



Child Nutrition
Maine Department of Education

Determining Student Eligibility For Meal Benefits



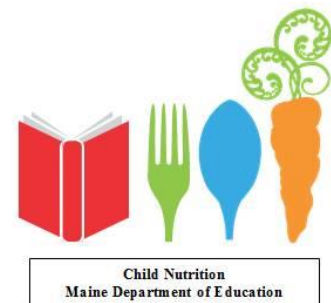
SY 2022 Operating SSO

- Information about the importance of applications for other reasons:
 - <https://www.maine.gov/doe/schools/nutrition>
 - Select “Student Eligibility & Applications”
 - Select “Meal Benefit App Toolkit”



Resources

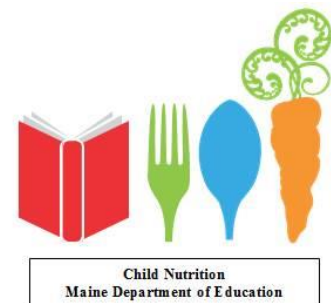
- USDA's Eligibility Manual for School Meals July 18, 2017*
- Current year Income Guidelines
- Quick Reference Guide
- [Maine CN YouTube Video](#)



Documentation

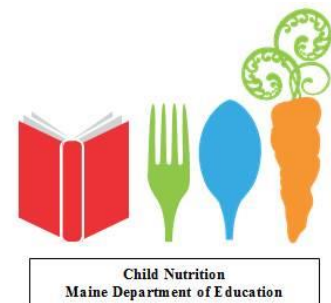
In order to claim Federal reimbursement for Free/Reduced student meals, you must have proper documentation of student eligibility.

What's proper documentation?



Determining Eligibility

1. Free and Reduced-Price Meal Application
 - Income
 - Categorical (SNAP/TANF, foster)
2. Direct Certification List
3. Migrant/Homeless/Head Start List



FREE AND REDUCED-PRICE MEAL BENEFIT APPLICATIONS



Free and Reduced-Price Applications

- Must be available to all households
- Only 1 application per household needs to be submitted
- Families cannot be required to complete an application

F R D
F P

SY 2022 FREE AND REDUCED-PRICE SCHOOL MEAL HOUSEHOLD APPLICATION

Complete one application per household for all children. A household is a person(s) living together that shares income and expenses, even if not related. You may also apply online at: [web address](#)

Step 1: STUDENT INFORMATION: List all students living in the household

Student Last Name	Student First Name	School	Foster Child	Homeless/Migrant
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_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Step 2: **BENEFITS** Do any members of your household (including you) receive SNAP, TANF or FDIPIR assistance? Yes No
If no > complete Step 3. If yes > provide the case number and name of the person receiving these benefits. Do not complete step 3.
Name: _____ SNAP or TANF Number _____ Letter _____

Step 3: INCOME List all Household Members. Include yourself & students listed above. List gross income for each person.

Names Household Member	Earnings from Work, before deductions	Gross Income (before deductions)												
		Weekly Every 2 weeks	2 times/month	Monthly	Welfare, Child Support, Alimony received	Weekly Every 2 weeks	2 times/month	Monthly	Pensions, Retirement, Social Security & All Other Income	Weekly Every 2 weeks	2 times/month	Monthly		
	\$	<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"/>
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Step 4: Required - Adult signature and last four digits of social security number
I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposefully give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of Adult: _____ Last 4 Digits of Social Security Number: _____ I do not have a Social Security Number
Printed Name: _____ Phone: _____ Email: _____
Address: _____ Date: _____

* FOR SCHOOL USE ONLY *

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

Total Income: _____ Household Size: _____ Free _____ Reduced _____ Denied _____ Categorically eligible free: _____
Determining Official's Signature: _____ Date: _____

For Verification purposes only - Confirming Official's Signature: _____ Date: _____

Maine Department of Education

Letter to Households

- Distributed at the start of each school year
- Letter should include:
 - What School Nutrition Programs are available
 - F/R/P price
 - Apply/reapply at any time



Free and Reduced Price Applications & Letters to Households

Current Year Materials

Maine Child Nutrition website
Maine.gov/doe/schools/nutrition/studenteligibility

USDA Translated Applications

F R D
 O I P

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_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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Names	Gross Income (before deductions)														
	Earnings from Work before deductions	Weekly	Every 2 weeks	2 times/month	Monthly	Welfare, Child Support, Alimony received	Weekly	Every 2 weeks	2 times/month	Monthly	Pensions, Retirement, Social Security & All Other Income	Weekly	Every 2 weeks	2 times/month	Monthly
Household Member	\$	<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"/>
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Step 4: Required - Adult signature and last four digits of social security number
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 Printed Name: _____ Phone: _____ Email: _____
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Child Nutrition
 Maine Department of Education

Carryover of Eligibility

- ~~• Eligibility status from the previous school year remains in effect for up to 30 operating days, or until new documentation is received, whichever comes first.~~

-
- ~~• New eligibility supersedes carryover eligibility.~~

- **FOR THIS YEAR ONLY**



Processing Free and Reduced-Price Meal Applications

- Applications should be processed and families notified about the results as soon as possible, but no later than 10 calendar days after being received
- Eligibility becomes effective when the application is received
 - Date stamp and initial upon receipt



Processing Free and Reduced-Price Meal Applications

F R D
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SY 2022 FREE AND REDUCED-PRICE SCHOOL MEAL HOUSEHOLD APPLICATION

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_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Step 2: BENEFITS Do any members of your household (including you) receive SNAP, TANF or FDIPIR assistance? Y N
If no > complete Step 3. If yes > provide the case number and name of the person receiving these benefits. Do not complete step 3.

Name: _____ SNAP or TANF Number: _____ Letter: _____

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\$						\$					\$				
\$						\$					\$				
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Determining Official's Signature: _____ Date: _____

For Verification purposes only - Confirming Official's Signature: _____ Date: _____

All applications are taken at face value!

Two ways to process apps:

1. Categorical
2. Income



Child Nutrition
Maine Department of Education

Categorical Eligibility

Student/Household Receives Benefits from an Assistance Program:

- SNAP/TANF Eligibility is extended to the entire household.
- Directly Certified

Other Source Categorical

- Head Start Eligibility is NOT extended to the entire household.
- Migrant
- Homeless
- Foster Children



Foster Children

- Member of the household where they reside
- Eligible for Free meals regardless of income
- Their benefit not extended to other members
- Other members in household approved based on household information



Free and Reduced Price Applications: Categorical Eligibility

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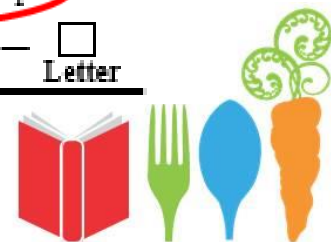
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Step 2: **BENEFITS** Do any members of your household (including you) receive SNAP, TANF or EBPR assistance? Y / N
If no > complete Step 3. If yes > provide the case number and name of the person receiving these benefits. Do not complete step 3.

Name: _____

SNAP or TANF Number Letter



Free and Reduced Price Applications: Categorical Eligibility

Acceptable:

8 numbers & a
letter

Unacceptable

- MaineCare
- EBT numbers
- Any number that does not fit the space provided!
- Statement from parent

□ EP

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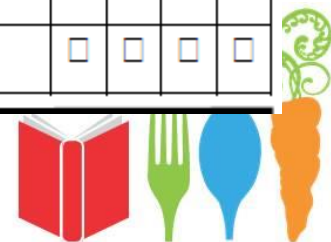


Free and Reduced Price Applications: Categorical Eligibility

Step 3: INCOME List ALL Household Members including students listed above and total gross income (before deductions).

Names Household Member	Gross Income													
	Earning W			Pensions, Retirement, Social Security & All Other Income	Every 2 weeks		2 times/month		Monthly		Weekly	Every 2 weeks	2 times/month	Monthly
	Every	2 times	Month											
	<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"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Only exception is foster child with other siblings



Free and Reduced Price Applications: Categorical Eligibility

Step 4: Required - Adult signature and last four digits of social security number

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Signature of Adult: _____ Last 4 Digits of Social Security Number: _____ I do not have a Social Security Number

Printed Name: _____ Phone: _____ Email: _____

Address: _____ Date: _____



Free and Reduced Price Applications: Income

□ EP

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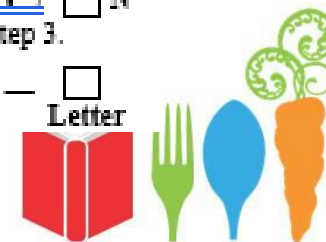
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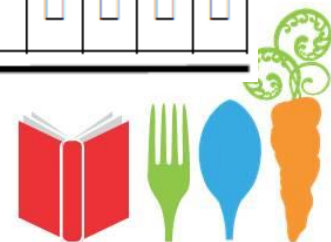


Free and Reduced Price Applications: Income

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- Names of ALL household members
- Income from all sources and frequency



Free and Reduced Price Applications: Income with Multiple Frequencies

Weekly X 52= Annual \$

Every Two Weeks X 26= Annual \$

Twice a Month X 24= Annual \$

Total Annual Income

- Compare to income guidelines for ANNUAL income for the household size
 - Do NOT round
 - Do NOT convert back to monthly income



Free and Reduced Price Applications

No conversion is required when one source of income is listed

OR

All income sources are the same frequency



Income Guidelines

2019-2020 INCOME GUIDELINES												
	FREE						REDUCED					
	Annual	Monthly	Twice a Month	Every 2 Weeks	Weekly		Annual	Monthly	Twice a Month	Every 2 Weeks	Weekly	
1	16,237	1,354	677	625	313	1	23,107	1,926	963	889	445	1
2	21,983	1,832	916	846	423	2	31,284	2,607	1,304	1,204	602	2
3	27,729	2,311	1,156	1,067	534	3	39,461	3,289	1,645	1,518	759	3
4	33,475	2,730	1,395	1,288	644	4	47,638	3,970	1,985	1,833	917	4
5	39,221	3,269	1,635	1,509	755	5	55,815	4,652	2,326	2,147	1,074	5
6	44,967	3,748	1,874	1,730	865	6	63,992	5,333	2,667	2,462	1,231	6
7	50,713	4,227	2,114	1,951	976	7	72,169	6,015	3,008	2,776	1,388	7
8	56,459	4,705	2,353	2,172	1,086	8	80,346	6,696	3,348	3,091	1,546	8
Additional	5,746	479	240	221	111		8,177	682	341	315	158	



Free and Reduced Price Applications

Step 4: Required - Adult signature and last four digits of social security number

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

Signature of Adult: _____ Last 4 Digits of Social Security Number: _____ I do not have a Social Security Number

Printed Name: _____ Phone: _____ Email: _____

Address: _____ Date: _____



Free and Reduced Price Applications

4. OTHER BENEFITS – You do not have to complete this part to get free or reduced price school meals.

Health Insurance Yes, I want Maine Care health care coverage information for my child. School officials may give my name and address to the Department of Health & Human Services so that they can send me information about Maine Care low-cost or free health care coverage for my child. (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health care coverage.)

I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child.
I give up my rights to confidentiality for this purpose only.

I certify that I am the parent/guardian of the child for whom application is being made.

Signature of parent/guardian _____ **Date** _____



Free and Reduced Price Applications

5. CHILDREN'S ETHNIC and RACIAL IDENTITIES: Optional. You are **not required** to answer this question.

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

Mark one or more racial identities:

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

Must be on every application
Optional for households to fill out



Free and Reduced Price Applications

Approval / Denial by the SFA

*** FOR SCHOOL USE ONLY ***

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

Total Income: _____ Household Size: _____ Free _____ Reduced _____ Denied _____ Categorically eligible free: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____



Summary: A Complete Application

Income Applications

- Names of all household members
- Gross pay
- Pay frequency
- Adult signature
- Last four of SSN or indication of none

Categorical Applications

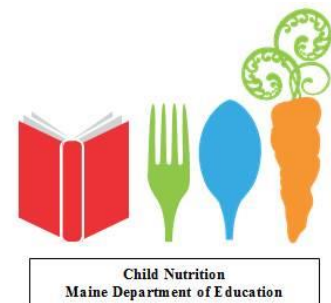
- Names of all children in the household
- SNAP/TANF # (correct format)
- Indication of Foster
- Adult signature

*If homeless is indicated you must still follow up with your homeless liaison for verification.



Transfer Students

- Student moves halfway through the year and you receive a copy of their application from the sending school
- Make sure to reapprove and sign!



HOMELESS, MIGRANT, HEAD START



Child Nutrition
Maine Department of Education

Determining Eligibility: Homeless/Migrant/Head Start

- Application not required
 - Household may indicate on application
- A student identified by the:
 - District homeless liaison
 - Migrant Coordinator
 - Head Start Coordinator
- Categorically eligible for Free meals




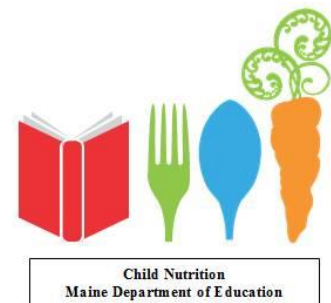
DIRECT CERTIFICATION



Child Nutrition
Maine Department of Education

Direct Certification

- Assistance Programs  Free School Meals
- Automatically eligible for free meals
- Extended to entire household
- Families must be notified



Direct Certification



Takes precedence over an application.
Eligible for FREE meals for the entire school year.



Direct Certification

- List is accessed in NEO
- List must be checked at least 3x each school year:
 1. Start of school
 2. October-November
 3. January-March
- Indicate you 'reviewed' the list

SAVE A COPY –With the date



Administrative Approval

- If a household fails to apply and the child is known to be eligible, local officials may complete an application on behalf of the child.
 - Application should be based on best known household size and income information
 - **LIMITED USE**
 - Excluded from verification
- Household must be notified



Changes in Benefits

Applications can be submitted throughout the year.

Changes must take place:

- Within 3 days for an increase in benefits
(ex: Paid to Reduced)
- In 10 days for a decrease in benefits
(ex: Free to Paid)



Notification of Eligibility

NOTIFICATION OF ELIGIBILITY

DATE: _____

Dear Parent or Guardian:

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

1. Approved for applicable programs listed below (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Free Lunches | <input type="checkbox"/> Reduced price lunches at \$ _____ per meal |
| <input type="checkbox"/> Free Breakfasts | <input type="checkbox"/> Reduced price breakfast at \$ _____ per meal |
| <input type="checkbox"/> Free After School Snacks | <input type="checkbox"/> Reduced price After School Snacks at \$ _____ per snack |
| <input type="checkbox"/> Free Milk for K and Pre-K, if meals are unavailable to them | |

2. Denied because:

- Household income is over the amount allowable. The application is missing _____.
- Other _____.

You may appeal this decision by writing the Hearing Official, who is _____ at this address _____ or calling him/her at _____.

Sincerely,

Approving Officer

Name: _____

Street/RFD/P.O. Box: _____

City/Town: _____, ME (ZIP) _____

2013-2014 School Year Income Guidelines For Reduced Price Meals

REDUCED INCOME

Duration of Eligibility

Eligibility is good for the entire school year

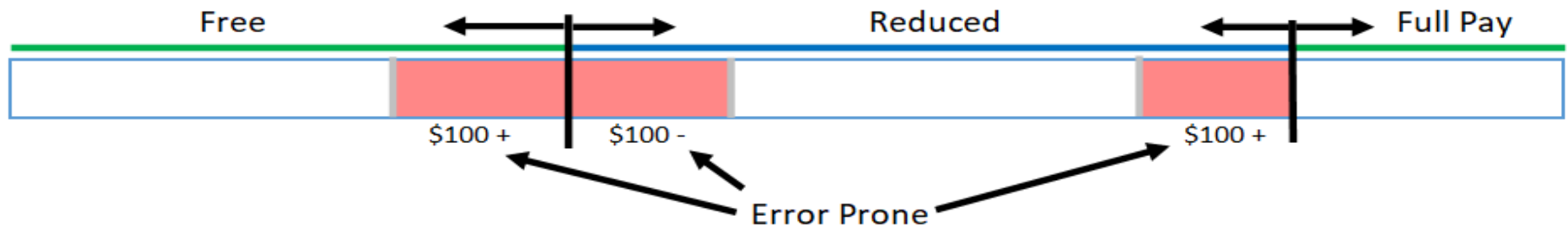
AND

the first 30 *operating days* of the next school year



Labeling/Storing for Verification

- Error Prone
 - \$100 dollars above/below free guidelines OR \$100 dollars below reduced guidelines



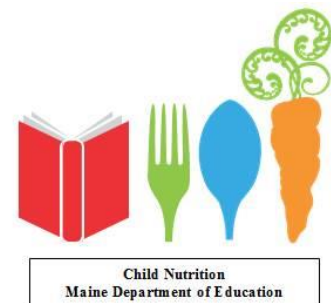
- Directly Certified
- SNAP/TANF Numbers
- Migrant, homeless, etc.



Benefit Issuance List or “Master List”

List of students eligible for free and reduced-price meals

- Updated/revised as changes occur
- History of eligibility for the school year
- Documentation to support the monthly claim
- Confidential



Benefit Issuance List or “Master List”

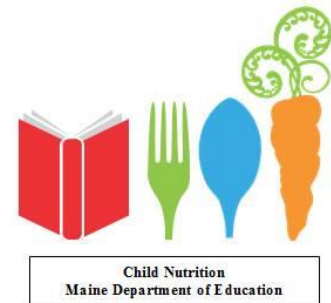
List should contain:

- Student first and last name
- Benefit status (free/reduced/paid)
- Date status was determined
- Method of determination (DC/categorically eligible/application)
- School name
- Changes



Point of Service Document

- Used at the Point of Service (POS)
- List should contain:
 - Student's first and last name
 - Code for current Benefit status (free/reduced)
 - School name
- Electronic or Manual (paper list)



Common Errors: Applications

- ✓ Incorrect SNAP/TANF number
- ✓ Not following up with incomplete applications
- ✓ Math Errors
 - Annual income if income reported in various forms
 - Data entry into electronic systems
- ✓ Sign and date!
 - Electronic vs Paper



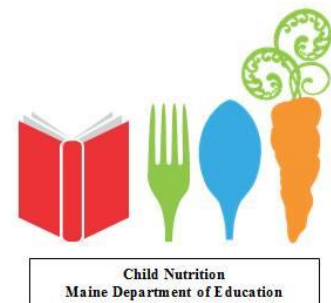
Common Errors: Direct Certification

- Check at least 3x year
- Manual search matches must be printed or saved
- Increase DC numbers by searching applications with TANF/SNAP#
- Must send a letter to DC households notifying them of their benefits
- **SAVE ALL DC LISTS** (electronic or paper)



Common Errors: Master List

- ✓ Make sure the Master List in the office matches the check list used during meal service
 - After eligibility changes



Confidentiality

Eligibility information is
CONFIDENTIAL.



Confidentiality

- May share aggregate data
- Eligibility information may not be shared without written parental permission
- May with another Child Nutrition Program
 - Disclosure Chart in Eligibility Manual



Questions?



Federal

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: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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.

(Federal statement updated 3/22/2021)



State

The Maine Human Rights Act prohibits discrimination because of race, color, sex, sexual orientation, age, physical or mental disability, genetic information, religion, ancestry or national origin.

Complaints of discrimination must be filed at the office of the Maine Human Rights Commission, 51 State House Station, Augusta, Maine 04333-0051. If you wish to file a discrimination complaint electronically, visit the Human Rights Commission website at <https://www.maine.gov/mhrc/file/instructions> and complete an intake questionnaire. Maine is an equal opportunity provider and employer

