. Do these free meals apply to any food that my child obtains at school?

Direct certification applies only to meals served to your child under the National School Lunch ("NSLP") and School Breakfast Programs (SBP). It does not apply to food obtained separately (a la carte items or an a la carte type of school food service program).

3. Does this apply to my child who attends a nonpublic school?

Yes, if the nonpublic school participates in the National School Lunch, School Breakfast, or Special Milk Programs. Contact the school principal to find out if the school takes part in any of these federal programs.

4. What if one of the children listed lives in my household, but is not my child?

Kinship is not a factor in establishing the child's eligibility. Fill in the name of the school and grade the child attends and return the letter to the school.

5. What if one of the children listed is no longer in my household?

Indicate on the letter that the child is no longer in the household, and complete the information for the children who are still in your household. Return the letter to the school.

6. What should I do if one of my children is not listed on the letter?

If there are children in your family whose names do not appear on the Eligibility letter, or who are under 3 years of age or over 18 and attend a school that participates in the School Lunch, Breakfast, or Special Milk Programs add their name and notify the food service director that you have additional children living in your household. The food service director or school must verify the children's address through school enrollment records.

7. How do I notify the school about changes in income or loss of benefits?

Send a note or call the school official identified in the letter to parents that you received with the Application for Free and Reduced Price School Meals/Milk.

8. What do I do when my children go to different schools in the same school district?

Send the letter to the school of one of the children. The school administration will be responsible for making any necessary copies and giving the information to the other schools within the same school district.

9. *What do I do when my children go to different schools in different school districts?*

You should send the letter to the school district where most of your children attend school. Attach a note asking the school administrator to send copies of the letter to all of the other schools your children attend.

10. *What do I do when some of my children go to public school and some go to private schools?*

If all the schools that the children attend are within New York State and all provide milk or meals under the Special Milk Program or the National School Lunch and/or the School Breakfast Programs, you can send the letter to the school attended by most of your children. Attach a note asking the school administrator to send copies of the letter to all of the other schools listed.

11. *Can my preschooler (three-year old) get free lunch or free milk?*

A three-year-old child can only receive the free milk/meal benefits if the child is enrolled in a school that participates in one of the federal Child Nutrition Programs.

12. *Can I refuse to accept these free meals for my children?*

Yes, you can refuse these benefits by declining the benefit when notified of being matched to DCMP file or by not returning the eligibility letter to school.

13. *What if one or more of my children doesn't like school lunch? Can I refuse the free meals for some of the children listed in the letter?*

By federal regulation, the school must provide the same free meal benefits for all the children in the household. Even if only one child likes the school lunches, you should accept the free meal benefits. The meals will be made available to all the children, but they are not required to take them.

14. *If my child qualifies for free school meals, can he/she get free milk when he/she brings a lunch from home to school?*

No. The school cannot give your child free milk in schools where free meals, which include milk, are available to students. The school can give free milk only to its half-day pre-kindergarten and kindergarten students, who are not in school during the meal service, providing the school participates in the Special Milk Program with the free milk program. The school must apply to participate in the Special Milk Program to offer free milk to these students.

15. *If my child qualifies for free school meals, can he/she get free milk at recess time?*

No. The free meal benefits apply only to complete meals in schools offering lunch or breakfast.

16. *Is free milk for pre-kindergarten and kindergarten students only?*

Not necessarily. If the pre-kindergarten and kindergarten students are half-day students and are, therefore, not in school when breakfast and lunch meals are served, these children are eligible for free milk. Free milk is available to any student in a school where the federal government pays for milk under the Special Milk Program, but does not pay for meals, and the school has opted to offer free milk.

17. Can my child, who is home schooled, get a free lunch when he/she makes use of other school facilities?

Federal regulations restrict the availability of the free meals to enrolled school children. Free school meals are not available to the home-schooled child as they are not enrolled in school.

18. Can my child who has graduated from high school but is living in my household, get free meals at school?

No. Only enrolled students are eligible to take part in these benefits.

19. What if no child in my household is old enough to be responsible for getting the eligibility letter to the school?

If you are uncomfortable about having a child take the letter to the school, either mail it or take it to the school yourself. The school must have an approved application or this letter on file so it can give your child a free meal or free milk.

20. When will my child receive free meals or free milk?

Any child who received free meals last year will get free meals/milk at the start of school this year. If your family is new to the school system or first-time recipients of free meal benefits, you should call the lunch director or principal of the school.



NYC
New York State
 Education Department
 Child Nutrition Program Administration

New York State
 Office of Temporary and
 Disability Assistance



**ELIGIBILITY LETTER FOR FREE MEALS/MILK
 (Return this letter to your child(ren)'s school)**

July 2015

Dear Parent/Guardian:

A joint effort has been made by OTDA and NYSED to provide this letter to your household based on your eligibility for Supplemental Nutrition Assistance Program (SNAP). This letter is to inform you that the child(ren) listed below is eligible to receive free lunch and/or breakfast if he/she attends a school that participates in one of the following programs: National School Lunch, School Breakfast, or Special Milk. Your school may have already notified you in writing that your child(ren) is directly certified to receive these free meal/milk benefits. If you have not been notified, you can contact your child(ren)'s school to determine if he/she is now eligible to receive free meals or you can send this letter to the school as an alternative method to qualify your child(ren) to receive free meals. If a child(ren) in the household did not receive a letter, **please complete the form below and return it to the school(s) which the child(ren) attend(s).**

This letter also entitles your child(ren) to free meals if he/she attends a program such as a school, club or camp that participates in the Summer Food Service Program. Make a copy for your records so you can provide it to the sponsor. Please refer to the following website to locate a Summer Food Service Program near you <http://portal.nysed.gov/portal/page/portal/CNKC>.

If you have any questions about free school meal/milk benefits, please review the instructions included with this letter, or **call your child(ren)'s Food Service Director***.

For questions about SNAP program benefits, please call the OTDA toll free hotline number **1-800-342-3009**. A copy of your household's SNAP benefit information can be accessed from your www.mybenefits.ny.gov account.

Ve a el otro lado para la versión en español

NAME	DATE OF BIRTH	SCHOOL	GRADE
Please put the name of any additional children in your household not listed below.	Please put the DOB of additional children listed.	Please put the name of your child's school below.	Please put your child's grade level below.

***Notice to Schools:** For questions regarding student eligibility in the Child Nutrition Programs, please call the NYSED Child Nutrition Program at (518) 473-8781 or visit <http://portal.nysed.gov/portal/page/portal/CNKC>.

Nondiscrimination Statement:

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READ THIS PAGE BEFORE CALLING YOUR CHILD'S SCHOOL OR THE TOLL FREE HOTLINE

ALL CHILDREN REGARDLESS OF IMMIGRATION STATUS ARE ELIGIBLE FOR THE SCHOOL MEALS PROGRAM AND THE MILK PROGRAM

1. What do I do if one of my children does not receive a letter?

If you did not receive a letter for one of your children, you may add their information to the letter. Send this letter to the school which your child attends if they are NOT already receiving free school meals/milk benefits. You can contact your child(ren)'s school to determine if he/she is currently eligible for free meals/milk.

2. What if the child mentioned in the letter is no longer in the household?

If the child is living in another household, please destroy the letter.

3. What if the child mentioned in the letter lives in my household, but is not my child?

Fill in the name of the school and grade the child attends and send the letter to school.

4. Can my pre-schooler (3 year old), who is mentioned on the letter, get free meals or milk?

Yes, if the child is enrolled and attending a school that participates in the School Breakfast, School Lunch, Special Milk and/or Summer Food Service Programs.

5. If my child qualifies for free school meals, can he/she get free milk if he/she brings a lunch from home?

No. The child cannot only select the milk component offered as part of the free meal. In order to have the free milk, the child must select a complete school meal.

6. Can a home-schooled child or a child who has graduated, get free meals?

No. Free meals are not available to a home-schooled child or a child who has graduated. A child must be enrolled in a school to get these benefits.

7. Does this letter apply to my child who attends a school that doesn't have a lunch or a breakfast program?

No. But contact the school principal or food service director to find out if the school participates in the special milk program with free milk.

8. What if my child does not like school lunch? Can I refuse the meal?

Yes. You can refuse by not sending this eligibility letter back to the school or contact your child's school to decline free meal/milk benefits they are currently receiving.

PLEASE RETURN THE ELIGIBILITY LETTER FOR FREE MEALS/MILK TO THE SCHOOL YOUR CHILD(REN) ATTENDS.



NYC
New York State
 Education Department
 Child Nutrition Program Administration

New York State
 Office of Temporary and
 Disability Assistance



**CARTA DE HABILITACIÓN PARA RECIBIR COMIDAS/LECHE GRATIS
 (Regresar esta carta a la escuela de su hijo[s])**

Julio de 2015

Estimado padre / tutor:

La Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York (OTDA, por sus siglas en inglés) y el Departamento de Educación del Estado de Nueva York (NYSED, por sus siglas en inglés) en un esfuerzo mancomunado le envían esta carta a su grupo familiar, tomando como base que usted reúne los requisitos para recibir Asistencia Nutricional Suplementaria (SNAP, por sus siglas en inglés). En esta carta se le informa que el niño que se menciona a continuación, reúne los requisitos para recibir almuerzo o desayuno, o ambos, si el niño va a una escuela que participa en uno de los siguientes programas: Programa de almuerzos y desayunos escolares y programa especial de leche. La escuela ya debió haberle informado por escrito que su niño está directamente certificado para recibir los beneficios de comida y leche de manera gratuita. Si todavía no ha sido informado, comuníquese con la escuela a la cual va su niño para saber si reúne los requisitos para recibir las comidas gratuitas, o envíe esta carta de habilitación a la escuela como método alternativo para indicar que el niño reúne los requisitos para recibir las comidas gratuitas. Si el niño del grupo familiar no ha recibido la carta de habilitación, **sírvase llenar el formulario a continuación y envíelo a la escuela a la cual va el niño.**

Esta carta también permite que su niño tenga derecho a recibir comidas gratis si participa en una actividad escolar, club o campamento y dicho programa es parte del Programa Veranero de Comidas (*Summer Food Service Program*). Quédese con una copia de esta carta en caso de que tenga que mostrársela al patrocinador. Visite el siguiente sitio web <http://portal.nysed.gov/portal/page/portal/CNKC> para encontrar el Programa Veranero de Comidas (*Summer Food Service Program*) más cercano a usted.

Si tiene preguntas sobre el programa gratuito de comidas escolares y leche, sírvase revisar las indicaciones que se incluyen en esta carta, o **llame al director del programa de almuerzos escolares de la escuela a la cual asiste su niño.**

Si tiene preguntas sobre los beneficios de los programas SNAP, llame gratis a la Línea de Información de OTDA al **1-800-342-3009**. También en su cuenta de la página electrónica www.mybenefits.ny.gov, hay una copia con información sobre los beneficios SNAP que recibe su grupo familiar.

NOMBRE	FECHA DE NACIMIENTO	ESCUELA	GRADO
Escriba los nombres de otros niños de su grupo familiar que no están incluidos en la lista abajo mencionada.	Escriba las fechas de nacimiento de los niños que fueron agregados a la lista.	Escriba el nombre de la escuela de su niño.	A continuación escriba el grado en que está su niño.

Notificación a las Escuelas: Si tiene preguntas pertinentes a los requisitos de los estudiantes para participar en los programas de Alimentación para Niños, llame al NYSED Child Nutrition Program at (518) 473-8781 o ingrese a la página electrónica <http://portal.nysed.gov/portal/page/portal/CNKC>.

Declaración de no-discriminación:

El Departamento estadounidense de Agricultura (USDA) prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo en las bases de raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, represalia, donde creencias aplicables, políticas, estado civil, estado familiar o parental, orientación sexual, o todo o parte del ingreso de un individuo se deriva de cualquier programa de asistencia pública, o la información genética en el empleo o en cualquier programa o actividad protegida realizado y financiado por el Departamento. (No todos prohibidos bases se aplicarán a todos los programas o actividades de empleo). Si desea presentar una queja del programa de derechos civiles de discriminación, completa la forma de queja de discriminación programa de USDA (PDF), encontró en línea en http://www.ascr.usda.gov/complaint_filing_cust.html de presentación, o en cualquier oficina del USDA, o llame (866) 632-9992 para solicitar el formulario. También puede escribir una carta que contenga toda la información solicitada en el formulario. Envíenos su formulario de reclamación completado o carta por correo al Departamento de agricultura de Estados Unidos, Director, Office of Adjudication, 1400 independencia Avenue, S.W., Washington, D.C. 20250-9410, por fax (202) 690-7442 o por correo electrónico a program.intake@usda.gov. Personas sordas, con problemas de audición o que tienen discapacidades del habla y usted desean presentar querrela de EEO o programa por favor, póngase en contacto con el USDA a través del servicio de retransmisión Federal al (800) 877-8339 o (800) 845-número (en Español).
 USDA es un empleador de igualdad de oportunidades.

LEA ESTA HOJA ANTES DE LLAMAR A LA ESCUELA DE SU NIÑO O AL NÚMERO DE TELÉFONO DIRECTO

TODO NIÑO, SIN IMPORTAR SU ESTADO MIGRATORIO, TIENE DERECHO A PARTICIPAR EN EL PROGRAMA DE COMIDAS ESCOLARES Y EL PROGRAMA DE LECHE GRATIS

1. ¿Qué debo hacer si uno de mis niños no recibe una carta?

Si uno de sus niños no recibió una carta, puede agregar el nombre de ese niño a la carta. Si su niño NO está recibiendo todavía beneficios de comidas escolares o de leche o ambos gratis, envíe esta carta a la escuela a la que asiste su niño. Comuníquese con la escuela de su niño para averiguar si actualmente él/ella tiene derecho a recibir comidas o leche gratis.

2. ¿Qué pasa si el niño mencionado en la carta ya no vive en la casa?

Si el niño vive en otro hogar, simplemente rompa la carta.

3. ¿Qué pasa si el niño mencionado en la carta vive en mi hogar, pero no es mi hijo(a)?

Escriba el nombre de la escuela y el grado en que está el niño y devuelva la carta a la escuela.

4. ¿Puede mi niño de edad pre escolar (de 3 años), mencionado en la carta, recibir almuerzo o leche gratis?

Sí. Siempre y cuando el niño esté matriculado y asistiendo a una de las escuelas que participa en el Programa de almuerzos y desayunos escolares y el Programa especial de leche, o el Programa Veranero de Comidas.

5. Si mi niño tiene derecho a recibir comidas escolares gratis, ¿puede recibir leche gratis si trae su propio almuerzo?

No. El niño no puede seleccionar solamente el componente leche ofrecido como parte de la comida gratis. Para que el niño pueda recibir la leche gratis, debe recibir la comida escolar completa.

6. ¿Puede un niño que recibe escolarización en casa o un niño que ya se graduó de la escuela, recibir comidas gratis?

No. Las comidas gratis no son para los niños que reciben escolarización en casa o para los niños que ya se graduaron de la escuela. El niño debe estar matriculado en una escuela para poder recibir estos beneficios.

7. ¿Acaso esta carta también aplica a los niños que asisten a una escuela que no participa en un programa de almuerzos o desayunos gratis?

No. Pero le sugerimos que se comunique con el director de la escuela o con el director del servicio de comidas escolares para averiguar si la escuela participa en el programa especial de leche gratis.

8. ¿Y qué si a mi hijo(a) no le gusta el almuerzo que sirven en la escuela? ¿Puedo rehusar la comida?

Sí. Usted puede rehusar no regresando esta carta de habilitación a la escuela o comunicándose con la escuela de su hijo(a) para rechazar los beneficios que él o ella actualmente está recibiendo.

FAVOR DE REGRESAR LA CARTA DE CERTIFICACIÓN A LA ESCUELA DE SU HIJO(A).



New York State
 Education Department
 Child Nutrition Program Administration

New York State
 Office of Temporary and
 Disability Assistance



**ELIGIBILITY LETTER FOR FREE MEALS/MILK
 (Return this letter to your child(ren)'s school)**

July 2015

Dear Parent/Guardian:

A joint effort has been made by OTDA and NYSED to provide this letter to your household based on your eligibility for Supplemental Nutrition Assistance Program (SNAP). This letter is to inform you that the child(ren) listed below is eligible to receive free lunch and/or breakfast if he/she attends a school that participates in one of the following programs: National School Lunch, School Breakfast, or Special Milk. Your school may have already notified you in writing that your child(ren) is directly certified to receive these free meal/milk benefits. If you have not been notified, you can contact your child(ren)'s school to determine if he/she is now eligible to receive free meals or you can send this letter to the school as an alternative method to qualify your child to receive free meals. If a child(ren) in the household did not receive a letter, **please complete the form below and return it to the school(s) which the child(ren) attend(s).**

This letter also entitles your child(ren) to free meals if he/she attends a program such as a school, club or camp that participates in the Summer Food Service Program. Make a copy for your records so you can provide it to the sponsor. Please refer to the following website to locate a Summer Food Service Program near you <http://portal.nysed.gov/portal/page/portal/CNKC>.

If you have any questions about free school meal/milk benefits, please review the instructions included with this letter, or **call your child(ren)'s school lunch director***.

For questions about SNAP program benefits, please call the OTDA toll free hotline number **1-800-342-3009**. A copy of your household's SNAP benefit information can be accessed from your www.mybenefits.ny.gov account.

Ve a el otro lado para la versión en español

NAME	DATE OF BIRTH	SCHOOL	GRADE
Please put the name of any additional children in your household not listed below.	Please put the DOB of additional children listed.	Please put the name of your child's school below.	Please put your child's grade level below.

***Notice to Schools:** For questions regarding student eligibility in the Child Nutrition Programs, please call the NYSED Child Nutrition Program at (518) 473-8781 or visit <http://portal.nysed.gov/portal/page/portal/CNKC>.

Nondiscrimination Statement:

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities and you wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

USDA is an equal opportunity employer.

SAMPLE

ALL CHILDREN REGARDLESS OF IMMIGRATION STATUS ARE ELIGIBLE FOR THE SCHOOL MEALS PROGRAM AND THE MILK PROGRAM

1. What do I do if some of my children go to

- * different schools in the same school district?
- * public school and some go to private school?
- * different schools in different districts?

Send this letter to the school which one of your children attends, if they are NOT already receiving free school meals/milk benefits. The school is responsible for making and sending the necessary copies of this letter to the other schools you listed on the front of the letter. You can contact your child(ren)'s school to determine if he/she is currently eligible for free meals/milk.

2. What do I do if one of my children is not listed on the letter?

If there is a child/children in your household whose name is not listed on this letter you may add those children's information in the chart on the bottom of the letter.

3. What if a child/children listed on the letter is no longer in the household?

If only one child is listed on the letter and that child is no longer in the household, destroy the letter.

If other children are listed on the letter, cross off the name of the child who no longer lives with you. Fill in the information (school and grade) for the other children living with you and send the letter to school.

4. What if a child/children lives with me, but is not my child/children?

Fill in the information and send the letter to school.

5. Can my pre-schooler who is listed on the letter get free lunch or milk?

Yes, if the child is enrolled and attending a school that participates in the School Breakfast, School Lunch, Special Milk and/or Summer Food Service Programs.

6. If my child qualifies for free school meals, can he/she get free milk if he/she brings a lunch from home?

No. The child cannot only select the milk component offered as part of the free meal. In order to have the free milk, the child must select a complete school meal.

7. Can home-schooled children or children who have graduated get free meals?

No. School meals are not available to children who are being educated at home or to children who have graduated.

8. Does this letter apply to my child who attends a school that doesn't have a lunch or a breakfast program?

No, but contact the school principal or food service director to find out if the school participates in the Special Milk Program with free milk.

9. If my child qualifies for special milk, can he/she get free milk if he/she brings a lunch from home?

Yes. If the child qualifies for free milk benefits, the child is eligible to receive free milk as part of the Special Milk Program.

10. What if my child does not like school lunch? Can I refuse the meal?

Yes. You can refuse by not sending this eligibility letter back to the school or contact your child's school to decline free meal/milk benefits they are currently receiving.

PLEASE RETURN THE ELIGIBILITY LETTER FOR FREE MEALS/MILK TO THE SCHOOL YOUR CHILD(REN) ATTENDS.



New York State
 Education Department
 Child Nutrition Program Administration

New York State
 Office of Temporary and
 Disability Assistance



CARTA DE HABILITACIÓN PARA RECIBIR COMIDAS/LECHE GRATIS
(Regresar esta carta a la escuela de su hijo[s])

Julio de 2015

Estimado padre / tutor:

La Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York (*OTDA*, por sus siglas en inglés) y el Departamento de Educación del Estado de Nueva York (*NYSED*, por sus siglas en inglés) en un esfuerzo mancomunado le envían esta carta a su grupo familiar, tomando como base que usted reúne los requisitos para recibir Asistencia Nutricional Suplementaria (*SNAP*, por sus siglas en inglés). En esta carta se le informa que el niño que se menciona a continuación, reúne los requisitos para recibir almuerzo o desayuno, o ambos, si el niño va a una escuela que participa en uno de los siguientes programas: Programa de almuerzos y desayunos escolares y programa especial de leche. La escuela ya debió haberle informado por escrito que su niño está directamente certificado para recibir los beneficios de comida y leche de manera gratuita. Si todavía no ha sido informado, comuníquese con la escuela a la cual va su niño para saber si reúne los requisitos para recibir las comidas gratuitas, o envíe esta carta de habilitación a la escuela como método alternativo para indicar que el niño reúne los requisitos para recibir las comidas gratuitas. Si el niño del grupo familiar no ha recibido la carta de habilitación, **sírvase llenar el formulario a continuación y envíelo a la escuela a la cual va el niño.**

Esta carta también permite que su niño tenga derecho a recibir comidas gratis si participa en una actividad escolar, club o campamento y dicho programa es parte del Programa Veranero de Comidas (*Summer Food Service Program*). Quédesse con una copia de esta carta en caso de que tenga que mostrársela al patrocinador. Visite el siguiente sitio web <http://portal.nysed.gov/portal/page/portal/CNKC> para encontrar el Programa Veranero de Comidas (*Summer Food Service Program*) más cercano a usted.

Si tiene preguntas sobre el programa gratuito de comidas escolares y leche, sírvase revisar las indicaciones que se incluyen en esta carta, o **llame al director del programa de almuerzos escolares de la escuela a la cual asiste su niño.**

Si tiene preguntas sobre los beneficios de los programas SNAP, llame gratis a la Línea de Información de OTDA al **1-800-342-3009**. También en su cuenta de la página electrónica www.mybenefits.ny.gov, hay una copia con información sobre los beneficios SNAP que recibe su grupo familiar.

NOMBRE	FECHA DE NACIMIENTO	ESCUELA	GRADO
Escriba los nombres de otros niños de su grupo familiar que no están incluidos en la lista abajo mencionada.	Escriba las fechas de nacimiento de los niños que fueron agregados a la lista.	Escriba el nombre de la escuela de su niño.	A continuación escriba el grado en que está su niño.

Notificación a las Escuelas: Si tiene preguntas pertinentes a los requisitos de los estudiantes para participar en los programas de Alimentación para Niños, llame al NYSED Child Nutrition Program al (518) 473-8781 o ingrese a la página electrónica <http://portal.nysed.gov/portal/page/portal/CNKC>.

Declaración de no-discriminación:

El Departamento estadounidense de Agricultura (USDA) prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo en las bases de raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, represalia, donde creencias aplicables, políticas, estado civil, estado familiar o parental, orientación sexual, o todo o parte del ingreso de un individuo se deriva de cualquier programa de asistencia pública, o la información genética en el empleo o en cualquier programa o actividad protegida realizado y financiado por el Departamento. (No todos prohibidos bases se aplicarán a todos los programas o actividades de empleo). Si desea presentar una queja del programa de derechos civiles de discriminación, completa la forma de queja de discriminación programa de USDA (PDF), encontró en línea en http://www.ascr.usda.gov/complaint_filing_cust.html de presentación, o en cualquier oficina del USDA, o llame (866) 632-9992 para solicitar el formulario. También puede escribir una carta que contenga toda la información solicitada en el formulario. Envíenos su formulario de reclamación completado o carta por correo al Departamento de agricultura de Estados Unidos, Director, Office of Adjudication, 1400 independencia Avenue, S.W., Washington, D.C. 20250-9410, por fax (202) 690-7442 o por correo electrónico a program.intake@usda.gov. Personas sordas, con problemas de audición o que tienen discapacidades del habla y usted desean presentar querrela de EEO o programa por favor, póngase en contacto con el USDA a través del servicio de retransmisión Federal al (800) 877-8339 o (800) 845-número (en Español). USDA es un empleador de igualdad de oportunidades.

SAMPLE

TODO NIÑO, SIN IMPORTAR SU ESTADO MIGRATORIO, TIENE DERECHO A PARTICIPAR EN EL PROGRAMA DE COMIDAS ESCOLARES Y EL PROGRAMA DE LECHE GRATIS

1. Qué hago si mis niños:

*van a diferentes escuelas en el mismo distrito escolar

*unos van a una escuela pública y otros van a una escuela privada

*van a diferentes escuelas en diferentes distritos

Si sus niños NO están recibiendo todavía beneficios de comidas escolares o de leche o ambos gratis, envíe esta carta a la escuela a la que asiste uno de sus niños. Esa escuela es responsable de hacer copias de esta carta y enviarla a las otras escuelas que usted indicó en la primera página de la carta. Comuníquese con la escuela de su niño para averiguar si actualmente él/ella tiene derecho a recibir comidas o leche gratis.

2. ¿Qué debo hacer si el nombre de uno de mis niños no aparece en la carta?

Si el nombre del niño o de los niños que vive(n) en su hogar no aparece(n) en la carta, agréguelo(s) a la carta.

3. ¿Qué sucede si uno de los niños listados en la carta ya no vive en el hogar?

Si solamente aparece un nombre en la carta y ese niño ya no reside en el hogar, deshágase de la carta.

Si los nombres de otros niños aparecen en la carta, tache el nombre del niño que ya no vive con usted. Suministre la información solicitada (escuela y grado) de los niños que viven con usted y envíe la carta a la escuela.

4. ¿Qué hago si uno de los niños que vive conmigo no es mi hijo(a)?

Suministre la información solicitada y envíe la carta a la escuela.

5. ¿Puede mi niño de edad pre escolar, mencionado en la carta, recibir almuerzo o leche gratis?

Sí. Siempre y cuando el niño esté matriculado y asistiendo a una de las escuelas que participa en el Programa de almuerzos y desayunos escolares y el Programa especial de leche o el Programa Veranero de Comidas.

6. Si mi niño tiene derecho a recibir comidas escolares gratis, ¿puede recibir leche gratis si trae su propio almuerzo?

No. El niño no puede seleccionar solamente el componente leche ofrecido como parte de la comida gratis. Para que el niño pueda recibir la leche gratis, debe recibir la comida escolar completa.

7. ¿Puede un niño que recibe escolarización en casa o un niño que ya se graduó de la escuela, recibir comidas gratis?

No. Las comidas escolares no son para los niños que reciben escolarización en casa o que ya se graduaron.

8. ¿Acaso esta carta también aplica a los niños que asisten a una escuela que no participa en un programa de almuerzos o desayunos gratis?

No. Pero le sugerimos que se comunique con el director de la escuela o con el director del servicio de comidas escolares para averiguar si la escuela participa en el programa especial de leche gratis.

9. Si mi niño tiene derecho a recibir leche especial, ¿puede recibir leche gratis si trae su propio almuerzo?

Sí. Si el niño reúne los requisitos para recibir beneficios de leche gratis, el niño tiene derecho a recibir leche gratis como parte del programa especial de leche.

10. ¿Y qué si a mi hijo(a) no le gusta el almuerzo que sirven en la escuela? ¿Puedo rehusar la comida?

Sí. Usted puede rehusar no regresando esta carta de habilitación a la escuela, o comunicándose con la escuela de su hijo(a) para rechazar los beneficios de comidas o leche o ambos que él o ella está recibiendo actualmente.

FAVOR DE REGRESAR LA CARTA DE CERTIFICACIÓN A LA ESCUELA DE SU HIJO(A).

ADDITIONAL ACCEPTABLE FORM OF CATEGORICAL ELIGIBILITY

When families receive approval for SNAP or TANF after the eligibility letters are sent, or they are re-certified for benefits, they receive an alternate eligibility letter that can and should be used to automatically qualify the children listed for free meals/milk. The notice is typically several pages in length, and should contain the following information:

- Family name and address
- Date of notice
- Names of eligible children

Be sure to obtain a copy of the first page of the notice, which lists the family's name and address, as well as the date they were eligible for SNAP or TANF. This is needed to ensure the integrity of the direct certification process. The letter is transmitted when families are accepted for SNAP or TANF or are renewed. Ensure the date of eligibility is within the current school year.

Notice Number: C129ET3104

SNAP

National School Lunch and/or Breakfast Programs

The children listed below are approved to receive free lunch and/or breakfast if they attend a school that participates in the National School Lunch and/or Breakfast Programs. To receive this benefit, you must take or send a copy of this notice to the school that your child attends.

Child's name/Children's names

This notice also entitles your child/children to free meals if they attend a program such as school, club or camp that participates in the Summer Food Service Program. Make a copy for your records so you can provide it to the sponsor.

OTDA MYBENEFITS WEBSITE

Submit documentation from OTDA's "myBenefits" account verifying receipt of SNAP/TANF benefits at www.mybenefits.ny.gov.

OVERCERTIFICATION

Increasingly, the number of children eligible for free and reduced price meals is used to allocate State and federal and even local funds. When the data is incorrect because ineligible families have been approved for free and reduced price meals, there is a significant misdirection of funds. New York State and the United States Department of Agriculture (USDA) are taking steps to ensure the integrity of child nutrition data, which have long been used as the proxy for identifying poverty.

Over the years, we have modified our free and reduced price application in order to facilitate the review process and eliminate confusion for eligible families applying for benefits. We also are reiterating some of the regulations so that persons reviewing applications have a better understanding of their responsibilities.

Specifically:

1. You must have new DCMP, correctly approved applications or eligibility letters on file within the first 30 operating days of the school year. This applies to all schools, even those whose school year begins in July. Carryover of previous year's eligibility from direct certification, categorical eligible and income applications is for up to 30 operating days of the new school year. We recommend you immediately conduct DCMP, then begin contacting families as soon as possible to obtain current eligibility data to ensure access to all children who qualify. This would also assist you in your efforts to provide information on free and reduced price eligibles on the Basic Educational Data System (BEDS) report in early October. As you are probably aware, BEDS data is used for a variety of funding formulas that will affect your school and community. Applications submitted by families for the new school year are effective immediately.
2. Applications where the family has reported zero (0) income (not applications with missing income) must be given free meal benefits from the point of approval, through the end of the school year.
3. Only complete applications can be approved for free meal benefits. Applications missing required information, such as income or last 4 digits of the Social Security number must be denied if the missing information cannot be obtained.
4. Applications cannot be approved for temporary reduced price benefits. There is no temporary reduced price eligibility.
5. Additional children in the household can be written in on an eligibility letter for free meals/free milk. You must obtain school enrollment records for those children living in the same household whose names are not indicated on an eligibility letter in order to extend free meal benefits to them.
6. Administrative prerogative as described in this packet is a very restrictive option that must be used judiciously and only when it can be determined through an independent source(s) that family income qualifies a child. This option is available only when exhaustive efforts to obtain an application from the family have been documented. The source of the documentation of household size and income information must be noted on the application. Reimbursement funds will be reclaimed for improper use of administrative prerogative.
7. **Military Families and Eligibility in the Child Nutrition Programs**
For households affected by deployments in support of possible future military contingencies, USDA has addressed the deployment of family members for military service to accommodate free and reduced price meal eligibility determinations, tier 1 day care home determinations and meal benefits for children temporarily residing with their providers.

For the purpose of determining household size, deployed service members should be considered as family members living apart on a temporary basis. Instruct families to include the names and income of deployed service members on their application forms. The reviewing official should count the service member as part of the household in establishing a child's eligibility for free and reduced price meals, or a day care home provider's eligibility for tier 1 reimbursement rates.

Deployment of a parent or guardian may also affect the eligibility of a child, who temporarily resides with a day care home provider, to receive meals in the Child and Adult Care Food Program. Although the child may live with the provider while the service member is deployed, the child would not be considered a "provider's own" child. In this special situation, the child would continue to participate in the meal service as a nonresidential participant. To claim reimbursement for program meals, the day care home provider must have power of attorney, custody, or an agreement established by the military to provide residential care to the child.

8. Treatment of Military Housing Allowance for Families in "Privatized Housing" For Purposes of Determining Eligibility in the Child Nutrition Programs

Effective May 13, 2002, certain housing allowances are excluded from consideration in total income in the school nutrition programs, the National School Lunch Program, School Breakfast Program, the Special Milk Program and the Summer Food Service Program. In some instances, military personnel living in privatized housing receiving a housing allowance will not include this allowance in their total income when evaluating household eligibility for free or reduced price meals or free milk. The Military Housing Privatization Initiative refers to the operation of military housing under private contractors at military installations at a number of military bases. A housing allowance is given under this privatization initiative, which is shown on the leave and earnings statement of military personnel living in the housing provided. This income exclusion is only for those military personnel living in the housing provided by the Military Housing Privatization Initiative. It does not apply to those military personnel living off base in the community neighborhood in the general commercial/private real estate market.

9. Treatment of U.S. Armed Forces Family Subsistence Supplemental Allowances (FSSA)

The Floyd D. Spence National Defense Authorization Act of Fiscal Year 2001 (Public Law 106-398) requires the Armed Forces to pay certain low-income service members and their families a family subsistence allowance not to exceed \$500 per month to reduce the number of service members and their families who rely on SNAP. The Armed Forces will pay the FSSA payment to eligible service members beginning June 1, 2001. For Child Nutrition Program (CNP) eligibility determination purposes, the FSSA payments must be counted as earned income to the household. There is no legislative authority that would permit the exclusion of FSSA payments from consideration as income in the CNP. We have been advised that the Leave and Earnings Statement for the Marines will identify the payment as "FSSA". The Leave and Earnings Statement for the Army, Navy and Air Force will temporarily identify the payment as "Saved Pay" and subsequently be changed to identify the payment as "FSSA". Please note that some military families receiving FSSA payments may still be income eligible for free or reduced price meal benefits. Other military families receiving FSSA payments also may be certified to receive food stamp benefits (despite the FSSA payment); these families would be categorically eligible for free meals in the CNP.

10. Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance to Needy Families (TANF) Application

School officials must familiarize themselves with valid SNAP/TANF case numbers before beginning the application approval process. When you conduct the required matching through the DCMP, you will become familiar with the food stamp numbers of your locale. It is imperative that SNAP or TANF applications are correctly approved with proper numbers to prevent potential fiscal sanctions being assessed against the SFA. If families do not know their SNAP or TANF numbers, you should first look in the SNAP DCMP electronic file. If you fail to locate the child, you should advise the family to (1) contact their local Department of Social Services to obtain their number (2) complete sections 4 and 5 of the application or (3) submit their eligibility letter.

Applications with invalid case numbers should not be approved. Families receiving SNAP or TANF no longer have a benefit issuance card that contains the information identifying that the family is currently eligible for benefits or their SNAP or TANF number. Families must refer to the letter they received from their local Department of Social Services to obtain their SNAP or TANF case numbers. It is important to note that even if you do not locate a student during the DCMP, if you receive an application with a SNAP or TANF number, you must approve the application for free meals and include the application in the verification process.

11. All eligibility determinations, including DCMP lists, SNAP eligibility letters and applications, must be retained for three years plus the current year. If this documentation is lost, misplaced, damaged, etc., the SFA could lose reimbursement for free and reduced price meals.
12. Special education, foreign exchange, immigrant and refugee students are not automatically eligible for free meals. These students qualify for free, reduced price and paid meals by using the same income guidelines or categorical criteria used for all students. The SFA may claim these students for free or reduced price reimbursement only if a correctly approved application or other certification documentation is on file.
13. House-parents may complete and sign an application for children in their care who reside in residential child care institutions.
14. Any and all contact with families regarding eligibility can and should be documented on the application.
15. If an application lacks how frequently income is received, e.g., weekly, monthly, etc., the reviewing official will process the income as weekly OR place a call to the family before approving since income information is not complete.

16. Income Conversion for Multiple Frequency of Incomes

Many households have different sources of income at different frequencies, such as weekly or bi-weekly (every two weeks) wages and monthly social security benefits. Past practice was to convert all income to a monthly amount; USDA established a conversion factor for weekly income and bi-weekly income. However, use of these conversion factors has resulted in some perceived inconsistencies in the relationship between converted amounts and the weekly, bi-weekly, bi-monthly and monthly income limits shown in the published Income Eligibility Guidelines (IEGs). These guidelines are established by dividing annual income limits by the annual income frequency and rounding up to the next whole dollar. While these conversion factors have created some inconsistent results, no eligible household has been denied benefits.

To avoid these problems, use the following procedures:

- If a household has only one income source, or if all sources are the same frequency, do not use conversion factors. Compare the income or the sum of the incomes to the published IEGs for the appropriate frequency and household size to make the eligibility determination.
- If a household reports income sources at more than one frequency, the acceptable method is to annualize all income by multiplying weekly income by 52, income received every two weeks by 26, income received twice per month by 24 and income received monthly by 12. *Do not round the values resulting from each conversion.* Add all the un-rounded converted values and compare the un-rounded total to the published IEGs for annual income for the appropriate household size.
- The application form reflects this information.

School districts must ensure that software they are using does not convert all income to monthly. It should only convert to annual income when there are multiple income frequencies. The software should also not round up each frequencies calculation before totaling.

17. Notification letters that families receive from a school may not be used to determine eligibility if the students transfer to a new school. The new school must obtain a copy of the original application or eligibility letter, or have the family complete a new application.
18. Families who reapply with a change in income after receiving a denial letter are subject to income verification.
19. Medicaid or Medicare information on an application for meal benefits does not qualify students for free or reduced price meals. Only students and extension to other household members may be provided free meal benefits based on Medicaid if found during the DCMP. The eligible Medicaid students reside in the DCMP data and are included with the SNAP eligible. If you find two records for a child in the DCMP data, you should certify the student free eligible based on SNAP, as DCMP SNAP is the highest level of free eligibility in Child Nutrition Programs.

Disclosure Chart

The NSLA specifies that persons directly connected with the administration or enforcement of certain programs or activities are permitted to have access to children's eligibility information. The following chart shows the circumstances for disclosing eligibility information. If you have concerns or questions about disclosing children's eligibility information, contact your State agency for further guidance.

Recipient of Information	What May be Disclosed	Requirements
Programs under the National School Lunch Act or Child Nutrition Act	All Eligibility information	Prior notice and consent not required
Federal/State or local means tested nutrition programs with eligibility standards comparable to the NSLP	Eligibility status only	Prior notice and consent not required
Federal education programs	Eligibility status only	Prior notice and consent not required
State education programs administered by a State agency or local education agency	Eligibility status only	Prior notice and consent not required
Local education programs	NO eligibility information, unless parental consent is obtained	Parental consent
Medicaid or the State Children's Health Insurance Programs (SCHIP), administered by a State or local agency authorized under titles XIX or XXI of the Social Security Act to identify and enroll eligible children	All Eligibility information unless parents elect not to have information disclosed	Must give prior notice to parents and opportunity for parents to decline to have their information Disclosed
State health programs other than Medicaid/SCHIP, administered by a State agency or local education agency	Eligibility status only	Prior consent not required
Federal health programs other than Medicaid/SCHIP	NO eligibility information, unless parental consent is obtained	Parental Consent
Local health program	NO eligibility information, unless parental consent is obtained	Parental Consent
Comptroller General of the United States for purposes of audit and examination	All eligibility information	Prior notice and consent not required
Federal, State, or local law enforcement of officials investigating alleged violations of any of the programs under NSLA and CAN or investigating violations of any of the programs that are authorized to have access to names and eligibility status	All eligibility information	Prior notice and consent not required

FREE ELIGIBILITY			REDUCED ELIGIBILITY
Direct Certification	Categorical Eligibility	Free Application	Reduced Application
Supplemental Nutrition Assistance Program (SNAP) - <i>Automated Data Matching Method</i>	Temporary Assistance For Needy Families (TANF) - <i>Indicated Case Number on the Free And Reduced Price Meal Application</i>	Free and reduced price meal applicant approved to receive free school meals/milk determined by the income indicated on the application was <i>at or below 130 percent of the Federal poverty guidelines.</i>	Free and reduced price meal applicant approved to receive free school meals/milk determined by the income indicated on the application was <i>between 130 and at or below 185 percent of the Federal poverty guidelines.</i>
	Food Distribution Program On Indian Reservations (FDPIR) - <i>Indicated Case Number on the Free and Reduced Price Meal Application</i>		
Medicaid recipients at or below 133 percent of the Federal poverty guidelines, determined by the Medicaid Program - <i>Automated Data Matching Method</i>	Supplemental Nutrition Assistance Program (SNAP) - <i>NYSED/OTDA Eligibility Letter Method (new), Re-certification Letter, or indicated Case Number on the Free and Reduced Price Meal Application</i>		
* Data Matching Systems indicate the corresponding Assistance Program	Homeless - <i>List obtained from the McKinney Vento liaison (visit www.nysteachs.org for a list of homeless liaisons)</i>		
	Runaway - <i>List obtained from the runaway provider</i>		
	Migrant - <i>List obtained from the migrant coordinator</i>		
	Foster - <i>List obtained from the Office of Children and Family Services (OCFS) or indicated on the Free and Reduced Price Meal Application</i>		
	Head Start and Even Start - <i>Enrollment records</i>		

2015-2016 FREE AND REDUCED PRICE INCOME ELIGIBILITY ATTACHMENTS

I Income Eligibility Guidelines:

These scales are published each year by the federal government and must be used to determine eligibility for free and reduced price meals for the effective dates prescribed.

II Annual News Release - Public Announcement:

Prior to the beginning of the school year this release, along with the income eligibility scales for both free and reduced price meals, must be provided to the local news media, the local unemployment office, and to any major employers contemplating large layoffs in the area.

III Certification of Acceptance for Districts and Nonpublic Schools

IV Certification of Acceptance for Residential Child Care Institutions (RCCIs)

V Free and Reduced Price Application Forms:

Along with the parent letter, the family application (Attachment Va) must be distributed to all parents of children in attendance at school at the beginning of the school year and for new students when entering during the school year. Each family should complete only one application for their household. Spanish Family application (Attachment Vb) is also available.

VI Free and Reduced Price Application Fact Sheet:

At the option of the SFA, this fact sheet may be sent home with the application or made available at the school.

VII Parent Letters: School Meal Programs

These are prototypes of the letters sent to parents each year announcing the availability of the Child Nutrition Programs. Use only those which are applicable to your school program. **Only the Reduced Price eligibility scale from Attachment I is included in the breakfast/lunch parent letter.** The prototype parent letters included in this packet contain the appropriate scales for the 2015-2016 school year.

VIII Parent Letters: Special Milk

Those schools which sponsor the Special (Free) Milk program may adapt the Special Milk parent letter accordingly. Include only the free eligibility scale from Attachment I when preparing the Special Milk parent letter.

IX Notification Letter:

All parents who submit applications must be informed of the approval or denial of such applications. Written notification must be provided to each family denied program benefits in order to provide the family with the hearing and appeals process and a copy of such written notification must be retained on file.

X Notification Letter to Parents from Direct Cert Matching Process

XI Parent Letter - Children with Disabilities

XII Parent/Guardian Consent Letter

XIII Parent/Guardian Consent Statement (Single Program)

XIV Parent/Guardian Consent Statement (Multiple Programs)

**2015-2016 INCOME ELIGIBILITY GUIDELINES
FOR FREE AND REDUCED PRICE MEALS OR FREE MILK**

Free Eligibility Scale						Reduced Price Eligibility Scale					
Free Lunch, Breakfast, Milk						Reduced Price Lunch, Breakfast					
Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 15,301	\$ 1,276	\$ 638	\$ 589	\$ 295	1	\$ 21,775	\$ 1,815	\$ 908	\$ 838	\$ 419
2	\$ 20,709	\$ 1,726	\$ 863	\$ 797	\$ 399	2	\$ 29,471	\$ 2,456	\$ 1,228	\$ 1,134	\$ 567
3	\$ 26,117	\$ 2,177	\$ 1,089	\$ 1,005	\$ 503	3	\$ 37,167	\$ 3,098	\$ 1,549	\$ 1,430	\$ 715
4	\$ 31,525	\$ 2,628	\$ 1,314	\$ 1,213	\$ 607	4	\$ 44,863	\$ 3,739	\$ 1,870	\$ 1,726	\$ 863
5	\$ 36,933	\$ 3,078	\$ 1,539	\$ 1,421	\$ 711	5	\$ 52,559	\$ 4,380	\$ 2,190	\$ 2,022	\$ 1,011
6	\$ 42,341	\$ 3,529	\$ 1,765	\$ 1,629	\$ 815	6	\$ 60,255	\$ 5,022	\$ 2,511	\$ 2,318	\$ 1,159
7	\$ 47,749	\$ 3,980	\$ 1,990	\$ 1,837	\$ 919	7	\$ 67,951	\$ 5,663	\$ 2,832	\$ 2,614	\$ 1,307
8	\$ 53,157	\$ 4,430	\$ 2,215	\$ 2,045	\$ 1,023	8	\$ 75,647	\$ 6,304	\$ 3,152	\$ 2,910	\$ 1,455
Each Add'l person add	\$ 5,408	\$ 451	\$ 226	\$ 208	\$ 104	Each Add'l person add	\$ 7,696	\$ 642	\$ 321	\$ 296	\$ 148

BOTH of the above scales should appear in the Public Announcement/release to the media (Attachment II)

ONLY the Reduced Price Eligibility Scale can appear in the Letter to Parents (for those schools participating in the National School Lunch or Breakfast Program). (Attachment VII)

ONLY those schools which participate in the Special Milk Program and offer Free Milk should publish the Free Eligibility Scale in both the Public Announcement and the Letter to the Parent.

Please note: Incomes indicated on the free and reduced price eligibility scales are maximum amounts.

PROTOTYPE**ANNUAL NEWS RELEASE - PUBLIC ANNOUNCEMENT**

(Send to newspaper, unemployment office, large area employer contemplating layoffs and keep documentation on file.)

_____ (Local School Food Authority) today announced a free and reduced price meal (Free Milk) policy for _____ area school children.

Local school officials have adopted the following family eligibility criteria to assist them in determining eligibility:

**2015-2016 INCOME ELIGIBILITY GUIDELINES
FOR FREE AND REDUCED PRICE MEALS OR FREE MILK**

Free Eligibility Scale						Reduced Price Eligibility Scale					
Free Lunch, Breakfast, Milk						Reduced Price Lunch, Breakfast					
Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 15,301	\$ 1,276	\$ 638	\$ 589	\$ 295	1	\$ 21,775	\$ 1,815	\$ 908	\$ 838	\$ 419
2	\$ 20,709	\$ 1,726	\$ 863	\$ 797	\$ 399	2	\$ 29,471	\$ 2,456	\$ 1,228	\$ 1,134	\$ 567
3	\$ 26,117	\$ 2,177	\$ 1,089	\$ 1,005	\$ 503	3	\$ 37,167	\$ 3,098	\$ 1,549	\$ 1,430	\$ 715
4	\$ 31,525	\$ 2,628	\$ 1,314	\$ 1,213	\$ 607	4	\$ 44,863	\$ 3,739	\$ 1,870	\$ 1,726	\$ 863
5	\$ 36,933	\$ 3,078	\$ 1,539	\$ 1,421	\$ 711	5	\$ 52,559	\$ 4,380	\$ 2,190	\$ 2,022	\$ 1,011
6	\$ 42,341	\$ 3,529	\$ 1,765	\$ 1,629	\$ 815	6	\$ 60,255	\$ 5,022	\$ 2,511	\$ 2,318	\$ 1,159
7	\$ 47,749	\$ 3,980	\$ 1,990	\$ 1,837	\$ 919	7	\$ 67,951	\$ 5,663	\$ 2,832	\$ 2,614	\$ 1,307
8	\$ 53,157	\$ 4,430	\$ 2,215	\$ 2,045	\$ 1,023	8	\$ 75,647	\$ 6,304	\$ 3,152	\$ 2,910	\$ 1,455
Each Add'l person add	\$ 5,408	\$ 451	\$ 226	\$ 208	\$ 104	Each Add'l person add	\$ 7,696	\$ 642	\$ 321	\$ 296	\$ 148

BOTH of the above scales should appear in the Public Announcement/release to the media (Attachment II)

ONLY the Reduced Price Eligibility Scale can appear in the Letter to Parents (for those schools participating in the National School Lunch or Breakfast Program). (Attachment VII)

SNAP/TANF/FDPIR Households: Households which currently include children who receive SNAP but who are not found during the DCMP, or Temporary Assistance to Needy Families (TANF), or the Food Distribution Program on Indian Reservations (FDPIR) must complete an application listing the child's name, a SNAP, TANF, or FDPIR case number and the signature of an adult household member, or provide an Eligibility letter for free meals/milk from the New York State Education Department

Other Households: Households with incomes the same or below the amount of money listed above for their family size may be eligible for and are urged to apply for free and/or reduced price meals (or free milk). They may do so by filling in the application forms sent home with a letter to parents. Additional copies are available at the principal's office in each school. Applications may be submitted any time during the school year to _____ (Title of Reviewing Official).

The information provided on the application will be confidential and will be used for determining eligibility. The names and eligibility status of participants may also be used for the allocation of funds to federal education programs such as Title I and National Assessment of Educational Progress (NAEP), State health or State education programs, provided the State agency or local education agency administers the programs, and for federal, State or local means-tested nutrition programs with eligibility standards comparable to the NSLP. Eligibility information may also be released to programs authorized under the National School Lunch Act (NSLA) or the Child Nutrition Act (CNA). The release of information to any program or entity not specifically authorized by the NSLA will require a written consent statement from the parent or guardian.

The school district does, however, have the right to verify at any time during the school year the information on the application. If a parent does not give the school this information, the child/children will no longer be able to receive free or reduced price meals (free milk).

Foster children may also be eligible for these benefits. A separate application for a foster child is no longer necessary. Foster children may be listed on the application as a member of the family where they reside. They must include the foster child's name and personal use income.

Under the provisions of the policy, the designated official will review applications and determine eligibility. If a parent is dissatisfied with the ruling of the designated official, he/she may make a request either orally or in writing for a hearing to appeal the decision.

_____ (Title), whose address is _____ has been designated as the Hearing Official. Hearing procedures are outlined in the policy. However, prior to initiating the hearing procedure, the parent or School Food Authority may request a conference to provide an opportunity for the parent and official to discuss the situation, present information, and obtain an explanation of the data submitted in the application or the decisions rendered. The request for a conference shall not in any way prejudice or diminish the right to a fair hearing.

Only complete applications can be approved. This includes complete and accurate information regarding: the Food Stamp, TANF, or FDIPIR case number; the names of all household members; on an income application the last four digits of the social security number of the person who signs the form or an indication that the adult does not have one, and the amount and source of income received by each household member. In addition, the parent or guardian must sign the application form, certifying the information is true and correct.

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities and you wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

USDA is an equal opportunity employer.

PLEASE NOTE: This notice **must** be sent to the local media and your local unemployment office at the beginning of each school year.

The school or district must request the media to publish the entire notice.

The school or district must not post this public announcement on its website or distribute it with the applications.

*The media **are not required to publish** any of the notice.*

The school or district must maintain on file a copy of the letter to the media and the article (if published).

The school or district must not pay to have this notice published.

KEEP THIS FORM ON FILE. DO NOT RETURN TO SED

CERTIFICATION OF ACCEPTANCE FOR DISTRICTS AND NONPUBLIC SCHOOLS
(Residential Child Care Facilities must complete the form on Attachment IV)

Please complete the following information and **retain on file** for examination by members of this Department or USDA during a review of your Child Nutrition Program. **Do not send the Certificate of Acceptance to your regional office.**

SCHOOL FOOD AUTHORITY NAME: _____

12-Digit LEA Code: _____

The governing body of this School Food Authority accepts this Free and Reduced Price Meal or Special Milk Program Policy Statement, including the Family Income Eligibility Criteria and all required attachments and as indicated below:

Titles of Designated Officials

A. REVIEWING OFFICIAL

Address & Telephone

B. HEARING OFFICIAL

Address & Telephone

C. VERIFICATION OFFICIAL

Address & Telephone

An officer of the Board of Education or chairman of the community school board, pastor or executive director of the corporation operating a private or parochial school, or the headmaster or principal of a nonpublic school must sign this form.

ORIGINAL SIGNATURE OF SCHOOL OFFICIAL

TITLE

DATE

2015-2016

- **The Reviewing and Verification Official may be the same person. The hearing official cannot be the Reviewing or Verification Official.**

KEEP THIS FORM ON FILE. DO NOT RETURN TO SED

CERTIFICATION OF ACCEPTANCE FOR RESIDENTIAL CHILD CARE INSTITUTIONS (RCCIs)

Please complete the following information and **retain on file** for examination by members of this Department or USDA during a review of your Child Nutrition Program. **Do not send the Certificate of Acceptance to your regional office.**

SCHOOL FOOD AUTHORITY NAME: _____

12-Digit LEA Code: _____

The governing body of this School Food Authority accepts this Free and Reduced Price Meal or Special Milk Program Policy Statement, including the Family Income Eligibility Criteria and all required attachments and as indicated below:

Titles of Designated Officials

A. REVIEWING OFFICIAL

Address & Telephone

(Sections B & C are only applicable to RCCIs with day treatment students)

B. HEARING OFFICIAL

Address & Telephone

C. VERIFICATION OFFICIAL

Address & Telephone

An officer of the Board of Directors or the Executive Director must sign this form.

ORIGINAL SIGNATURE OF SCHOOL OFFICIAL

TITLE

DATE

2015-2016

- **The Reviewing and Verification Official may be the same person. The hearing official cannot be the Reviewing or Verification Official.**

2015-2016 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and return it to (*name/school*). Call (*phone number*), if you need help. Additional names may be listed on a separate paper.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<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"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 4, and sign the application.

Name: _____ CASE # _____

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

All Household Members (including yourself and all children that have income).

List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<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"/>

Total Household Members (Children and Adults)

--	--

4. Signature: An adult household member must sign this application and provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before it can be approved.

I certify (promise) that all of the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____
 Email Address: _____ Last Four Digits of Social Security Number: XXX-XX-__ __ __ __
 Home Phone: _____ Work Phone: _____ Home Address: _____

I do not have a SS# <input type="checkbox"/>
--

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
 Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster
 Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____
 Free Meals Reduced Price Meals Denied/Paid
 Signature of Reviewing Official _____ Date Notice Sent: _____

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, submit a Free Meals/Milk Eligibility Letter received from the Office of Temporary and Disability Assistance OR complete only one application for your household using the instructions. Sign the application and return the application to _____. If you have a foster child in your household, you may include them on your application. A separate application is no longer needed. Call the school if you need help: _____. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING FOOD STAMPS, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current Food Stamp, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a food stamp case number, TANF or FDPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
- (3) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. If you listed a food stamp, TANF or FDPIR number, a social security number is not needed.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). In order to determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

PRIVACY ACT STATEMENT

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

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or you list a Food Stamp, 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.

DISCRIMINATION COMPLAINTS

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities and you wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

USDA is an equal opportunity employer.

2015-2016 Solicitud de Familia para las Comidas Escolares y Leche Gratis o Precios Reducidos

Para solicitar por comidas gratuitas o precios reducidos para sus niños, lea las instrucciones en el reverse, complete este formulario para su hogar, firme su nombre y volver a. Llame si usted necesita ayuda. Nombres adicionales se pueden ser listados en un documento separado.

1. Lista todos los niños en su hogar que asisten una escuela:

Nombre del estudiante	Escuela	Grado/Profesor(a)	Hijo/a de crianza	Sin Ingreso, Emigrante, Fugitivo
			<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"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR beneficios:

Si alguien en su hogar recibe cupones de alimentos, o beneficios de TANF o FDPIR, liste su nombre y CASO # aquí. Vaya a la parte 4, y firme la solicitud.

Nombre: _____ CASO # _____

3. Informe todos los ingresos para TODOS los miembros del hogar (Omita este paso si usted respondió 'sí' al paso 2)

Todos los miembros del hogar (incluyendo a ti mismo y todos los niños que tienen ingresos).

Lista todos los miembros de la Familia no aparece en el paso 1 (incluido usted mismo) incluso si no reciben ingresos. Por cada miembro de su familia, si no reciben ingresos, informe los ingresos totales de cada fuente en su conjunto sólo dólares. Si no reciben cualquier otra fuente de ingresos, escriba '0'. Si introduce '0' o dejar los campos en blanco, está certificando (prometedor) que no hay informe de ingresos.

Nombre del miembro del hogar	Ganancias del trabajo antes de las deducciones <i>Cantidad/Frecuencia</i>	La manutención de menores, pensión alimenticia <i>Cantidad/Frecuencia</i>	Pensiones, los pagos de jubilación <i>Cantidad/Frecuencia</i>	Otros ingresos, Seguridad Social <i>Cantidad/Frecuencia</i>	Sin Ingreso, Emigrante, Fugitivo
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<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"/>

Totales miembros de la familia (niños y adultos)

4. Firma: Un miembro adulto del hogar debe firma esta solicitud y presenta los últimos cuatros dígitos de su Numero de Seguro Social (SS#), o marcar el bloque "No tengo un Numero de Seguro Social) antes de que pueda ser aprobado.

Yo certifico (prometo) que toda la información en esta solicitud es verdadero y he reportado todos los ingresos. Yo entiendo que la información se está dando para que la escuela recibirá fondos federales. Los funcionarios escolares pueden verificar la información y si deliberadamente proveo información falsa, puedo ser procesado bajo de leyes estatales y federales, y mis hijos podrían pedir beneficios de comidas.

Firma: _____ Fecha: _____
 Dirección de correo electrónico: _____ Últimos cuatros dígitos del Numero de Seguridad Social: XXX-XX-_____
 Teléfono de la casa: _____ Teléfono del trabajo: _____ Dirección de la casa: _____

No tengo un SS#

NO ESCRIBA DEBAJO ESTA LINEA- PARA USO DE LA ESCUELA

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
 Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster
 Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____
 Free Meals Reduced Price Meals Denied/Paid
 Signature of Reviewing Official _____ Date Notice Sent: _____

INSTRUCCIONES DE SOLICITUD

Para solicitar comidas gratuitas o precio reducido, presente una carta de Habilitación recibida de la Oficina de Temporal y Asistencia de Discapacidad o llene sólo una solicitud de su hogar siguiendo las instrucciones. Firme la solicitud y envíela a _____. Si tiene un hijo de crianza en su hogar, usted puede incluir en su solicitud. Llame a la escuela si necesita ayuda: _____. Asegure de que toda la información se proporcione. Si no lo hace puede resultar en la denegación de beneficios para su hijo o retrasos innecesarios en la aprobación de su solicitud.

PARTE 1 TODOS LOS HOGARES NECESITAN COMPLETAR LA Información. NO LLENE MAS DE UNA SOLICITUD PARA SU HOGAR.

- (1) Imprima los nombres de los niños para usted esta aplicando en una sola aplicación.
- (2) Liste su grado y escuela.
- (3) Marque el bloque para indicar un hijo de crianza que vive en su hogar, o si usted cree y niño cumple con la descripción para personas sin hogar, migrante, runaway (personal de la escuela confirmará esta elegibilidad).

PARTE 2 HOGARES CON CUPONES DE ALIMENTOS, TANF O FDIPIR DEBE COMPLETE PARTE 2 Y FIRME PARTE 4

- (4) Liste un presente SNAP, TANF, o FDIPIR (Programa de Distribución de Alimentos en Reservaciones Indígenas) caso número de alguien viviendo en su hogar. No use el número de 16 dígitos en su tarjeta de beneficios. El número del caso esta proporcionado en su tarjeta de beneficios.
- (5) Un miembro adulto del hogar necesite firmar la solicitud en PARTE 4. Omita PARTE 3. No liste nombres de miembros del hogar o ingresos si lista un caso número de SNAP, TANF o FDIPIR número.

PARTE 3 TODOS OTROS HOGARES NECESITAN LLENAR ESAS PARTES Y TODOS DE PARTE 4.

- (6) Escriba los nombres de todos en su hogar, sean o no recibe ingresos. Incluya su nombre y los niños que usted está solicitando, todos los otros niños, su marido(a), abuelos, e otras personas en su hogar (familia o no). Utilice otra hoja de papel si necesita más espacio.
- (7) Escriba la cantidad de ingresos Corrientes de cada miembro del hogar recibe, antes de impuestos o otras deducciones, e indique de donde vino, tales como sueldo, asistencia social, pensiones e otros ingresos. Si el ingreso corriente es más o menos del normal, indique el ingreso normal de esa persona. **Especifique la frecuencia con la cantidad de ingreso que se recibe: semanal, cada dos semanas, dos veces cada mes, o mensual.** El valor de cuidado de niños, proporcionado u arreglado, o cualquier cantidad recibida como pago por cuidado de niños o reembolso de los gastos incurridos por ese cuidado bajo de Cuidado de Niños y Subvención de Desarrollo Bloque, TANF y Programas de Cuidado de Niños de Riesgos **no** deben ser considerados como ingresos para este programa.
- (8) La solicitud debe incluir sólo los últimos cuatros dígitos del Numero de Seguridad Social del adulto que firme **PARTE 4** si Parte 3 esta llenando. Si el adulto no tenga un Número de Seguridad Social, marque el casilla. Si usted listó un número de SNAP, TANF o FDIPIR, un número de Seguridad Social no es necesario.

OTROS BENEFICIOS: Su hijo(a) puede ser elegible por beneficios como Medicaid o Programa de Seguro Medico para Niños (PSMN). Para determinar si su hijo(a) es elegible, funcionarios del programa necesitan información desde la solicitud de comidas gratis o precio reducido. Su consentimiento escrito se requiere antes de que cualquier información pueda ser puesta en libertad. Por favor, refiérase a la Carta de Revelación Paternal y Declaración de Consentimiento para obtener información sobre otros beneficios.

Declaración de Privacidad

El Acta de Privacidad: Esto explica como usaremos la información que nos da.

El Richard B. Russell Ley Nacional de Almuerzo Escolar exige la información en esta solicitud. Usted no necesita dar la información, pero si no lo hace, nosotros no podemos aprobar su hijo(a) por comidas gratis o a precios reducidos. Debe incluir los últimos cuatro dígitos del número de Seguridad Social del miembro adulto del hogar quien firma la solicitud. Los últimos cuatro dígitos del numero de Seguridad Social no son necesarios si usted está solicitando para un hijo de crianza o usted lista un numero de Cupones de Alimentos, Temporal Asistencia para Familias Necesitadas (TANF) o el Programa de Distribución de Alimentos en Reservaciones Indígenas (PDARI) u otro identificador PDARI para su niño o cuando usted indica que el miembro adulto del hogar que firma la solicitud no tiene numero de Seguridad Social. Nosotros usaremos su información para determinar si su niño es elegible para recibir comidas gratis o a precio reducido, y para la administración y la ejecución de los programas de almuerzo y desayuno. Es posible que compartiremos su información de elegibilidad con programas de educación, salud, y nutrición para ayudarles a evaluar, financiar, o determinar beneficios para sus programas, auditores para revisar programas, y funcionarios del orden para ayudarles a investigar violaciones de las reglas del programa.

Quejas de Discriminación

Declaración de No-Discriminación: Esto explica que hacer si usted si usted cree que ha sido tratado injustamente. "De conformidad con la Ley Federal y el Departamento de Agricultura de EEUU, esta institución esta prohibido discriminar por motivos de raza, color, origen nacional, sexo, edad, o discapacidad. Para presentar una queja de discriminación, escriba a USDA, Director, Oficina de Derechos Civiles, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 o llame al numero gratuito (866) 632-9992 (Voz). Los individuos que son sordos o con discapacidades del habla pueden comunicarse con el USDA por el Servicio Federal de Retransmisión a (800) 877-8339 (en ingles) o (800) 845-6136 (en español). USDA es un proveedor y empleador de oportunidades iguales.

FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

SNAP/TANF/FDPIR case number:

This must be the complete case number supplied to you by the agency including all numbers and letters, for example, E123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number. All children with the same case number may be listed on the same application. If anyone in your household receives SNAP, all children living in your household are eligible to receive free meals at school.

Direct Certification:

If you receive SNAP or TANF, send in the Eligibility Letter from the NYS Education Department instead of completing the application. Make a copy for your records.

Foster Child:

A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

Household:

A group of related or non-related people who are living in one house and share income and expenses.

Adult Family Members:

All related and non-related people who are 21 years of age and older living in your house.

Financially Independent:

A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household.

Gross Income:

Is money earned or received by each member of your household before deductions. Examples of deductions are federal tax, State tax, and Social Security deductions.

Examples of gross income are:

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income – gross sales minus expenses only – not losses
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of SNAP)
- Public Assistance payments
- Adoption assistance
- Strike benefits
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

If you have more than one job, you must list the income from all jobs.

If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources.

Current Income:

Your income at the present time before deductions. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms.

Income Exclusions:

The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

If you have any questions or need help in filling out the application form, please contact:

Name: _____ Title: _____

Telephone Number: _____

Letter to Parents for School Meal Programs

Dear Parent/Guardian:

Children need healthy meals to learn. **[Name of School]** offers healthy meals every school day. Breakfast costs **[\$]**; lunch costs **[\$]**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$0.25** for breakfast and **\$0.25** for lunch.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price meals. *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]**.
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from **SNAP, the Food Distribution Program on Indian Reservations** or **TANF**, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
3. **Can foster children get free meals? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.**
4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail **[school, homeless liaison or migrant coordinator information]** to see if they qualify.
5. WHO CAN GET REDUCED PRICE MEALS? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? Please read the letter you got carefully and follow the instructions. Call the school at **[phone number]** if you have questions.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first 30 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.
8. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out a FREE/REDUCED PRICE MEAL application.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.
10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **[name, address, phone number, e-mail]**.
12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally 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.
15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call **1-800-342-3009**.

**2015-2016 INCOME ELIGIBILITY GUIDELINES
FOR FREE AND REDUCED PRICE MEALS OR FREE MILK**

REDUCED PRICE ELIGIBILITY INCOME CHART

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 21,775	\$ 1,815	\$ 908	\$ 838	\$ 419
2	\$ 29,471	\$ 2,456	\$ 1,228	\$ 1,134	\$ 567
3	\$ 37,167	\$ 3,098	\$ 1,549	\$ 1,430	\$ 715
4	\$ 44,863	\$ 3,739	\$ 1,870	\$ 1,726	\$ 863
5	\$ 52,559	\$ 4,380	\$ 2,190	\$ 2,022	\$ 1,011
6	\$ 60,255	\$ 5,022	\$ 2,511	\$ 2,318	\$ 1,159
7	\$ 67,951	\$ 5,663	\$ 2,832	\$ 2,614	\$ 1,307
8	\$ 75,647	\$ 6,304	\$ 3,152	\$ 2,910	\$ 1,455
*Each Add'l person add	\$ 7,696	\$ 642	\$ 321	\$ 296	\$ 148

How to Apply: To get free or reduced price meals for your children you may submit an Eligibility Letter for Free Meals received from the NYS Education Department, OR carefully complete one application for your household and return it to the designated office. If you now receive SNAP, Temporary Assistance to Needy Families (TANF) for any children, or participate in the Food Distribution Program on Indian Reservations (FDPIR), the application must include the children's names, the household food stamp, TANF or FDPIR case number and the signature of an adult household member. All children should be listed on the same application. If you do not list a food stamp, TANF or FDPIR case number for all the children for whom you are applying, the application must include the names of everyone in the household, the amount of income each household member, and how often it is received and where it comes from. It must include the signature of an adult household member and the last four digits of that adult's social security number, or check the box if the adult does not have a social security number. An application that is not complete cannot be approved. Contact your local Department of Social Services for your food stamp or TANF case number or complete the income portion of the application.

Reporting Changes: The benefits that you are approved for at the time of application are effective for the entire school year. You no longer need to report changes for an increase in income or decrease in household size, or if you no longer receive SNAP.

Income Exclusions: The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities and you wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

USDA is an equal opportunity employer.

Meal Service to Children With Disabilities: Federal regulations require schools and institutions to serve meals at no extra charge to children with a disability which may restrict their diet. A student with a disability is defined in 7CFR Part 15b.3 of Federal regulations, as one who has a physical or mental impairment which substantially limits one or more major life activities. Major life activities are defined to include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. You must request the special meals from the school and provide the school with medical certification from a medical doctor. If you believe your child needs substitutions because of a disability, please get in touch with us for further information, as there is specific information that the medical certification must contain.

Confidentiality: The United States Department of Agriculture has approved the release of students names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area, and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program, and federal State or local nutrition programs similar to the National School Lunch Program. Additionally, all information contained in the free and reduced price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women Infants and Children (WIC); the Comptroller General of the United States for audit purposes, and federal, State or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA.

Reapplication: You may apply for benefits any time during the school year. Also, if you are not eligible now, but during the school year become unemployed, have a decrease in household income, or an increase in family size you may request and complete an application at that time.

The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian. We will let you know when your application is approved or denied.

Sincerely,

PROTOTYPE
Special Milk Program Schools
(Only for use when offering Free Special Milk)

Dear Parent/Guardian:

(School Name) believes that one of the most important ways we can help our children perform better in their classrooms is to provide them with the nutrition necessary for the healthy growth of their minds and bodies. Therefore, we provide milk in our school every day.

We invite all students to show their support for their school food service program through frequent participation. Current milk prices are \$_____ per one half pint.

How to Apply: To receive free milk for your children **submit an Eligibility Letter for Free Meals/Milk from the NYS Education Department OR carefully complete the application** and return it to the school. If you currently receive SNAP, or TANF for any children or participate in the FDPIR, the application must include the children's names of all children living in your household, your SNAP, TANF or FDPIR number and the signature of an adult household member. If you do not list a SNAP/TANF/FDPIR number, the application must include the names of everyone in the household, the amount of income for each household member, how often this income is received and where it comes from. The application must also include the signature of an adult household member and the last four digits of that adult's social security number, or check the box if the adult does not have a social security number. An application that is not complete cannot be approved. Contact your local Department of Social Services for your food stamp or TANF number or complete the income portion of the application.

Income Chart: The following chart lists income levels according to household size and income levels received either yearly, monthly or weekly. If your total household income is the same or less than the amounts on the Income Chart below, your children may be eligible for free milk.

2015-2016 FREE ELIGIBILITY INCOME CHART

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 15,301	\$ 1,276	\$638	\$589	\$295
2	\$ 20,709	\$ 1,726	\$863	\$797	\$399
3	\$ 26,117	\$ 2,177	\$ 1,089	\$ 1,005	\$503
4	\$ 31,525	\$ 2,628	\$ 1,314	\$ 1,213	\$607
5	\$ 36,933	\$ 3,078	\$ 1,539	\$ 1,421	\$711
6	\$ 42,341	\$ 3,529	\$ 1,765	\$ 1,629	\$815
7	\$ 47,749	\$ 3,980	\$ 1,990	\$ 1,837	\$919
8	\$ 53,157	\$ 4,430	\$ 2,215	\$ 2,045	\$ 1,023
*Each Add'l person add	\$ 5,408	\$451	\$226	\$208	\$104

Reporting Changes: The benefits that you are approved for at the time of application are effective for the entire school year. **You no longer need to report changes for an increase in income or decrease in household size, or if you no longer receive SNAP.**

Income Exclusions: The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

Foster Child: Your foster child may be eligible for free milk. Provide documentation from an appropriate State or local agency indicating the child's status as foster. If you have questions contact the school for help with the application.

Non-discrimination Statement: The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities and you wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

USDA is an equal opportunity employer.

Fair Hearing: If you do not agree with the school's decision on your application or the result of verification, you may wish to discuss it with the school. You also have the right to a fair hearing. This can be done by calling or writing the following official:

(Name, Address, Telephone Number of Hearing Official)

Confidentiality: The United States Department of Agriculture has approved the release of students names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area, and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program, and federal State or local nutrition programs similar to the National School Lunch Program. Additionally, *all* information contained in the free and reduced price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women Infants and Children (WIC); the Comptroller General of the United States for audit purposes, and federal, State or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA.

The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian.

Reapplication: You may apply for benefits any time during the school year. Also, if you are not eligible now, but during the school year become unemployed, have a decrease in household income, or an increase in family size you may request and complete application at that time.

You will be notified when the application is approved or denied.

Sincerely,

NOTIFICATION LETTER FOR SCHOOL MEALS

Dear _____:

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

- ___ Approved for free meals.
- ___ Approved for reduced price meals at ___ cents for lunch and ___ cents for breakfast.
- ___ Denied for the following reason(s):
 - ___ Income over the allowable amount.
 - ___ Incomplete application. The following information is missing:
 - ___ Other:

If you do not agree with the decision, you may discuss it with a school official and you have a right to a fair hearing. This can be done by calling or writing the following official:

Name:
 Address:
 Phone:

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 or become unemployed, or have an increase in household size, you may fill out another application at that time. Changes in income from your original application will be subject to verification.

Sincerely,

 Name Title Date

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities and you wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

USDA is an equal opportunity employer.

NOTIFICATION LETTER FOR DIRECTLY CERTIFIED STUDENTS

Dear Parent/Guardian:

Date: _____

Your child(ren) has been automatically **approved for free meals and/or milk** during the 2015-2016 school year. This approval is based on student/household eligibility for the Supplemental Nutrition Assistance Program (SNAP), and/or Medicaid. **ONLY RETURN THIS LETTER to your child(ren)'s school if you do not want the free school meals/milk benefits. Please DO NOT fill out an application for free or reduced price meals and/or milk for the following child(ren):**

Student Name	School Name	Grade

I do not want free meals/milk benefits for my children listed above

Sincerely,

 Signature

Non-discrimination Statement: The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities and you wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

USDA is an equal opportunity employer.

(Sample Parent Letter)

MEAL SERVICES TO CHILDREN WITH DISABILITIES

Dear Parent/Guardian:

Most children with disabilities have no special dietary needs. They are able to participate in the Child Nutrition Programs the same as all other children in the school. In some instances, however, children with disabilities may experience difficulty when chewing and swallowing, which would require that the physical characteristics of their foods be changed. Some children with disabilities may need special foods or a therapeutic diet.

Federal regulations require schools and institutions to serve meals at no extra charge to those children whose disability restricts their diet in such a way that they cannot fully participate in the food service program without some modification to the foods offered or the scheduled menu. If you believe your child needs substitutions because of a disability, please get in touch with us for further information. You must request the special meals from the school and provide the school with medical certification from a medical doctor. This medical certification must contain the following:

- 1) Verification that the special meals are needed due to the student's disability, and
- 2) Recommendation/prescription for alternate foods and forms of foods needed to meet the student's special dietary needs.

If you have questions regarding the need for meal modifications, contact _____
at _____ for further information.

Sincerely,

Prototype

**PARENT/GUARDIAN CONSENT TO RELEASE ELIGIBILITY INFORMATION
FOR FREE AND REDUCED PRICE MEALS OR FREE MILK**

Date

Dear Parent/Guardian:

If your child is eligible for free and reduced price meals or free milk, he/she also may be eligible for other benefits. In order to receive these benefits, you must provide written consent to permit school officials to give your name, address, and an indication that your household is eligible for free and reduced price meals or free milk, to representatives of certain programs. **Failure to sign a consent statement that will allow disclosure of this information will not affect your child's eligibility or participation in the school meals or milk programs.**

Some of the programs that may request names and eligibility information to be used to provide benefits, and for which parent/guardian consent is required, include: federal health insurance programs such as Medicaid or Children's Health Insurance program (CHIP), other federal programs, State programs, local health and education programs and other local activities. For example, the disclosure of children's eligibility for free and reduced price meals or free milk to determine eligibility for free text books, free band instruments, holiday baskets, school supplies, etc., or reduced fees for summer school or driver education programs, would require written consent by the child's parent/guardian.

If you wish to provide consent to release information contained in your child's free and reduced price meal application, to receive other benefits, please complete the attached consent statement.

_____ Please call _____ at _____ if you have questions.

Sincerely,

Enclosure (consent statement)

*** Personalize this letter to include programs that are actually available at your school.**

Prototype Consent Statement (Single Program)

**CONSENT TO RELEASE FREE OR REDUCED PRICE ELIGIBILITY
INFORMATION**

School officials may release information that shows that my child/children are eligible for free or reduced price meals or free milk to the following program. I understand that the information will only be provided to this program.

Name of Program (to be completed by SFA) _____

I understand that I will be releasing information that will show my child/children are eligible for free and reduced price meals or free milk. I give consent to release my confidential information for the above named program only.

Child/Children

I certify that I am the parent/guardian of the child/children for whom the free/reduced price application was made:

Signature of Parent/Guardian: _____

Print Name: _____

Address: _____

Phone Number: _____

Date: _____

Prototype Consent Statement (Multiple Programs)

CONSENT TO RELEASE FREE OR REDUCED PRICE ELIGIBILITY INFORMATION

School officials may release information that shows that my child/children are eligible for free or reduced price meals or free milk to the following programs. I understand that the information will only be provided to the program(s) checked.

(Check the box next to the program area(s) you wish to release information to)

- Federal health programs such as Medicaid or Children's Health Insurance Program (CHIP).
- State or federal programs such as the Youth Summer Work program or the Educational Talent Search Program.
- Local health and education programs and other local programs that provide benefits such as free textbooks or school supplies, free band instruments, or reduced fees for summer school or driver education.
- Community programs such as holiday baskets, summer arts and playground programs.

I understand that I will be releasing information that will show that my child/children are eligible for free and reduced price meals or free milk. I give consent to release my confidential information for the above named uses.

Child/Children

I certify that I am the child's parent/guardian for whom the application was made.

Signature of Parent/Guardian: _____

Print Name: _____

Address: _____

Phone Number: _____

Date: _____

***Personalize your letter to only contain programs actually available at your school.**

CHILD NUTRITION PROGRAM ADMINISTRATION

89 Washington Avenue, Room 375-EBA, Albany, NY 12234
NEW YORK STATE EDUCATION DEPARTMENT
(518) 473-8781 Fax (518) 473-0018
www.nysed.gov/cn/cnms.htm



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Sarah Leavitt, Elaine Reynolds

Michele Beaver, SFPS 2
Cheryl Nary, Eric Maryzak

Counties: Broome, Cattaraugus, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Essex, Fulton, Genesee, Herkimer, Madison, Manhattan, Nassau, NYCDOE, Oneida, Onondaga, Orleans, Oswego, Putnam, Queens, Rensselaer, Rockland, Schuyler, Seneca, St. Lawrence, Schenectady, Tioga, Washington, Wayne, Westchester and Wyoming.

Counties: Allegany, Bronx, Cayuga, Dutchess, Erie, Franklin, Greene, Hamilton, Livingston, Montgomery, Otsego, Richmond, Saratoga, Suffolk, Tompkins, Warren and Yates.

Team 4

Jenni Knapp, SFPS 3

SUMMER FOOD SERVICE PROGRAM
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Counties: Albany, Jefferson, Kings, Lewis, Monroe, Niagara, Ontario, Orange, Schoharie, Steuben, Sullivan and Ulster.

Serving all counties
(518) 486-1086 Keith Quenneville - Support Staff