

**FREE AND REDUCED PRICE APPLICATION
&
DIRECT CERTIFICATION**

INFORMATION AND PROCEDURES

SCHOOL YEAR 2014-2015

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
FOOD AND NUTRITION SERVICES SECTION

MAY 2014

TABLE OF CONTENTS

INTRODUCTION	2
EXTENDING CATEGORICAL ELIGIBILITY TO ADDITIONAL CHILDREN IN THE HOUSEHOLD AND FOSTER CHILDREN INFORMATION	3
FREE AND REDUCED PRICE ELIGIBILITY DETERMINATION REMINDERS AND FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION Information and Procedures.....	4-5
Sharing Information with Other Programs.....	6
DIRECT CERTIFICATION	
Direct Certification Information	7
Public LEA Direct Certification	8
Non-Public LEA Direct Certification	9
Non-Public LEAs Direct Certification Record Specifications For Computer Use.....	10
ATTACHMENTS	
Eligibility Criteria for Free and Reduced Price Meals.....	Attachment A
Letter to Parents.....	Attachment B
Direct Certification Eligibility	Attachment B1
Free and Reduced Price School Meals Family Application.....	Attachment C
Public Release	Attachment D
Notice of Approval or Denial	Attachment E
Methods of Collection & Meal Counting	Attachment F
MO HealthNet Instructions.....	Attachment G
Request for Information.....	Attachment G1
Does Your Child Need Healthcare Coverage?	Attachment H
MO HealthNet for Kids Data Collection	Attachment I
Sharing Information with Other Programs.....	Appendix 1
Income Eligibility Guidelines.....	Appendix 2

INTRODUCTION

The extension of free and reduced price meals to needy students is a requirement for all Local Education Agencies (LEAs) that participate in one or more of the Child Nutrition Programs. Students can be determined eligible for free meals through the Direct Certification method and free or reduced price meals by submission of an application.

We are providing a prototype of the Free and Reduced Price School Meals Family Application. Our office must approve any changes made to these forms before duplication and distribution.

Applications are also available in the following languages: Arabic, Armenian, Cambodian, Chinese (Traditional), Chinese (Simplified), Croatian, Farsi, French, Greek, Gujarati, Haitian Creole, Hindi, Hmong, Japanese, Korean, Kurdish, Laotian, Mien, Polish, Portuguese, Punjabi, Russian, Samoan, Serbian, Somali, Spanish, Sudanese, Tagalog, Thai, Tigrinya, Ukrainian, Urdu, and Vietnamese. You may download these forms from the Internet at: <http://www.fns.usda.gov/school-meals/family-friendly-application-translations>. These Applications will not be identical to the prototype forms in this book.

This booklet provides the information necessary for the approval of free and reduced price meals for the 2014-2015 school year. For more detailed information on the general extension of free and reduced price meal benefits, refer to USDA's [Eligibility Manual for School Meals](#).

Handbooks are available under publications at <http://dese.mo.gov/financial-admin-services/food-nutrition-services>.

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; fax number 573-522-4883; email civilrights@dese.mo.gov.

The U.S. Department of Agriculture 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 may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

EXTENDING CATEGORICAL ELIGIBILITY TO ADDITIONAL CHILDREN IN THE HOUSEHOLD

If one student in the household is eligible for free meals based on Direct Certification, or has an application with Food Stamp, Temporary Assistance, or Food Distribution Program on Indian Reservations (FDPIR) case number, all of the students in the household are automatically eligible for free meals. LEAs must extend eligibility for free meals or free milk to all children who would be considered a family member. If a family has more than one child and only one child is listed on the Direct Certification list, then eligibility is extended to all children in the household. If the LEA does not have an application as a reference, the LEA may be able to use school enrollment records to determine additional children who are part of the family not identified through the Direct Certification process. For households submitting applications with case numbers for some, but not all of their children, the LEA must certify all children as eligible for free meals or milk. Any income information on the application is disregarded. For purposes of carry-over into the new school year, eligibility must, to the extent feasible, be extended to newly enrolled siblings. Please note that this policy does not extend to other categorically eligible categories such as Head Start or children enrolled in Migrant Education Programs.

A Food Stamp/Temporary Assistance number is a ten digit number and the first two digits currently are "00". It is also referred to as the household's Department Case Number (DCN). A 16-digit Electronic Benefit Transfer (EBT) card number is NOT acceptable. Possession of the EBT card does not mean the household is currently eligible for Food Stamps or Temporary Assistance.

FOSTER CHILDREN INFORMATION

Any foster child whose care and placement is the responsibility of the State or who is placed by a court with a caretaker household is categorically eligible for free meals. This allows certification of a foster child for free meals without an application if the LEA or other child nutrition program institution obtains documentation from an appropriate State or local agency. This documentation indicates the status of the child as a foster child whose care and placement is the responsibility of the State or that the foster child has been placed with a caretaker household by a court.

We strongly encourage LEAs and other child nutrition institutions to establish formal mechanisms with State and local foster agencies to receive information directly from the agencies to facilitate certification for free meals for foster children. Missouri Department of Social Services (DSS), Children's Division, will provide the household with a letter indicating the child is a foster child. If you have questions please contact your Children's Division office. The contact information can be found by county at the following website <http://dss.mo.gov/>.

It is important to note that these provisions only apply to foster children formally placed by a State child welfare agency or a court. They do not apply to informal arrangements that may exist outside of State or court based systems. For more information, see [SP-17-2011 Revised](#).

FREE AND REDUCED PRICE ELIGIBILITY DETERMINATION REMINDERS

- Direct Certification is mandatory for all LEAs and must be downloaded three times per school year.
- Household applications are required.
- Eligibility determinations are valid for the entire school year, unless a change in status is a result of verification.
- Homeless, migrant, and runaway youth are categorically eligible for free meals.
- If a household reports income sources at more than one frequency, then the LEA is to annualize all income by multiplying weekly income by 52, income received every two weeks by 26, income received twice a month by 24, and income received monthly by 12. All software must use these conversion factors. *Do not round the values resulting from each conversion.* Sum all the unrounded converted values and compare the unrounded total to the published Income Eligibility Guidelines (IEGs) for annual income for the appropriate household size. The prototype Free and Reduced Price School Meals Family Application contains the conversion factors. 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.
- Foster children are no longer a household of one and are to be included on a household application; non foster children may qualify for meal benefits based on household size and income.
- All foster children are eligible for free meals with qualifying documentation from the Missouri DSS, local Children's Division office.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION INFORMATION AND PROCEDURES

All schools participating in the Child Nutrition Programs are required by federal regulations to adopt, and have on file with the State Agency, an approved policy of standards and procedures for determining eligibility and extending free and reduced price meals under the National School Lunch and School Breakfast Programs. The standard uniform policy is incorporated into the application agreement. The following information is provided to assist in implementing the provisions of the policy standards and procedures for the 2014-2015 school year.

The ELIGIBILITY CRITERIA FOR FREE AND REDUCED PRICE MEALS (Attachment A) must be adopted for the 2014-2015 school year. INCOME ELIGIBILITY GUIDELINES (Appendix 2) is provided as a tool for the determining official to use when determining eligibility.

The LETTER TO PARENTS (Attachment B) and the FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION (Attachment C) must be available to all families at the beginning of the school year.

MO HEALTHNET

Refer to the Instructions for Request for Information, Does Your Child Need Healthcare Coverage (Attachment H) and MO HealthNet Data Collection Form (Attachment I)

MO HealthNet outreach (Missouri Senate Bill 583 – 2010) requires public and charter LEAs to provide the REQUEST FOR INFORMATION (Attachment G1) with the meal application at the beginning of the school year. Non-public LEAs are encouraged to participate; however, not required. Residential Child Care Institutions (RCCIs) are excluded from this requirement. The form allows a parent or guardian to check a box indicating a YES or NO whether each child in the family has healthcare insurance. The form should be returned to the school district and if a NO is checked a DOES YOUR CHILD NEED HEALTHCARE COVERAGE FORM (Attachment H) must be provided to the family. The REQUEST FOR INFORMATION forms returned to the LEA should be kept on file. The number of families indicating the absence of healthcare insurance and the number of forms provided to the family will be reported to DESE, FNS on the MO HEALTHNET FOR KIDS DATA COLLECTION form (Attachment I) due November 30th. If information is updated after the initial due date submit a revised form.

All LEAs must provide the PUBLIC RELEASE (Attachment D) to the local news media, unemployment office and any major employers contemplating large layoffs in the attendance area of the school before school starts in the fall.

If benefits for free or reduced price meals are denied, the parent or guardian must be notified in writing. NOTICE OF APPROVAL OR DENIAL (Attachment E) may be used to comply with this requirement.

LEAs **must** organize their file of applications for free and reduced price meals so that they can be easily retrieved by school building. Copies of the application may need to be made for LEAs with multiple attendance units.

Use of the 2014-2015 policy attachments will place your LEA in compliance. These policy attachments should be filed with your permanent application-agreement. Unless substantial changes are made to the attachments, it will not be necessary to return copies to our office. LEAs may reword the letters to parents and the public release by deleting the reference to the breakfast program if breakfast is not offered.

In collecting payments for meals and in distributing cards, tickets, tokens, etc., school officials must ensure that there is no overt identification of recipients of free or reduced price meals. Care must be taken to prevent such identification at the time the card, ticket or token is issued as well as in the serving line. Also, your collection system must have a built-in accounting system to record at the point of service the number of full price, reduced price, and free meals actually served. Documenting these daily counts is a regulatory requirement.

METHODS OF COLLECTION & MEAL COUNTING (Attachment F) must be completed and returned to the State Agency office for the 2014-2015 school year.

VERIFICATION

Verification of the current income of a selected sample of the approved applications on file as of October 1 of each school year must be completed by November 15. For more detailed information, refer to the [Verification Guidance](#) booklet or USDA's [Eligibility Manual for School Meals](#). *The Verification Summary Report will be available via the DESE Web Application system.*

SHARING INFORMATION WITH OTHER PROGRAMS

LEAs may disclose children's free and reduced price meal eligibility information to programs, activities and individuals that are specifically authorized access under the National School Lunch Act (NSLA) which is the law that sets forth the disclosure limits for the Child Nutrition Programs. Disclosure may be made to persons directly connected to the administration or enforcement of the National Assessment of Educational Progress (NAEP) and No Child Left Behind (NCLB) as these are Federal education programs. LEAs may disclose children's names and eligibility status to persons directly connected with the administration or enforcement of State educational assessment programs to the extent that the State assessment is part of the NAEP or the assessment program is established at the State, not local level. See the USDA Eligibility Manual for School Meals on the DESE, FNS website for a list of specifically authorized programs and more complete information regarding disclosure of children's free and reduced price meal eligibility information.

SHARING INFORMATION WITH OTHER PROGRAMS (Appendix 1) may be used by the LEA to obtain parental permission to disclose free and reduced price eligibility information of individual students for programs that require parental consent for disclosure. Programs that require parental consent include local health and local education programs and other local level activities. The LEA should indicate the name of the specific program on the form before providing the form to parents.

DIRECT CERTIFICATION INFORMATION

A new Direct Certification process was implemented beginning in the 2013-14 school year for all public LEAs. The new process will provide LEAs with Direct Certification eligibility utilizing the Missouri Student Information System (MOSIS). Instructions for the new process are provided for public LEAs on page 8. All non-public schools and RCCIs will continue with the current process on pages 9-14.

DESE, FNS, entered into an agreement with the Missouri DSS to obtain a computerized listing of all the children in Missouri between the ages of zero (0) and twenty-one (21). Direct Certification is mandatory and updates will be provided monthly. All LEAs must download at a minimum in July, October and January. To achieve maximum benefits it is strongly encouraged to download Direct Certification on a monthly basis. School children from families approved to receive Food Stamps or Temporary Assistance may be automatically approved to receive free meals, both breakfast and lunch, without having to complete an application. This process was designed to simplify the application procedure for families, increase participation by eligible children, and reduce paperwork at the LEA level. Students directly certified are considered eligible for the entire school year and are excluded from Verification.

DIRECT CERTIFICATION

1. The families of students who have been identified as eligible for Food Stamps or Temporary Assistance must be notified by the LEA that the students are eligible to receive free meals and extend benefits to all students residing in the household. Refer to DIRECT CERTIFICATION ELIGIBILITY (Policy Attachment B1).
2. Parents have a right to not have their children receive free meals.
3. Free and reduced price applications should still be distributed because:
 - Direct Certification does not apply to all students who may be eligible for free meals.
 - Although eligible, some families do not apply for Food Stamps or Temporary Assistance.
 - It is unlikely that there will be a 100 percent match in the database of the names of students who are both enrolled in the LEA and receiving Food Stamps or Temporary Assistance.
4. Every precaution must be taken by the LEA to protect the anonymity of students receiving free and/or reduced price meals. The distribution of the notices/letters to parents and Free and Reduced Price School Meals Family Application to households at the beginning of the year must be done in such a manner as to prevent overt identification and to ensure that no child is excluded from participation.

LEAs are not required to send a LETTER TO PARENTS (Attachment B) and a FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION (Attachment C) to those families deemed eligible under the Direct Certification process, if the LEA has a system to distribute to non-certified households the letter to parents and an application so that children approved through the Direct Certification process will not be overtly identified (direct mail, individual student packets, etc.).

If the LEA does not have a system to distribute the letter to parents and the application so that children approved through the Direct Certification process will not be overtly identified, then all families must be provided with a LETTER TO PARENTS (Attachment B) and a FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION (Attachment C).

5. Information/lists of all students directly certified and/or approved through use of an application are then to be compiled, maintained, and easily retrievable.
6. All Child Nutrition Program documentation must be kept on file for 3 years.

Public LEAs Direct Certification

DESE, FNS received a grant from the USDA to improve its current process for directly certifying eligible students for free meals. The changes will provide LEAs with Direct Certification eligibility for students in the LEA's DESE student information system (MOSIS) files.

MOSIS is the Missouri Student Information System maintained by DESE information technology staff. Only designated individuals at the State Agency and local LEA are issued credentials to enter the area where the Direct Certification files will be available.

The new Direct Certification process will require coordination with the LEA staff that works with the MOSIS to conduct the matching process with the student's records in the LEA student information system.

Guidance for the new Direct Certification process for public LEAs is provided:

<http://dese.mo.gov/sites/default/files/NewPublicLEADirectCertificationProcess.pdf>

Directions to access Direct Certification from MOSIS:

Create a list of students currently enrolled in the National School Lunch Program using appropriate layout for the Direct Certification Lookup Collection, and/or use template.

- Save file as CSV or TXT Format.
- Log into MOSIS Data Collection System through DESE Web Applications.
- On the Current Submissions page choose Run a Trial for the Direct Certification Lookup Collection.
- Browse and upload file to the Direct Certification Lookup Collection in MOSIS Data Collection.
- Once processed, choose Reports, and retrieve Direct Certification Lookup Report in MS Excel or CSV.
- This report will list the eligible students.
- Use list to directly certify the appropriate students.

Questions regarding MOSIS, contact Amber Castlemen at 573-526-2572 or Amber.Castleman@dese.mo.gov.

Questions regarding Direct Certification, contact Joanna Hosier at 573-751-7664 or Joanna.Hosier@dese.mo.gov.

NON-PUBLIC LEAS DIRECT CERTIFICATION

The Direct Certification computerized listing contains specific identifying information that can be used to automatically approve students for free meals. The specific data includes: the name of the child, date of birth, **child's last four digits of the social security number**, sex, race, the name of the case (approved household) head, the address of the case (approved household) head, and the particular program; e.g., Food Stamp (S), AFDC - Referred to as Temporary Assistance (C), or both (B). To be considered verifiable the student's name must be matched with at least one identifier; e.g., birth date. The more matching identifiers, the more assurance of a correct match.

To request the required identifying data, LEAs will need to verify/provide the Postal ZIP Codes, via the Web, from areas in which their students reside.

From the master computerized listing provided by the Missouri DSS, a listing of children whose addresses include the Postal ZIP Codes requested by the LEA will be generated. This data will be provided to the requesting LEA via the Web.

The LEA can then certify as eligible for free meals those students enrolled in their school for whom there is a verifiable match with the Missouri DSS data or that reside in the household of an eligible student.

Only the Authorized Representative for the National School Lunch Program has View Report capabilities.

Authorized Representative - can Add and Remove ZIP Codes, and View Report
Data Entry capabilities -can Add and Remove ZIP Codes
View capabilities -can only view the ZIP Codes

NON-PUBLIC LEAS DOWNLOADING DIRECT CERTIFICATION REPORT

1. Go to DESE Web Applications login, click on Food and Nutrition Services Services-Direct Certification.
2. Read the Confidentiality Statement and click "I agree".
3. Verify current ZIP Codes, Add or Remove ZIP Codes if necessary.
4. Chose Format to download from the drop down list. The report can be downloaded as Excel, PDF, CSV, or Word.
5. The Report can be printed or saved.

LEAs will access their Direct Certification at <http://dese.mo.gov/financial-admin-services/food-nutrition-services>

Questions regarding Direct Certification, contact Joanna Hosier at 573-751-7664 or Joanna.hosier@dese.mo.gov.

**NON-PUBLIC LEAS
DIRECT CERTIFICATION RECORD SPECIFICATIONS
FOR COMPUTER USE**

RECORD IDENTIFICATION
FILE NAME: AFDC/FOOD STAMPS
FILE TYPE: 1600 BPI UNLABELED

RECORD NAME: AFDC/FOOD STAMPS RECORD
RECORD NUMBER
RECORD TYPE: F

Item No.	Fld. Beg.	Pos. End	No. Char.	No. Bytes	Item Type	Field Name and Description
01	1	18	18	18	AN	Last Name
02	19	30	12	12	AN	First Name
03	31	31	01	01	AN	Middle Initial
04	32	39	08	08	N	Date of Birth (YYYY/MM/DD)
05	40	40	01	01	AN	Sex (M-Male, F-Female)
06	41	41	01	01	AN	Race: 1-White, 2-Black, 3-Spanish (American), 4-Indian American/Alaskan Native 5-Asian 6-Native Hawaiian/Pacific Islander U-Undetermined
07	42	42	01	01	AN	AFDC/FS Indicator (C-AFDC, S-Food Stamps, B-Both)
08	43	48	06	06	AN	County/District Code
09	49	57	09	09	N	Social Security Number
10	58	75	18	18	AN	Case Head Last Name
11	76	87	12	12	AN	Case Head First Name
12	88	88	01	01	AN	Case Head Middle Initial
13	89	111	23	23	AN	Address 1
14	112	134	23	23	AN	Address 2
15	135	148	14	14	AN	City
16	149	150	02	02	AN	State
17	151	159	09	09	N	ZIP Code

CODES:

RECORD TYPE

F=FIXED
V=VARIABLE
U=UNDEFINED

ITEM TYPE

N=NUMERIC
AN=ALPHANUMERIC
A=ALPHABETIC
R=REPORTS

**ELIGIBILITY CRITERIA FOR FREE AND REDUCED PRICE MEALS
EFFECTIVE JULY 1, 2014**

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$15,171	\$1,265	\$292	\$21,590	\$1,800	\$416
2	20,449	1,705	394	29,101	2,426	560
3	25,727	2,144	495	36,612	3,051	705
4	31,005	2,584	597	44,123	3,677	849
5	36,283	3,024	698	51,634	4,303	993
6	41,561	3,464	800	59,145	4,929	1,138
7	46,839	3,904	901	66,656	5,555	1,282
8	52,117	4,344	1,003	74,167	6,181	1,427
Each add'l member	+ 5,278	+ 440	+ 102	+ 7,511	+ 626	+ 145

Family/Household means a group of people who may or may not be related and who do not live in an institution or a boarding house, but who are living as one economic group. Students who are temporarily away at school should be counted as members of the family; however, students who are full-time residents of an institution are considered a family of one.

Gross Income means income before deductions for income taxes, employee's social security taxes, insurance premiums, charitable contributions, bonds, etc. It includes the following:

1. Monetary compensation for services, including wages, salary, commissions, or fees;
2. Net income from non-farm self-employment;
3. Net income from farm self-employment;
4. Social security;
5. Dividends or interest on savings or bonds or income from estates or trusts;
6. Net rental income;
7. Public assistance or welfare payments;
8. Unemployment compensation;
9. Government civilian employee or military retirement, or pensions, or veterans payments;
10. Private pensions or annuities;
11. Alimony or child support payments;
12. Regular contributions from persons not living in the household;
13. Net royalties; and
14. Other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

Income does not include any income or benefits received under any Federal program, which are excluded from consideration as income by any legislative prohibition.

In a household where there is income from wages and self-employment and the self-employment reflects a negative net income, consider that income as zero so as not to offset the wages earned.

In applying guidelines, the family's current rate of income should be used in determining eligibility.

Current Income is defined as income received during the month prior to application if such income is representative. Where the prior month's income was much higher or lower than usual, expected income for this year (12 months starting from the prior month) may be used; for example, self-employed people, farmers, and migrant workers.

Foster Children whose care and placement is the responsibility of the State or who is placed by a court with a caretaker household is categorically eligible for free meals and may be certified without a application. Households with foster and non foster children may chose to include the foster child as a household member, as well as any personal income earned by the foster child on the same household application that includes the non foster children.

Institutionalized Children are considered a one-member family and only monies the child actually receives and controls shall be considered as income for determining eligibility.

Adopted Children for whom a household has accepted legal responsibility is considered to be a member of that household. If the adoption is a "subsidized" adoption, which may include children with special needs, the subsidy is included in the total household income.

Because some adopted children were first placed in families as foster children, parents may not be aware that, once the child is adopted, he/she must be determined eligible based on the economic unit and all income available to that household, including any adoption assistance, is counted when making eligibility determination.

LETTER TO PARENTS
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM

Dear Parent/Guardian:

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

Household Size	Annually	Monthly	Weekly
1	\$21,590	\$1,800	\$416
2	29,101	2,426	560
3	36,612	3,051	705
4	44,123	3,677	849
5	51,634	4,303	993
6	59,145	4,929	1,138
7	66,656	5,555	1,282
8	74,167	6,181	1,427
For each add'l person add	\$7,511	\$626	\$145

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **[name, address, phone number]**.
2. WHO CAN GET FREE MEALS? All children in households getting Food Stamps, Temporary Assistance, or the Food Distribution Program on Indian Reservations can get free meals regardless of income. Also, your child(ren) can get free meals if your household 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? Please call **[school, homeless liaison or migrant coordinator]** to see if your child(ren) qualify, if you have not been informed that they will get free meals.
5. WHO CAN GET REDUCED PRICE MEALS? Your child(ren) can get low cost meals if your household income is within the reduced price limits.
6. SHOULD I FILL OUT AN APPLICATION IF I GOT A LETTER THIS SCHOOL YEAR SAYING MY CHILD(REN) ARE APPROVED FOR FREE OR REDUCED PRICE MEALS? Do not complete the attached application if you have recently received notification from your school that your child(ren) has been certified to receive free meal benefits for the 2014-2015 school year.
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 few days of this school year. You must send in a new application unless the school told you that your child(ren) 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 an application.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes, we may 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 if your household size goes up, income goes down, or if you start receiving Food Stamps, Temporary Assistance or other benefits. If you lose your job, your child(ren) may be able to get free or reduced price meals.
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]**.
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 a U.S. citizen 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). You must include yourself and all children who live with you.
14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
15. WE ARE IN THE MILITARY; DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Exclude military combat pay received by service members during a deployment. All other allowances must be included in your gross income.

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

Sincerely,
[signature]

Non-discrimination Statement: The U.S. Department of Agriculture 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 may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

**DIRECT CERTIFICATION ELIGIBILITY
NATIONAL SCHOOL LUNCH SCHOOL/SCHOOL BREAKFAST PROGRAM**

Dear Parent/Guardian:

[Name of school] is participating in the Direct Certification program. Direct Certification means that children who are from families currently approved for Food Stamps or a child receiving Temporary Assistance can be automatically approved for free meals at schools under the National School Lunch Program and the School Breakfast Program.

Each student listed below has been approved for free meals during the 2014-2015 school year, based on his/her eligibility for Food Stamps or Temporary Assistance.

Name of Child	Name of School

If there are other children in your household who aren't listed above, contact the school the children attend, they also qualify for free meals.

Please KEEP THIS LETTER for your records. Do not return it to the school.

If for some reason you do not want your child(ren) to receive free meals or if you have any questions, please contact your child's school immediately.

Sincerely,
[Signature]

Non-discrimination Statement: The U.S. Department of Agriculture 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](http://www.ascr.usda.gov/complaint_filing_cust.html) (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 may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

PART 1. FOOD STAMP/TEMPORARY ASSISTANCE BENEFITS

If any member of your household receives Food Stamps or Temporary Assistance, provide the name and case number for the person who receives the benefits below. Also complete Part 2, numbers 1, 2, and 3 for all students in the household. If no one receives benefits, fill out Part 2 completely.

Name: _____ Case Number: 0 0 _____

PART 2. HOUSEHOLD INFORMATION

1. Name – list everyone in household If Part 1 is complete list only students	2. Name of school building Name of school building for each child/student or indicate N/A if not in school	3. Grade	4. Check if a foster child legal responsibility of welfare agency or court	5. Gross income and how often it was received (weekly, every 2 weeks, 2x per month, monthly, yearly)								6. Check if no Income
				Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, social security, SSI, and VA benefits		All other income		
				Income	How often	Income	How often	Income	How often	Income	How often	
			<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"/>

PART 3. HOMELESS, MIGRANT, OR RUNAWAY STUDENT

If any student you are applying for is homeless, migrant, or a runaway contact the school/district Homeless Liaison/Migrant Coordinator at [phone number of Homeless Liaison/Migrant Coordinator]

PART 4. SIGNATURE (ADULT MUST SIGN)

An adult household member must sign the application. If Part 2 is completed, the adult signing the application must also list his or her last four digits of their social security number or mark the "I do not have a social security number" box. (See Privacy Act Statement.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____ Date: _____

Address: _____ City: _____ Zip code: _____

Phone number: _____ Last 4 digits of social security number: *** - ** - ____ I do not have a social security number

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), 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.

PART 5. STUDENT’S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)

Mark ethnic identity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark one or more racial identities <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native
---	---

Non-discrimination Statement: The U.S. Department of Agriculture 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](http://www.ascr.usda.gov/complaint_filing_cust.html) (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 may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

Food Stamps/Temporary Assistance Household size: _____ Total income: _____ Per: Week Every 2 Weeks Twice a Month Month Year

Eligibility: Free Reduced Denied Reason: _____ Date withdrawn: _____

Determining Official's Signature: _____ Date Approved/Denied: _____

Confirming Official's Signature (For verification purposes only): _____ Date: _____

IF YOUR HOUSEHOLD GETS FOOD STAMPS OR TEMPORARY ASSISTANCE, FOLLOW THESE INSTRUCTIONS:

- Part 1:** If any child or adult in the household receives Food Stamps or Temporary Assistance benefits, provide the name of the person receiving the benefits and the case number. Food Stamp/Temporary Assistance case numbers are a ten-digit number; the first two digits currently are "00" and are printed on the application. A 16-digit Electronic Benefit Transfer (EBT) Card number is NOT acceptable. Currently, an EBT number starts with "5076". If you do not know your Food Stamp/Temporary Assistance case number, call the local Family Support Division, Social Services office.
- Part 2:** List Student(s) name(s), school building and grade.
- Part 3:** Skip this part.
- Part 4:** Sign the application. The last four digits of a social security number are not required.
- Part 5:** Indicate ethnic and racial identity if you choose to do so.

IF ANY STUDENT YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CONTACT THE SCHOOL/DISTRICT HOMELESS LIAISON/MIGRANT COORDINATOR.**IF YOU ARE APPLYING FOR A FOSTER CHILD OR A HOUSEHOLD WITH A FOSTER CHILD(REN), FOLLOW THESE INSTRUCTIONS:**

- Part 1:** Skip this part.
- Part 2:** List student(s) name(s), school building and grade. Check the box if the student is a foster child (legal responsibility of welfare agency or court). Provide the amount of the foster child's personal use income or earnings. Write "0" if the foster child has no personal use income. List all non-foster children in the household, name of school building, and grade and any income they receive. If there are non-foster children in the household, follow directions in All Other Households, Part 2, columns 1, 5 and 6.
- Part 3:** Skip this part.
- Part 4:** If the form is only for foster children, the last four digits of the social security number of the adult signing the form are not necessary. If non-foster children are in the household, list the last four digits of the social security number of the adult signing the form or check the box if they do not have a social security number.
- Part 5:** Indicate ethnic and racial identity if you choose to do so.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** Skip this part.
- Part 2:** Follow these instructions to report total household income from last month:
- Column 1–Name:** List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends) including yourself. Attach another sheet of paper if you need more room to list all household members.
- Column 2 – Name of School Building:** Indicate the school building each student attends.
- Column 3 – Grade:** Indicate the grade level of each student.
- Column 4 – Foster Child:** If any student is a foster child (legal responsibility of a welfare agency or court), check the box.
- Column 5 –Gross income last month and how often it was received:** Next to each household member's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person received it (weekly, every other week, twice a month, or monthly). List the amount each person got last month from welfare, child support, alimony, pensions, retirement, social security and all other income in the appropriate categories. In the other income column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person received it. If you are in the Military Housing Privatization Initiative do not include this housing allowance. Exclude military combat pay received by service members during a deployment.
- Column 6–Check if no income:** If the person does not have any income, check the box.
- Part 3:** Skip this part.
- Part 4:** An adult household member must sign the form and list the last four digits of the social security number of the adult signing the form, or mark the box if he or she doesn't have a social security number.
- Part 5:** Indicate ethnic and racial identity if you choose to do so.

PUBLIC RELEASE

[Date]

[Local Education Agency] announced its revised free and reduced price policy for school children unable to pay the full price of meals served in schools under the National School Lunch Program and the School Breakfast Program.

Local education officials have adopted the following family-size income criteria for determining eligibility:

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	Annually	Monthly	Weekly	Annually	Monthly	Weekly
1	\$15,171	\$1,265	\$292	\$21,590	\$1,800	\$416
2	20,449	1,705	394	29,101	2,426	560
3	25,727	2,144	495	36,612	3,051	705
4	31,005	2,584	597	44,123	3,677	849
5	36,283	3,024	698	51,634	4,303	993
6	41,561	3,464	800	59,145	4,929	1,138
7	46,839	3,904	901	66,656	5,555	1,282
8	52,117	4,344	1,003	74,167	6,181	1,427
Each add'l member	+ 5,278	+ 440	+ 102	+ 7,511	+ 626	+ 145

Children from families whose current income is at or below those shown are eligible for free or reduced price meals. Applications are available at the school office. To apply, fill out a Free and Reduced Price School Meals Family Application and return it to the school. The information provided on the application is confidential and will be used only for the purpose of determining eligibility. Applications may be submitted any time during the school year. A complete application is required as a condition of eligibility. A complete application includes: (1) household income from all sources or Food Stamp/Temporary Assistance case number, (2) names of all household members, and (3) the signature and last four digits of social security number or indication of no social security number of adult household member signing the application. School officials may verify current income at any time during the school year.

Foster children may be eligible regardless of the income of the household with whom they reside.

If a family member becomes unemployed or if family size changes, the family should contact the school to file a new application. Such changes may make the children of the family eligible for these benefits.

Under the provisions of the policy, the **[Title of Determining Official]** will review the applications and determine eligibility. If a parent is dissatisfied with the ruling of the determining official, they may wish to discuss the decision with the hearing official on an informal basis or he/she may make a request either orally or in writing to the **[Title of Hearing Official]**.

Hearing procedures are outlined in the policy. A complete copy of the policy is on file in each school and in the central office where any interested party may review it.

Non-discrimination Statement: The U.S. Department of Agriculture 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](http://www.ascr.usda.gov/complaint_filing_cust.html) (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 may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

NOTICE OF APPROVAL OR DENIAL

STATUS OF FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Dear **[Name of Parent]**:

_____ Your application has been approved for free meals.

_____ Your application has been approved for reduced price meals.

The cost of reduced price meals are as follows:

Lunch: _____ Breakfast: _____

_____ Your application for free or reduced price meal benefits for your child(ren) has been denied for the following reason:

_____ The application is incomplete as shown below:

_____ Total Household income

_____ Names of all household members

_____ Signature of adult household member

_____ Last four digits of social security number of adult household member signing the application or mark the "I do not have social security number" box

_____ Income too high for household size

_____ Other: _____

If your application has been denied because it is incomplete, it will be reevaluated when necessary information is submitted. This information can be submitted in person or by letter. If you do not agree with this denial, you may wish to discuss it with me but you still have the right to a fair hearing by calling or writing **[Name and title of Hearing Official]**.

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, or have an increase in family size, fill out an application at that time.

Sincerely,

[Signature, name and address of Determining Official]

Regulations require that the parent be notified in writing if the application has been denied. This form may also be used to notify parents of meal benefit approval.

Non-discrimination Statement: The U.S. Department of Agriculture 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](http://www.ascr.usda.gov/complaint_filing_cust.html) (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 may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF FINANCIAL AND ADMINISTRATIVE SERVICES – FOOD AND NUTRITION SERVICES

METHODS OF COLLECTION AND MEAL COUNTING

LOCAL EDUCATION AGENCY (LEA):	AGREEMENT NUMBER:
LEA CONTACT:	PHONE NUMBER:
SIGNATURE OF CONTACT:	DATE:

DIRECTIONS:

Mail or fax the completed form to: Food and Nutrition Services Section, Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102-0480 or Fax to: (573) 526-3897

The Methods of Collection and Meal Counting system(s) form must be completed for the 2014-2015 School Year.

For questions regarding this form, contact a Nutrition Program Specialist at (573) 751-3526.

All meal counting centers must have a built-in accounting system at the point of service to record numbers of free, reduced price, and full price meals actually served daily. The point of service is that point at which it can be determined that the food items served/selected constitute a reimbursable meal.

Complete all sections that apply to all buildings within the LEA. From each of the sections below, choose all methods currently used. If a different method is used or if additional information is required to explain the method used, please describe in the space provided or on a separate sheet of paper.

SECTION I

If LEA participates in Community Eligibility Provision (CEP) complete Section I (otherwise go to Section II)

- a. All buildings participate in CEP? Yes No

If **NO**, list only the buildings participating in CEP:

- b. Describe CEP counting method:

SECTION II

Fund collection for full and reduced price students (check all that apply)

- a. Students pay for meals daily weekly monthly by semester yearly
- b. Students may may not prepay meals.
- c. Students may charge their meals and pay at a later date.
- d. Students do not pay for meals.
- e. Meal payment is made in the classroom school office cafeteria another location
- f. Another method not listed above is used. Explain: _____

SECTION III

Meal cards, tickets, or tokens (check all that apply)

- a. All some schools use meal cards or tokens.
 elementary middle/junior high senior high
- b. All some students at these schools use meal cards, tokens, or tickets.
- c. Meal cards, tickets, or tokens are distributed in the classroom school office cafeteria another location
- d. Meal cards, tickets, or tokens are coded using a number code letter code date code signature code
 Another code. Explain: _____
- e. Yes No All student meal cards, tickets or tokens are same size and color. If No, explain: _____

SECTION IV**Meal accountability and monitoring methods (check all that apply)**

- a. All students are listed on a roster.
- b. The roster is marked by the teacher food service employee another person
- c. The students' names are marked on the roster after a reimbursable meal is served/selected.
- d. The students' names are marked on the roster before a reimbursable meal is served/selected.
(Requires State Agency approval.)
- e. Marks on roster are counted to arrive at a total number of free, reduced price, and full price reimbursable student meals served.
- f. Each student presents their meal card, ticket or token to a teacher food service employee another person at the point of service after a reimbursable meal is served/selected.
- g. Each student presents their meal card, ticket, or token to a teacher food service employee another person before a reimbursable meal is served/selected. **(Requires State Agency approval.)**
- h. Another method is used. Explain: _____
- i. Meals are monitored for compliance to the meal pattern.
- j. All students eligible for free or reduced price meals have access to all serving areas offering a reimbursable meal.

SECTION V**Computerized point of sale systems (check all that apply)**

- a. The name(s) of the computerized system used: _____
- b. All some schools use this system.
 elementary middle/junior high senior high
- c. This is a debit system. Students deposit money into an account. Purchases are subtracted from the balance.
- d. This is a meal card card-less system.
- e. Meal cards are scanned at the point of service.
- f. Meal cards are collected at the point of service and scanned later.
- g. Students food service employee another person enters an identifying number into a keypad at the point of service.
- h. Each student presents the medium of exchange to the cashier before a reimbursable meal is served/selected.
(Requires State Agency approval.)
- i. Meals are monitored for compliance with the meal pattern.
- j. All students eligible for free or reduced price meal benefits have access to all serving areas offering a reimbursable meal.
- k. After all students are served a daily report is generated indicating the number of free, reduced price and full price reimbursable student meal served/selected.
- l. Another method is used. Explain: _____

SECTION VI**Effective Date of Free or Reduced Price Eligibility Determinations**

- a. The LEA will establish the date of submission of an application as the effective date of eligibility, rather than the date the official approves it.
- Yes No

**INSTRUCTIONS FOR REQUEST FOR INFORMATION, DOES YOUR CHILD NEED HEALTHCARE COVERAGE
AND MO HEALTHNET DATA COLLECTION FORM**

MO HealthNet outreach (Missouri Senate Bill 583 – 2010) requires public and charter LEAs to provide the Request for Information with the meal application at the beginning of the school year. **Non-public LEAs are encouraged to participate; however, not required. Residential Child Care Institutions (RCCIs) are excluded from this requirement.** The form allows a parent or guardian to check a box indicating a YES or NO whether each child in the family has healthcare insurance. The form should be returned to the school district and if a NO is checked a Does Your Child Need Healthcare Coverage form must be provided to the family. The Request for Information forms returned to the LEA should be kept on file. The number of families indicating the absence of healthcare insurance and the number of applications provided to the family will be reported to Department of Elementary and Secondary Education (DESE), Food and Nutrition Services (FNS) on the MO HealthNet for Kids Data Collection form due November 30th. If information is updated after the initial due date submit a revised form.

Steps for implementation:

1. Provide the Request for Information (Attachment G1) to all students with the Free and Reduced Price School Meals Family Application (Attachment C). **Do not provide the Does Your Child Need Healthcare Coverage form to all students with the Free and Reduced Price Meals Application.**
2. If the Request for Information is returned and checked “NO”, send the family the Does Your Child Need Healthcare Coverage form. (Attachment H).
3. Keep a record of how many Request for Information forms are returned and checked “NO” and how many families are sent the Does Your Child Need Healthcare Coverage form. Request for Information forms returned and checked “YES”, will be kept on file along with the forms checked “NO”.
4. Complete the MO HealthNet for Kids Data Collection form (Attachment I) and return to DESE, FNS, no later than November 30, 2014.

REQUEST FOR INFORMATION

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

YES

NO

MO HealthNet (Medicaid) is considered healthcare insurance.

If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.

Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.

Printed name of parent/guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____



DOES YOUR CHILD NEED HEALTHCARE COVERAGE?

MO HealthNet for Kids may be the answer

MO HealthNet for Kids provides healthcare coverage for children under age 19 whose family income falls within certain guidelines. (See back for income guidelines.)

Who Is Eligible?

A child:

- who is under age 19;
- who applies for a social security number;
- who lives in Missouri and intends to remain;
- who is a United States citizen or an eligible qualified non-citizen (NOTE: receipt of MO HealthNet benefits does NOT subject qualified non-citizens to public charge consideration), and
- who is countable family income meets the income guidelines.

NOTE: The parent/caretaker must cooperate with Child Support Enforcement (CSE) in the pursuit of medical support.

TYPES OF COVERAGE AVAILABLE:

MO HealthNet for Kids Non-SCHIP

- 196% FPL for children under age 1
- 148% FPL for ages 1-18

MO HealthNet for Kids (SCHIP) Non-Premium

- family gross income over 148% FPL up to 150% FPL;
- must be uninsured

MO HealthNet for Kids (SCHIP) Premium

- family gross income over 150% FPL up to 300% FPL;
- they are uninsured for 6 months; effective: 7/1/14 uninsured for 3 months;
- children in families with gross income over 150% FPL without access to affordable health insurance (from \$74 to \$185 per month, based on family size and income) and the family must pay a monthly premium. Premium amounts change in July of each year. The premium is based on family size and income to insure that no family pays more than 5% of their income for coverage.

Apply on line at www.mydss.mo.gov by choosing the "Apply for Health Benefits" option or request an application from 1-855-FSD-INFO.

(If applying online please email us at cole.mhnpolicy@dss.mo.gov subject line "School" to let us know to watch for your application.)

INCOME GUIDELINES EFFECTIVE APRIL 1, 2014

Children under age 1 at 196% of the federal poverty level:	
Family Size	Income Limit*
1	\$1907
2	\$2570
3	\$3233
4	\$3896
5	\$4559

Children ages 1-18 at 148% of the federal poverty level:	
Family Size	Income Limit*
1	\$1440
2	\$1941
3	\$2441
4	\$2942
5	\$3443

150% of the federal poverty level:	
Family Size	Income Limit*
1	\$1459
2	\$1967
3	\$2474
4	\$2982
5	\$3489

300% of the federal poverty level:	
Family Size	Income Limit*
1	\$2918
2	\$3933
3	\$4948
4	\$5963
5	\$6978

*If appropriate the Federal Poverty level changes in April.



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 DIVISION OF FINANCIAL AND ADMINISTRATIVE SERVICES - FOOD AND NUTRITION SERVICES

MO HealthNet for Kids Data Collection as per: Section 208.658 RSMo

LOCAL EDUCATION AGENCY (LEA):		AGREEMENT NUMBER:
LEA CONTACT:	PHONE NUMBER:	INITIAL DUE DATE: *November 30, 2014

DIRECTIONS:

Mail or fax the completed form to: Food and Nutrition Services Section, Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102-0480 Fax to: (573) 526-3897
***Note: If information is updated after the initial due date, submit a revised form.**
 Questions: Contact Food and Nutrition Services at (573) 751-3526

1. _____ Number of families who indicated the absence of healthcare insurance on the "Request for Information" form. (Attachment G1)

2. _____ Number of families who received the "Does Your Child Need Healthcare Coverage?" form provided by the Department of Social Services. (Attachment H)

Section 208.658, RSMo, as a result of the passage of Senate Bill 583 in 2010 requires the Department of Elementary and Secondary Education, in collaboration with the Department of Social Services, report annually on the students receiving free and reduced lunches; those students who do not have health insurance; those students who receive information on the state children's health insurance program as required under Section 208.658; and those students who, after receiving information on the state children's health insurance program, apply to the state children's health insurance program.

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

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

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

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

INCOME ELIGIBILITY GUIDELINES
(EFFECTIVE JULY 1, 2014 THROUGH JUNE 30, 2015)

Household Size	FREE MEALS - 130%					REDUCED PRICE MEALS - 185%				
	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month
1	\$15,171	\$1,265	\$292	\$584	633	\$21,590	\$1,800	\$416	\$831	\$900
2	20,449	1,705	394	787	853	29,101	2,426	560	1,120	1,213
3	25,727	2,144	495	990	1,072	36,612	3,051	705	1,409	1,526
4	31,005	2,584	597	1,193	1,292	44,123	3,677	849	1,698	1,839
5	36,283	3,024	698	1,396	1,512	51,634	4,303	993	1,986	2,152
6	41,561	3,464	800	1,599	1,732	59,145	4,929	1,138	2,275	2,465
7	46,839	3,904	901	1,802	1,952	66,656	5,555	1,282	2,564	2,778
8	52,117	4,344	1,003	2,005	2,172	74,167	6,181	1,427	2,853	3,091
For each add'l person, add	+ 5,278	+ 440	+ 102	+ 203	+ 220	+ 7,511	+ 626	+ 145	+ 289	+ 313