South Dakota
Child and Adult
Nutrition Services

How To Approve A Free And Reduced Price Application

Welcome to the SD Child and Adult Nutrition Services webinar on How to Approve a Free and Reduced Price Application.

STEP 1: CHECKING THE APPLICATION FOR COMPLETION IN STEP 1

- The application is broken out into different sections for the Determining Official's (D.O.) convenience.
- In Step 1 it is important to check that the **child's first and last name** is completed along with the **age**, **name of school**, and **grade**.
- In this step the D.O. will look to see if the family has checked the boxes for **Foster child** or **Homeless, Migrant, Runaway**.
  - If the child is marked as **Foster Child** the D.O. is required to accept that status at face value.
  - If the child is marked as **Homeless, Migrant, Runaway** the D.O. is required to verify this information with the districts Homeless Liaison.

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12   (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**. "Anyone who is living with you & shares income and expenses, even if not related." Children in **Foster care** and children who meet the definition of **Homeless, Migrant,** or **Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.	Child's Name	Age	Write name of child's school, or "not in school"	If a student, write in the grade	Foster Child	Homeless, Migrant, Runaway

Check all that apply

STEP 1: CHECKING THE APPLICATION FOR COMPLETION IN STEP 2

- In Step 2 the D.O. will check to see if the household has listed a **case number** from the Department of Social Services.
  - This case number can be from SNAP, TANF, or FDPIR, but **NOT** Medicaid.
  - This case number typically starts with a 0 and is 9 digits long.
    - There are rare circumstances when the case number does not start with a 0. We encourage you to validate these case numbers for accuracy.
- If the household lists a case number here they are not required to complete step 3. You can move to step 4.

STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? (NOT Medicaid)

If you answered NO > Complete STEPS 3 and 4.   If YES > Write your 9-digit SNAP, TANF, or FDPIR case number here then go to STEP 4
(Do not complete STEP 3)

Case Number:

Write any one case number in this space.

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This case number can be from SNAP, TANF, or FDPIR, but **NOT** Medicaid.

This case number typically starts with a 0 and is 9 digits long.

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We encourage you to validate these case numbers for accuracy.

If the household lists a case number here they are not required to complete step 3. You can move to step 4.
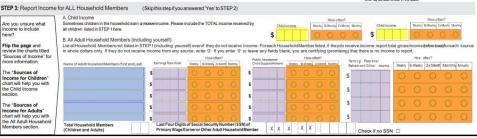
STEP 1: CHECKING THE APPLICATION FOR COMPLETION IN STEP 3

- In Step 3 the D.O. will check to make sure the **first and last names of each adult household member** is completed.
  - The household must list every adult in the home regardless of relationship.
- The D.O. will then check to see if the adults list any **income**.
  - If they list income, then check to make sure the family has listed their **income frequency**. Please take note that there are five different areas where the family could list income and income frequency. Two of those places are for **child income** only.
  - If the family leaves the income frequency blank, the D.O. should take that to mean their income is 0. They are **not** required to write in this area.

In Step 3 the D.O. will check to make sure the **first and last names of each adult household member** is completed.

The household must list every adult in the home regardless of relationship.

The D.O. will then check to see if the adults list any **income**.

If they list income, then check to make sure the family has listed their **income frequency**. Please take note that there are five different areas where the family could list income and income frequency. Two of those places are for **child income** only.

If the family leaves the income frequency blank, the D.O. should take that to mean their income is 0. They are **not** required to write in this

STEP 1: CHECKING THE APPLICATION FOR COMPLETION IN STEP 3

- The D.O. will then check to make sure the family listed the **Total Household Members** and **last four digits of the Social Security Number (SSN)** of the adult completing the application. If the adult does not have a SSN they are required to check the **Check if no SSN box**.

  - If no SSN is listed and the No SSN box is not checked, the application is then considered incomplete and cannot be approved until that information is received.

The D.O. will then check to make sure the family listed the **Total Household Members** and **last four digits of the Social Security Number (SSN)** of the adult completing the application. If the adult does not have a SSN they are required to check the **Check if no SSN box**.

> If no SSN is listed and the No SSN box is not checked, the application is then considered incomplete and cannot be approved until that information is received.

STEP 1: CHECKING THE APPLICATION FOR COMPLETION IN IN STEP 4

- In Step 4 the D.O. will check to make sure the household's, **printed name of adult**, **signature of adult**, and **date** of signature is completed.
  - The **Address, Daytime Phone number and email** are optional, and not required to be completed.
- If the application is not signed, the D.O. must return the application to the household to be signed. An eligibility determination cannot be made until the signature is received.

STEP 4 : Contact information and adult signature.

"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."

OPTIONAL		*OPTIONAL*	*OPTIONAL*		*OPTIONAL*
Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)

Printed name of adult completing the form	Signature of adult completing the form	Today's date

In Step 4 the D.O. will check to make sure the household's, **printed name of adult**, **signature of adult**, and **date** of signature is completed.

> The **Address, Daytime Phone number and email** are optional, and not required to be completed.

If the application is not signed, the D.O. must return the application to the household to be signed. An eligibility determination cannot be made until the signature is received.

STEP 1: CHECKING THE APPLICATION FOR COMPLETION RACIAL AND ETHNIC

- On the back side of the application, the next section the D.O. should pay close attention to is the Children's Racial and Ethnic information. While the parents/guardians are not required to complete this section, the D.O. is required to complete it when the parent does not.
  - The Parent/Guardian or D.O. should only pick one ethnicity, but is able to select multiple Races.
  - This was found to be one of the most commonly missed areas on an application during Administrative Reviews.

OPTIONAL: Children's Racial and Ethnic

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals. If you do not select a race/ethnicity, one will be selected for you based on visual observation.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

On the back side of the application, the next section the D.O. should pay close attention to is the Children's Racial and Ethnic information. While the parents/guardians are not required to complete this section, the D.O. is required to complete it when the parent does not.

The Parent/Guardian or D.O. should only pick one ethnicity, but is able to select multiple Races.
This was found to be one of the most commonly missed areas on an application during Administrative Reviews.

CIVIL RIGHTS

- The D.O. does not need to complete anything in this section, but should be aware of the complaint procedure in the event that the school were to receive a Civil Rights complaint regarding the schools operation of the National School Lunch Program.
- Please read this section thoroughly, and make sure staff are aware that they are not to handle these complaints internally. Staff should instruct the complainant to complete the USDA Program Discrimination Complaint Form found at the website listed in this section. The complainant then needs to file the complaint themselves. Staff at the LEA should not be handling, or investigating, the complaint unless otherwise instructed by USDA.
  - Incorrect handling of the Civil Rights Complaint procedure was found to be a commonly overlooked area during Administrative Reviews.

Civil Rights: Information if you have a complaint

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.

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

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

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

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STEP 2: ELIGIBILITY DETERMINATION

- The next step for completing a Free and Reduced Price Meal Application is to determine the household's income.

- When completing this step the D.O. should refer to the front of the application where **income frequency** and **case numbers** are listed.

  - If the household reported a SNAP, TANF, or FDPIR case number, the child(ren) are Foster, or the child(ren) are determined to be Homeless, Migrant, Runaway, the D.O. will not complete the income section. The D.O. will then mark the child as **Categorical Free Eligibility** and indicate which category is applicable.

Do Not Fill Out: FOR SCHOOL / CENTER USE ONLY

Do not convert if only one income frequency reported. Annual Income Conversion: Weekly x 52, Bi - Weekly x 26, Twice a Month x 24, Monthly x 12.

Total income:	How Often?					Household Size:	Categorical Free Eligibility: (Select 1)					Income Eligibility: (Select 1)		
	Weekly	Bi-Weekly	2xMonth	Monthly	Annual		Foster	Homeless	Runaway	Migrant	SNAP/TANF /FDPIR	Free	Reduced	Denied

Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date

- If the child is not Categorically eligible the D.O. will then make a determination based on the household's income.
  - If the household reports **one income frequency**, the D.O. will leave all income in that frequency and list it in the **Total Income box**.
  - If the household reports that income is coming into the home at **multiple frequencies**, the D.O. will convert all income to annual and list the total in the **Total Income box**. The **instructions for converting income** to annual are listed at the top of this section.

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 If the household reports that income is coming into the home at **multiple frequencies**, the D.O. will convert all income to annual and list the total in the **Total Income box**. The **instructions for converting income** to annual are listed at the top of this section.

STEP 3: MARKING AN ELIGIBILITY DETERMINATION

- Once the household's income or categorical eligibility has been determined the D.O. is then able to make an **eligibility determination** for the children in this household.
  - The D.O. will make the eligibility determination based on the current years Income Eligibility Guidelines.
    - The new Income Eligibility Guidelines are issued by United States Department of Agriculture (USDA) in the summer before each upcoming school year. The Child and Adult Nutrition Services (CANS) office will post them on their website and notify LEA's.

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Do not convert if only one income frequency reported. Annual Income Conversion: Weekly x 52, Bi - Weekly x 26, Twice a Month x 24, Monthly x 12.

Total income:	How Often?					Household Size:	Categorical Free Eligibility: (Select 1)					Income Eligibility: (Select 1)		
	Weekly	Bi-Weekly	2xMonth	Monthly	Annual		Foster	Homeless	Runaway	Migrant	SNAP/TANF /FDPIR	Free	Reduced	Denied

Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date

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STEP 3: MARKING AN ELIGIBILITY DETERMINATION CONTINUED

- Once the eligibility determination has been made, the **D.O. must sign and date** the application.
  - Benefits cannot be issued to the children on the application until this step has been completed.
- If a Confirmation Review takes place, the **Confirming Official (C.O.) will sign and date** once the review is completed.
  - A Confirmation Review will only take place if an application is selected for Verification. The C.O. should not be reviewing every application that the school receives.
- If the household is selected for Verification for Cause or Verification, the **Verifying Official (V.O.) will sign and date** once the review is completed.

Do Not Fill Out: FOR SCHOOL / CENTER USE ONLY

Do not convert if only one income frequency reported. Annual Income Conversion: Weekly x 52, Bi - Weekly x 26, Twice a Month x 24, Monthly x 12.

Total income:	How Often?					Household Size:	Categorical Free Eligibility: (Select 1)					Income Eligibility: (Select 1)		
	Weekly	Bi-Weekly	2xMonth	Monthly	Annual		Foster	Homeless	Runaway	Migrant	SNAP/TANF /FDPIR	Free	Reduced	Denied

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CONTACT US

CANS Office

Phone: 605-773-3413

Email: DOE.SchoolLunch@state.sd.us

Website: doe.sd.gov/cans/

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Thank you for attending this webinar on how to approve free and reduced price applications.

If you have any questions on this training, please feel free to contact our office. You can email us at DOE.SchoolLunch@state.sd.us or give us a call at 605-773-3413, or you can visit our website.

(3100) Free & Reduced Price Meal Benefits

Professional Standards Training Credit print, sign, and date this certificate for your records

This training credits for 15 minutes of training in
Key Area 3 – Eligibility (3110)
3110: USDA Requirements (15 minutes)

Your Name:
Date of Training:

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This training credits for 15 minutes of training in Key area 3 Eligibility.
This is the certificate of training completion, please print and sign this slide for your records.

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(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.

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