

FORMS AND LETTERS PACKET

FREE AND REDUCED PRICE SCHOOL MEALS

2016 – 2017 SCHOOL YEAR

This packet contains:

Required information that *must* be provided to households:

- Frequently Asked Questions About Free and Reduced Price School Meals Letter to Households
 - Be sure to modify this letter with School District specific information
 - Look closely at Question 5 and adjust the answer to fit the school district information
- How to Apply for Free or Reduced Price School Meals
- Application for Free and Reduced Price School Meals (including nondiscrimination statement)
- Notice of Approval / Denial*
- Notification of Approval for Free Meals Direct Certification
- Notification of School District of Students Residing in Households with Direct Certification Students
- Notification of Approval for Free Meals Migrant / Homeless / Runaway / Foster / Head Start / Even Start

Verification of eligibility information materials:

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

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

- Sharing Information With Other Programs

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

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

If you have questions, contact:

**Arkansas Department of Education
Child Nutrition Unit
2020 West 3rd Street, Suite 404
Little Rock, AR 72205-4465
501-324-9502**

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

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Calico Rock Public School District** offers healthy meals every school day. Breakfast costs **\$1.35**; lunch costs **\$2.35**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$.30 cents** for breakfast and **\$.40 cents** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

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

H O W D O I K N O W	FEDERAL INCOME ELIGIBILITY CHART For School Year 2016-2017			
	Household size	Yearly	Monthly	Weekly
	1	21,978	1,832	423
	2	29,637	2,470	570
	3	37,296	3,108	718
	4	44,955	3,747	865
	5	52,614	4,385	1,012
	6	60,273	5,023	1,160
	7	67,951	5,663	1,307
	8	75,647	6,304	1,455
	Each additional person:	7,696	642	148

IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Calico Rock Public School, Mabel Carroll, District Liaison**. 870-297-8533

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Calico Rock Public School, PO Box 220, Calico Rock, AR 72519**
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Calico Rock Public School, PO Box 220. Calico Rock, AR 72519, 870-297-8533 or 870-297-3745** immediately.

5. CAN I APPLY ONLINE? NO, You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit **[website]** to begin or TO learn more about the online application process. Contact **[name, address, phone number, e-mail]** if you have any questions about the online application. **WE DO NOT DO ONLINE APPLICATIONS**
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: JERRY SKIDMORE, 870-297-8339, PO BOX 220, CALICO ROCK, AR 72519
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Dena Morehead, PO Box 220, Calico Rock, AR 72519, 870-297-8339, dmore@calico.k12.ar.us to receive a second application.**
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for Supplemental Nutrition Assistance Program (SNAP) or other assistance benefits, contact your local assistance office or call **[State hotline number]**.

If you have other questions or need help, call **870-297-8339**

Sincerely,
Jerry Skidmore, Superintendent

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free and reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in [School District]. The application must be filled out completely to certify your children for free or reduced price school meals.

Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact [School/school district contact here---phone & email preferred].

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here?

When filling out this section, please include all members in your household who are:

- Children age 18 or under and are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending [school/school system here], regardless of age.

A) *List each child's name.* For each child, print their first name, middle initial and last name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) *Is the child a student at [name of school/school system here]?* Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend [name of school/school district here]. Include the name of the school and the grade for each child that is a student at the school district.

C) *Do you have any foster children?* If any children listed are foster children, mark the "Foster Child" box next to the child's name. Foster children who live with you may count as members of your household and should be listed on your application. If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.

D) *Are any children homeless, migrant, or runaway?* If you believe any child listed in this section may meet this description, please mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)?

If anyone in your household participates in the Supplemental Nutrition Assistance Program (SNAP), your children are eligible for free school meals.

A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN Supplemental Nutrition Assistance Program (SNAP):

- Circle 'NO' and skip to STEP 3 on these instructions and STEP 3 on your application.
- Leave STEP 2 blank.

B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN Supplemental Nutrition Assistance Program (SNAP):

- Circle 'YES' and provide a SNAP case number or SNAP Identifier Number. You only need to write one case number or identifier. If you participate in this program and do not know your case number or identifier number, contact: [State/local agency contacts here]. You must provide a case number or identifier on your application if you circled "YES".
- THIS IS NOT THE SIXTEEN (16) DIGIT EBT CARD NUMBER
- Skip to STEP 4

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

A) CHILD INCOME: Report all income earned by children. Refer to the chart titled “Sources of Income for Children” in these instructions and report the combined gross income for ALL children listed in Step 1 in your household in the box marked “Total Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

What is Child Income?

Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

Sources of Income for Children

Sources of Child Income	Example(s)
<ul style="list-style-type: none">Earnings from work	<ul style="list-style-type: none">A child has a job where they earn a salary or wages.
<ul style="list-style-type: none">Social Security<ul style="list-style-type: none">Disability PaymentsSurvivor’s Benefits	<ul style="list-style-type: none">A child is blind or disabled and receives Social Security benefits.A parent is disabled, retired, or deceased, and their child receives social security benefits.
<ul style="list-style-type: none">Income from persons <i>outside</i> the household	<ul style="list-style-type: none">A friend or extended family member <i>regularly</i> gives a child spending money.
<ul style="list-style-type: none">Income from any other source	<ul style="list-style-type: none">A child receives income from a private pension fund, annuity, or trust.

B) FOR EACH ADULT HOUSEHOLD MEMBER:

Who should I list here?

When filling out this section, please include all members in your household who are:

- Living with you and share income and expenses, *even if not related and even if they do not receive income of their own.*

Do **not** include people who:

- Live with you but are not supported by your household’s income **and** do not contribute income to your household.
- Children and students already listed in Step 1

How do I fill in the income amount and source?

FOR EACH TYPE OF INCOME:

- Use the charts in this section to determine if your household has income to report.
- Report all amounts in **gross income** ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes or deductions.
 - Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.

- List Adult Household member’s name.** Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.
- Report earnings from work.** Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed?

If you are self-employed, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

- **Report income from Public Assistance/Child Support/Alimony.** Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only court-ordered payments should be reported here. Informal but regular payments should be reported as “other” income in the next part.
- **Report income from Pensions/Retirement/All other income.** Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income that applies in the “Pensions/Retirement/All Other Income” field on the application.
- **Report total household size.** Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced price meals.
- **Provide the last four digits of your Social Security Number.** The household’s primary wage earner or another adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “Check if no SS#.”

Sources of Income for Adults

Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All Other Income
<ul style="list-style-type: none">• Salary, wages, cash bonuses• Net income from self-employment (farm or business)• Strike benefits <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none">• Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>)• Allowances for off-base housing, food, and clothing	<ul style="list-style-type: none">• Unemployment benefits• Worker’s compensation• Supplemental Security Income (SSI)• Cash assistance from State or local government• Alimony payments• Child support payments• Veteran’s benefits	<ul style="list-style-type: none">• Social Security (including railroad retirement and black lung benefits)• Private Pensions or disability• Income from trusts or estates• Annuities• Investment income• Earned interest• Rental income• <i>Regular</i> cash payments from outside household

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) **Provide your contact information.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) **Sign and print your name.** Print your name in the box “Printed name of adult completing the form.” And sign your name in the box “Signature of adult completing the form.”

C) **Write Today’s Date.** In the space provided, write today’s date in the box.

D) **Share children’s Racial and Ethnic Identities (optional).** On the back of the application, we ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced price school meals.

2016-2017 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (**not a pencil**).

STEP 1

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more space is required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Names of ALL Children (First, Middle Initial, Last)	School	Grade	Student		Foster Child	Homeless, Migrant, Runaway
			Yes	No		
			<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"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2

Do any Household Members (including you) currently participate in the Supplemental Nutrition Assistance Program (SNAP)? Circle one: Yes / No

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write a SNAP case number or identifier here then go to STEP 4 (**Do not complete STEP 3**)

Case Number or Identifier:

Write only one case number or identifier in this space (this is **NOT** the 16-digit EBT card number)

STEP 3

Report income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income

Sometimes Children in the household earn income. Please include the **TOTAL income earned by all Household members who are infants, children, and students listed in STEP 1 here.**

Total Child(ren) Income	How Often?			
	Weekly	Bi Weekly	2x Monthly	Mthly
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. All Adult Household Members (including yourself)

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 source, write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from work	How Often?				Public Assistance/Child Support/Alimony	How Often?				Pension/Retirement/ All Other Income	How Often?			
		Weekly	Bi Weekly	2x Monthly	Mthly		Weekly	Bi Weekly	2x Monthly	Mthly		Weekly	Bi Weekly	2x Monthly	Mthly
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please read **How to Apply for Free and Reduced Price School Meals** for more information. **The Sources of Income for Children** section will help you with the Child Income question. **The Sources of Income for Adults** section will help you with the All Adult Household Members Section

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

☐

STEP 4

Contact information and adult signature

"I certify (promise) that all information on the application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)	City	State	Zip	Daytime Phone and Email (optional)

OPTIONAL

Children's Racial and Ethnic Identities

2016-2017 SY

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is **optional** and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (Check one):

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (check one or more):

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

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov <<mailto:program.intake@usda.gov>> .

This institution is an equal opportunity provider.

Disclosure (Optional)

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

School use only

Total Income: _____

Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year

Household Size: _____ SNAP: _____ Categorically Eligible: _____ Date Withdrawn: _____

Eligibility: ☐ Free ☐ Reduced ☐ Denied

Reason for denial: _____

Determining Official's Signature: _____ Determination Date: _____

Annual Income Conversion: show calculations

Weekly _____ X 52= _____

2x/month _____ X 24= _____

Every 2 wks _____ X 26= _____

Monthly _____ X 12= _____

Annual _____ X 1= _____

2016-2017 SY

NOTICE OF APPROVAL/DENIAL

Date: _____

Dear Parent:

Student Name	School

Effective Date: _____

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

_____ Approved for free meals

_____ Approved for reduced price meals at \$.40 cents for lunch and \$.30 cents for breakfast.

_____ Denied for the following reason(s):

_____ Income over the allowable amount

_____ Incomplete application because _____

_____ Other _____

Meals cost **\$2.35** for lunch and **\$1.35** for breakfast.

If you do not agree with this decision, you may discuss it with Kim Thomas - Elem or Anita Nordrum-High School (Determining Official) at 297-3745 or 297-8533 (phone number) or at kthomas@calico.k12.ar.us or anordrum@calico.k12.ar.us (e-mail address).

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

Name: Jerry Skidmore

Address: PO Box 220, Calico Rock, AR 72519

Phone Number: 870-297-8339 E-Mail: skid@calico.k12.ar.us

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

Sincerely,

Jerry Skidmore, Superintendent

Nondiscrimination Statement:

In accordance with Federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

NOTIFICATION OF APPROVAL FOR FREE MEALS DIRECT CERTIFICATION

Date _____

Dear Parent/Guardian:

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

Student Name	School

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

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

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

_____, _____
(Phone Number) (Mailing Address)

Sincerely,

(Name and title)

If you choose to refuse meal benefits, please sign and return this portion to the school district. Attention:

Right to Refuse Meal Benefits

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

Parent/Guardian Signature: _____

Nondiscrimination Statement:

In accordance with Federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

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

Date: _____

Dear Parent/Guardian:

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

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

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

PART A:

Student(s) on the Direct Certification Notification letter:

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

PART B:

Additional students residing in household with above listed students:

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

Nondiscrimination Statement:

In accordance with Federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

Signature of Parent/Guardian _____ Date: _____

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

Date _____

Dear Parent/Guardian:

The student(s) identified below is/are automatically approved for free school meals based on:

his/her status as _____ Migrant _____ Homeless _____ Runaway _____ Foster or
his/her enrollment in _____ Head Start Program _____ Even Start Program.

Student Name	School

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

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

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

(Phone Number)

Sincerely,

(Name and title)

If you choose to refuse meal benefits, please return this portion to the school district. Attention:

Name: _____

Address: _____

Phone Number: _____ E-Mail: _____

Right to Refuse Meal Benefits

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

Parent /Guardian Signature: _____

Nondiscrimination Statement:

In accordance with Federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: program.intake@usda.gov

2016-2017 SY

This institution is an equal opportunity provider.

WE MUST CHECK YOUR APPLICATION

Date: _____

Dear _____:

We are checking your Application for Free and Reduced Price School Meals. Federal rules require that we do this to make sure only eligible children receive free or reduced price meals. You must send us information to prove that **[names of children]** is/are eligible.

You must send the information we need, or contact **[name]** by **[date]**, or your child(ren) will stop getting free or reduced price meals.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

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

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

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

3. If the child is a Foster Child:

Provide written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.

4. If no one in your household receives SNAP benefits

Send documentation that show the amount of income your household receives from each source of income. The documentation you provide must show the **name** of the person who received the income, the **date** it was received, **the amount** received, and **how often** it was received.

Send information to:

Name: _____

Address: _____

Timeframe of Acceptable Income Documentation: Please submit **proof of one month's income**; you can send information for the month prior to completing the application, the month you applied, or any month after that.

Acceptable documentation includes:

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

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

Unemployment, Disability, or Worker's Comp: Notice of eligibility from State Employment Security Office, check stub, or letter from Worker's Compensation's office.

Welfare Payments: Benefit letter from welfare agency.

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

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

No income: Provide a brief explanation on how you provide food, clothing and housing for your household, and when you expect an income.

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

Timeframe of Acceptable Income Documentation: Please submit **proof of one month's income**; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call **[name]** at **[phone number]**. The call is free. **[Toll free or reverse charge explanation]**. You may also e-mail us at **[e-mail address]**.

Sincerely,

(Name and Title)

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

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), case for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Nondiscrimination Statement:

In accordance with Federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

WE HAVE CHECKED YOUR APPLICATION

School: _____

Date: _____

Dear _____:

We checked the information you sent us to prove that **[name(s) of child(ren)]** is/are eligible for free or reduced price meals and have decided that:

- ☐ Your child(ren)'s eligibility has not changed.
- ☐ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.
- ☐ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from free to reduced price** because your income is over the free income limit. Reduced price meals cost **[\$]** for lunch and **[\$]** for breakfast.
- ☐ Starting **[date]**, **your child(ren) is/are no longer eligible** for free or reduced price meals for the following reason(s):
 - ____ Records show that no one in your household received SNAP (formerly Food Stamps) benefits.
 - ____ Records show that the child(ren) is/are not foster, homeless, runaway, or migrant.
 - ____ Your income is over the limit for free or reduced price meals.
 - ____ You did not provide: _____
 - ____ You did not respond to our request.

Meals cost **[\$]** for lunch and **[\$]** for breakfast. If your household income goes down or your household size goes up, you may apply again. If you were denied benefits because no one in the household received SNAP benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

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

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

Name: _____

Address: _____

Phone Number: _____ E-Mail: _____

Sincerely,
[signature]

Nondiscrimination Statement:

In accordance with Federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

REQUIRED VERIFICATION TRACKER
FOR SCHOOL USE IN THE VERIFICATION PROCESS
Complete and attach to each verified application

Application ID Number or Name _____

Date Checked by Confirming Official:

(**MUST be prior to letter to household**)

Signature or Initials of Confirming Official:

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

Date Verification Notice Sent:

Verifying Official Initials : _____

Date Response Due from Household:

Date Second Notice Sent (or N/A):

Verifying Official Initials: _____

Original Approval Based On:

Additional Follow up attempt: _____ Initials: _____

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

Original Approval: Free ☐
 Reduced ☐

Verification Result:

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

Reason for Change:

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

Date Notice of Change Sent:

Date Change Made:

Date Hearing Requested:

Hearing Decision:

Verifying Official's Signature:

Date Verification Completed:

2016-17 School Year Verification Timelines

- Step 1: Process applications within 10 days of receipt (beginning of school year)
- Step 2: Choose method of verification to be used (on or before October 3, 2016)
- Step 3: Write narrative of application verification selection process, keep with verification records
- Step 4: Sort and count applications **APPROVED** for free or reduced price benefits as of October 3, 2016 (including Pre-K applications, if applicable)
- Step 5: Determine total number of APPROVED applications on file (on or before October 3, 2016)
- Step 6: Establish number of APPROVED applications to verify based on selection method used
- Step 7: Select FINAL applications to be verified (on or before October 3, 2016)
- Step 8: Attach Required Verification Tracker to each application selected for verification.
- Step 9: Re-check the original Eligibility Determination by Confirming Official (This is done after selection of applications for verification, PRIOR to letters to household – Confirming Official MUST sign off on Required Verification Tracker)
- Step 10: Notify household of selection for verification – Notification of Household Selection Sample Letter
- Step 11: Collect verification documentation of income, SNAP benefits, etc. (October 3 to November 15)
- Step 12: Calculate eligibility based on supplied documentation (October 1 to November 15)
- Step 13: Notify household of verification results (No later than November 15) - Notification of Verification Results Sample Letter
- Step 14: Complete Required Verification Tracker for each application verified (on or before November 15)
- Step 15: Compile District Verification Results to report to ADE, CNU (November 15 - December 15)
- Step 16: Download FNS-742 from the Forms page of the Child Nutrition Unit website; save to your computer and complete FNS-742 Verification Collection Report (Excel version) based on actual verification activities (November 15 – December 15)
- Step 17: E-mail Report to ade.chnutverify@arkansas.gov Child Nutrition Office (NO later than December 15). Keep printed copy of ADE, CNU email response of receipt of Verification Summary Report with verification files for audit purposes.

(Optional Form)

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Application for Free and Reduced Price School Meals may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

- ☐ No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.
- ☐ Yes! I **DO** want school officials to share information from my Application for Free and Reduced Price School Meals with [name of program specific to your school].
- ☐ Yes! I **DO** want school officials to share information from my Application for Free and Reduced Price School Meals with [name of program specific to your school].
- ☐ Yes! I **DO** want school officials to share information from my Application for Free and Reduced Price School Meals with [name of program specific to your school].

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call:

Name: _____ Address: _____

Phone Number: _____ E-Mail: _____

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

Nondiscrimination Statement:

In accordance with Federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.