### Part 8 – ATTACHMENTS SFSP

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| Attachment A1 | - | Public Release (Pricing Programs) |
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| Attachment A2 | - | Public Release (Open Sites) |
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| Attachment A3 | - | Public Release (Non-pricing Closed Enrolled/Camp Sites) |
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| Attachment A4 | - | Public Release (Non-pricing Closed Enrolled Site – Area Eligible) |
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| **Attachment B** | - | Health Inspection Letter  A copy of the letter that you are planning to send must be included with all applications. |
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| **Attachment C** | - | Calendar of Operations  Use this form as a planning tool for the days you are serving meals and the holidays in the summer. Return a copy with the application |
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| Attachment D | - | Income Eligibility Guidelines |
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| Attachment E1 | - | Parent Letter (Pricing Programs Front and Back) |
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| Attachment E2 | - | Parent Letter (Non-pricing Programs Front and Back) |
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| Attachment E3 | - | Parent Letter (Page 3 for all Parent Letters) |
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| Attachment E4 | - | Eligibility Application |
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| Attachment E5 | - | Eligibility Application Instructions |
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| Attachment F | - | Notification of Eligibility |
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| Attachment G | - | Training Certification  **Return after site personnel have been trained**. This must be completed and on file with Child and Adult Nutrition Services before any reimbursements can be paid. |
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| Attachment H | - | **Application/Agreement Amendment**  If you need to change any information after the initial application has been approved please **submit this form with the** **changes**. |
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| Attachment I | - | **Off-site Meal Request Form**  This form is to be submitted one week in advance of field trip and approved by Child and Adult Nutrition Services before an off-site meal can be claimed for reimbursement. |
| Attachment J | - | **Excessive Heat Demonstration Project Non-Congregate Feeding for Outdoor Sites**  The intent is to maintain meal service to children who would lose access when excessive heat is present by allowing non-congregate meal service. |
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| **Attachment K** | - | **Disaster Feeding – Emergency Plan**  Basic contacts for pre-approval of site for feeding during an emergency. Must be submitted annually with application. |
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| **All New Sponsors** |  | Substitute – W-9/Taxpayer Identification Number (TIN) Verification –page 43 |
| **Private Nonprofits** |  | 501(c) 3 Tax-exempt status from Internal Revenue Service (IRS). |
|  |  | Tax-exemption status with IRS is current. |

**ATTACHMENT A1**

**MEDIA/PUBLIC RELEASE**

**SUMMER FOOD SERVICE PROGRAM – Pricing Program Camp/ Enrolled**

**(For Sponsors of Enrolled/Camp Sites who charge ineligible children for meals)**

The (school/center) announces the sponsorship of the Summer Food Service Program this summer. (Meals and/or snacks) will be served to all enrolled children meeting eligibility criteria at no additional charge. Enrolled children from families not meeting eligibility guidelines will be charged ($      for breakfast, $      for lunch, $      for supper, $      for snack).

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| --- | --- | --- | --- | --- | --- | --- |
| Site Name |  | Address |  | Person to Contact |  | Phone Number |
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This (camp/site) is applying to receive USDA reimbursements for meals served to eligible children in an effort to keep fees at a minimum. Families with children participating in this program will be asked to complete Parent Income Statements to determine the number of meals eligible for US Department of Agriculture reimbursement. All information will remain confidential. The following income guidelines will be used to make that determination (children who are members of households receiving SNAP, TANF, or FDPIR commodities on reservations are automatically eligible to receive free meal benefits):

SFSP INCOME ELIGIBILITY GUIDELINES

(Effective Summer of 2015)

Participants may qualify for free summer meals if your household income is at or below the limits on this chart.

If your household includes a FOSTER CHILD, use one application for the whole household.

|  |  |
| --- | --- |
| Household Size | Yearly |
| 1\* | 21,590 |
| 2 | 29,101 |
| 3 | 36,612 |
| 4 | 44,123 |
| 5 | 51,634 |
| 6 | 59,145 |
| 7 | 66,656 |
| 8 | 74,167 |
| For each additional member, add | 7,511 |

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| Sent to: |  |
|  |  |
| Date sent: |  |
|  | Keep a copy on file at the local agency. |

**ATTACHMENT A2**

**MEDIA/PUBLIC RELEASE**

**SUMMER FOOD SERVICE PROGRAM**

**(Sponsors of Open or Area Eligible Sites only)**

The (school/center) announces the sponsorship of the Summer Food Service Program. (Meals and/or snacks) will be served to all children at no charge and are the same for all children regardless of race, color, national origin, sex, age or disability, and there will be no discrimination in the course of the meal service. Meals will be provided at the sites and times as follows:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site Name |  | Address |  | Days of Week Meal Service Offered |  | Dates of Operation |  | Offered Meals |  | Times Served |
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| For more information, contact |  | at |  | . |

If other than a "meals only" site, include a description of the activities offered.

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| 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 identify, 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 Complain Form, found online at 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](mailto: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. | | |
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| Keep a copy on file at the local agency. |

**ATTACHMENT A3**

**PUBLIC RELEASE**

**SUMMER FOOD SERVICE PROGRAM – NON PRICING**

**(For Sponsors of Enrolled/Camp Sites with no separate charge for meals)**

The (school/center) announces the sponsorship of the Summer Food Service Program. (Meals and/or snacks) will be served to all enrolled children at no additional charge. Acceptance and participation requirements for the Program and all activities are the same for all regardless of race, color, national origin, sex, age or disability, and there will be no discrimination in the course of the meal service. Meals will be provided at the sites and times as follows:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Site Name |  | Address |  | Person to Contact |  | Phone Number |
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This (camp/site) is applying to receive USDA reimbursements for meals served to eligible children in an effort to keep fees at a minimum. Families with children participating in this program will be asked to complete Parent Income Statements to determine the number of meals eligible for US Department of Agriculture reimbursement. All information will remain confidential. The following income guidelines will be used to make that determination (children who are members of households receiving SNAP, TANF, or FDPIR commodities on reservations are automatically eligible to receive free meal benefits):

SFSP INCOME ELIGIBILITY GUIDELINES

(Effective Summer of 2015)

Participants may qualify for free summer meals if your household income is at or below the limits on this chart.

If your household includes a FOSTER CHILD, use one application for the whole household.

|  |  |
| --- | --- |
| Household Size | Yearly |
| 1\* | 21,590 |
| 2 | 29,101 |
| 3 | 36,612 |
| 4 | 44,123 |
| 5 | 51,634 |
| 6 | 59,145 |
| 7 | 66,656 |
| 8 | 74,167 |
| For each additional member, add | 7,511 |

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| Sent to: |  |
|  |  |
| Date sent: |  |
|  | Keep a copy on file at the local agency. |

**ATTACHMENT A4**

**PUBLIC RELEASE**

**SUMMER FOOD SERVICE PROGRAM**

**(For Sponsors of Enrolled Sites with no separate charge for meals – Area Eligible)**

The (school/center) announces the sponsorship of the Summer Food Service Program. (Meals and/or snacks) will be served to all enrolled children at no additional charge. Acceptance and participation requirements for the Program and all activities are the same for all regardless of race, color, national origin, sex, age or disability, and there will be no discrimination in the course of the meal service. Meals will be provided at the sites and times as follows:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Site Name |  | Address |  | Person to Contact |  | Phone Number |
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This (school/center) is applying to receive USDA reimbursements for meals served to eligible children in an effort to keep fees at a minimum. The (school/center) is located in an area eligible location determined by school attendance or census data.

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| Keep a copy on file at the local agency. |

**ATTACHMENT B**

**HEALTH INSPECTION LETTER**

You must notify your local health department of your intention to participate in the Summer Food Service which may be an Indian Health Services Sanitarian, the city of Sioux Falls or the SD Department of Health. A copy of the letter/s you send must be received by Child and Adult Nutrition Services before your agreement will be approved. ***A prototype letter is provided here. Substitute the local health department name and address in place of the SD Department of Health information***. Sponsors having off-site preparation must include all information on the prototype for those sites. Sponsors having only self-preparation sites may omit the "food preparation center" and "delivery time/s."

**HEALTH INSPECTION LETTER**

***PROTOTYPE***

(Upload to Child and Adult Nutrition Services actual letter on your local agency/school letterhead)

(Date)

South Dakota Department of Health

600 East Capitol Avenue

Pierre, SD 57501-2536

RE: Summer Food Service Program Operation

(school/center) would like to inform you of our intention to sponsor the 2015 Summer Food Service Program (SFSP). This program is administered by Child and Adult Nutrition Services of the South Dakota Department of Education. SFSP regulations require that the state and local health departments be notified of our intention in this regard, as well as the information listed below.

|  |  |  |  |
| --- | --- | --- | --- |
| Meals for the site(s) below are: | Prepared on site  YES  NO | If No, | at the following facility: |

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Meal service will be at the following site(s):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Site Name/Address | | Site Supervisor’s Name | Dates(s) of Operation | | | Delivery Times(s)  (for vended / central kitchen preparation) | Meal Service Times |
| 1 |  |  |  | To |  |  | - |
| 2 |  |  |  | To |  |  | - |
| 3 |  |  |  | To |  |  | - |
| 4 |  |  |  | To |  |  | - |

Please feel free to visit the above location(s) at any time during SFSP operation.

Sincerely,

[Your name      \_\_\_, title      \_\_\_\_]

**ATTATCHMENT C**

**Local Agency Name** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Calendar of Operations**

DIRECTIONS:

Indicate the days the site will begin **serving children** by putting a letter for each meal served in that day's space: **B** for Breakfast, **A** for AM Supplement, **L** for Lunch, **P** for PM Supplement, and **S** for Supper. Put an “x” in days where meals will not be served. Indicate the last day of service.

***If a camp***, mark the calendar to show beginning and ending dates of sessions by writing BEGIN in the first day and END in the last day. If one session ends and another begins on the same day, include the ending meal (i.e., B-end) and beginning meal (i.e., S-begin).

# 2015 Summer Food Service Program

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| **MAY** 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 Memorial Day | 26 | 27 | 28 | 29 | 30 |
| 31 | **JUNE 1** | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | **JULY 1** | 2 | 3 | 4 Independence Day |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | **AUGUST 1** |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 | 1 **SEPTEMBER** | 2 | 3 | 4 | 5 |
| 6 | 7 Labor Day | 8 | 9 | 10 | 11 | 12 |

**ATTACHMENT D**

**INCOME ELIGIBILITY GUIDELINES**

(Effective from July 1, 2014 through June 30, 2015)

The income scales below are to be used to determine applicant’s eligibility for free or reduced price meals if the family is at or below the guideline.

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

**NOTE TO LOCAL AGENCY OFFICIALS:**

When making a determination, the frequency of the current income is compared to the respective income eligibility guidelines (IEG) scale above. For example, weekly income is compared to the weekly scale above. **Use the following procedures:**

* If a household has only one income source, or if all sources are the same frequency, do not use conversion factors. Compare the income or the sum of the incomes to the published IEG for appropriate frequency and household size to make the eligibility determination.
* If a household reports income sources at more than one frequency, the preferred method is to annualize all income by multiplying weekly income by 52, income received every 2 weeks by 26, income received twice a month by 24, and income received monthly by 12.
* ***Do not round the values resulting from each conversion.***
* Add the sources of income together and compare to the scale above.

Instructions for farm/self-employed people are included in parent letter and the guidance for completing the application.

The agency should verify any questionable applications.

**ATTACHMENT E1**

**(FOR SPONSORS CHARGING INELIGIBLE CHILDREN FOR MEALS – PRICING PROGRAMS)**

*PROTOTYPE* Letter to Households

*Put on agency letterhead if desired*

= = = = =

Dear Parent/Guardian:

The *(insert school/center)* offers healthy meals every day that it is open. Breakfast costs $*(insert price)*; lunch costs $*(insert price)* and afterschool snacks cost $*(insert price)*. Children may qualify for free meals.

**To apply for free or reduced price meals**, use the Free and Reduced Price School Meals Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information.

**Turn in letters or applications to: *(Insert Name of School/Center, address, phone number).***

*Here are answers to questions you may have about applying:*

**1. Who can get free or reduced price meals?** Children in households getting SNAP, TANF, or benefits from the Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Schools will be directly notified of eligible students from families on SNAP or TANF by mid-September. If you were certified as eligible for SNAP or TANF since school got out in the spring, complete an application with your case number. If your household income is within the limits on the Income Guidelines chart, children can get free or reduced price meals. If you received a letter from Social Services or an Interagency Notification from the commodity warehouse, turn that into the school/ center instead of filling out an application. If you did not receive an FDPIR Notification, you can ask for one from the certifier. Foster children and children enrolled in Head Start are eligible for free meals.

**2. Do I need to fill out an application for each child?** No. Complete and submit one Free and Reduced Price School Meals Application for all children in your household. We cannot approve an application that is not complete, so be sure to fill out all required information.

|  |
| --- |
| **3. Can homeless, runaway and migrant children get free meals?** These children usually are eligible for free meals. Please call the school's homeless/runaway liaison or migrant coordinator to see if your children qualify, if you have not been informed that they will get free meals.These children do qualify for free meals.  **4. I get WIC or Medicaid. Can my children get free meals?** Children in households participating in WIC or Medicaid may be eligible for free or reduced price meals. Please fill out an application and list your income and family members.  **5. We are in the military. Do we include our allowances as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. If you receive the Family Subsistence Supplemental Allowance or Combat Pay, including Deployment Extension Incentive pay (DEIP) they are excluded and will not be counted as income. All other allowances must be included in your gross income. |
| **6. Will the information I give be checked?** Maybe, we may ask you to send written proof to verify the information you submitted on the form.  **7. If I don’t qualify now, may I apply again later?** Yes. You may apply at any time during the year if your household size goes up, income goes down, or if you start getting SNAP, FDPIR, or TANF. If you are temporarily laid off or temporarily disabled so you can’t work, children may be able to get free or reduced price meals during that time.  **8. What if I do not agree with the school's or center's decision about my application?** You should talk to school/center officials by calling *\_ (insert name & phone # of application determining official) \_\_\_\_\_\_\_\_\_\_\_\_\_.* You may also ask for a hearing by calling or writing to: name *\_ (insert name of hearing official) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,* address \_*\_ (insert address of hearing official) \_\_\_\_,* and phone number *\_\_\_\_ (insert phone number of hearing official) \_\_\_\_\_.*  **9. Will you tell anyone else about the information on my form?** We will use the information on your form to decide if your children should get free or reduced price meals. We may inform officials associated with other child nutrition, health, and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.  **10. Will I be notified?** You will be notified whether you are approved or denied when the approval process is complete.  **11. What if my child needs special foods?** The school/center will make substitutions to the regular meal pattern for children whose disability restricts their diet when a physician certifies that disability. The staff may choose to make substitutions for individual children who do not have a disability, but who cannot eat a food item due to medical or other special dietary needs that are supported by a certified medical authority. These cases will be handled on a case-by-case basis. Please call the school/center food service department for further information to request the special diet.  **12. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits.  **13. Who should I include as members of my household?** You must include everyone in your household who shares income and expenses, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children including any foster children who live with you.  **14. What if my income is not always the same?** List the amount that is usually listed on the paystub and how often you get the paycheck. For example, if you normally get $1000 each month, but you missed some work last month and only got $900, put down that you get $1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.  **Nondiscrimination statement. This explains what to do if you believe you have been treated unfairly.**  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 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.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.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](mailto: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.  As stated above, all protected bases do not apply to all programs, *“the first six protected bases of race, color, national origin, age, disability, and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.*  If you have other questions or need help, call ***(insert phone number).***  *Si necesita ayuda, por favor llame al teléfono:* ***(insert phone number).***  *Si vous voudriez d'aide, contactez nous au numero:* ***(insert phone number).***  Sincerely,  ***(Insert signature)*** |

ATTACHMENT E2

**(For Sponsors of Enrolled Sites with no charge for meals – NON-PRICING PROGRAMS)**

*PROTOTYPE* Letter to Households

*Put on agency letterhead if desired*

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Dear Parent/Guardian:

*The (insert school/center)* offers healthy meals to all enrolled children at no additional cost as part of our participation in the U.S. Department of Agriculture’s (USDA) Child Nutrition Programs. USDA provides reimbursements for healthy meals and snacks served to children enrolled in the school/center if we can document the size and income of their households. Please help us comply with the requirements of the Program by completing the attached Application for Free/Reduced Price Meals.

**To apply for free or reduced price meals**, use the Free and Reduced Price School Meals Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information.

**Turn in letters or applications to: *(Insert Name of School/Center, address, phone number).***

*Here are answers to questions you may have about applying:*

**1. Who can get free or reduced price meals?** Children in households getting SNAP, TANF, or benefits from the Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Schools will be directly notified of eligible students from families on SNAP or TANF by mid-September. If you were certified as eligible for SNAP or TANF since school got out in the spring, complete an application with your case number. If your household income is within the limits on the Income Guidelines chart, children can get free or reduced price meals. If you received a letter from Social Services or an Interagency Notification from the commodity warehouse, turn that into the school/ center instead of filling out an application. If you did not receive an FDPIR Notification, you can ask for one from the certifier. Foster children and children enrolled in Head Start are eligible for free meals.

**2. Do I need to fill out an application for each child?** No. Complete and submit one Free and Reduced Price School Meals Application for all children in your household. We cannot approve an application that is not complete, so be sure to fill out all required information.

|  |
| --- |
| **3. Can homeless, runaway and migrant children get free meals?** These children usually are eligible for free meals. Please call the school's homeless/runaway liaison or migrant coordinator to see if your children qualify, if you have not been informed that they will get free meals.These children do qualify for free meals.  **4. I get WIC or Medicaid. Can my children get free meals?** Children in households participating in WIC or Medicaid may be eligible for free or reduced price meals. Please fill out an application and list your income and family members.  **5. We are in the military. Do we include our allowances as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. If you receive the Family Subsistence Supplemental Allowance or Combat Pay, including Deployment Extension Incentive pay (DEIP) they are excluded and will not be counted as income. All other allowances must be included in your gross income. |
| **6. Will the information I give be checked?** Maybe, we may ask you to send written proof to verify the information you submitted on the form.  **7. If I don’t qualify now, may I apply again later?** Yes. You may apply at any time during the year if your household size goes up, income goes down, or if you start getting SNAP, FDPIR, or TANF. If you are temporarily laid off or temporarily disabled so you can’t work, children may be able to get free or reduced price meals during that time.  **8. What if I do not agree with the school's or center's decision about my application?** You should talk to school/center officials by calling *\_ (insert name & phone # of application determining official) \_\_\_\_\_\_\_\_\_\_\_\_\_.* You may also ask for a hearing by calling or writing to: name *\_ (insert name of hearing official) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,* address \_*\_ (insert address of hearing official) \_\_\_\_,* and phone number *\_\_\_\_ (insert phone number of hearing official) \_\_\_\_\_.*  **9. Will you tell anyone else about the information on my form?** We will use the information on your form to decide if your children should get free or reduced price meals. We may inform officials associated with other child nutrition, health, and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.  **10. Will I be notified?** You will be notified whether you are approved or denied when the approval process is complete.  **11. What if my child needs special foods?** The school/center will make substitutions to the regular meal pattern for children whose disability restricts their diet when a physician certifies that disability. The staff may choose to make substitutions for individual children who do not have a disability, but who cannot eat a food item due to medical or other special dietary needs that are supported by a certified medical authority. These cases will be handled on a case-by-case basis. Please call the school/center food service department for further information to request the special diet.  **12. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits.  **13. Who should I include as members of my household?** You must include everyone in your household who shares income and expenses, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children including any foster children who live with you.  **14. What if my income is not always the same?** List the amount that is usually listed on the paystub and how often you get the paycheck. For example, if you normally get $1000 each month, but you missed some work last month and only got $900, put down that you get $1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.  **Nondiscrimination statement. This explains what to do if you believe you have been treated unfairly.**  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 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.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.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](mailto: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.  As stated above, all protected bases do not apply to all programs, *“the first six protected bases of race, color, national origin, age, disability, and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.*  If you have other questions or need help, call ***(insert phone number).***  *Si necesita ayuda, por favor llame al teléfono:* ***(insert phone number).***  *Si vous voudriez d'aide, contactez nous au numero:* ***(insert phone number).***  Sincerely,  ***(Insert signature)*** |

**ATTACHMENT E3**

INCOME GUIDELINES **(Effective from July 1, 2014 to June 30, 2015)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Participants may qualify for free or reduced price meals if your household income is at or below the limits on this chart. | Annually | Monthly | Every 2 weeks | Twice a month | Weekly |
| Household Size |  |  |  |  |  |
| 1 | $21,590 | $1,800 | $831 | $900 | $416 |
| 2 | $29,101 | $2,462 | $1,120 | $1,.213 | $560 |
| 3 | $36,612 | $3,051 | $1,409 | $1,526 | $705 |
| 4 | $44,123 | $3,677 | $1,698 | $1,839 | $849 |
| 5 | $51,634 | $4,303 | $1,986 | $2,152 | $993 |
| 6 | $59,145 | $4,929 | $2,275 | $2,465 | $1,138 |
| 7 | $66,656 | $5,555 | $2,564 | $2,778 | $1,282 |
| 8 | $74,167 | $6,181 | $2,853 | $3,091 | $1,427 |
| For each extra member, add | $7,511 | $626 | $289 | $313 | $145 |

Look at the Income Guidelines chart.

* Find your household size. HOUSEHOLD is: All persons, including parents, guardians, children (including foster children and exchange students), college students, grandparents, and all people related or unrelated who live in your home and share living expenses.
* Find your household income frequency. TOTAL HOUSEHOLD INCOME is the income each household member got last month before taxes. This includes wages, social security, pension, unemployment, welfare child support, alimony, and any other cash income. If your income is at or below the income listed, you should apply for meal benefits.

Foster children are eligible for free meals regardless of your income. If you have foster children living with you, look at Part 1 on the eligibility application. If you have more questions about applying for them, please contact us.

**TO FIGURE MONTHLY INCOME FOR FARM/SELF-EMPLOYED**: The information to figure income from private business operation is to be taken from your U.S. Individual Income Tax Return – Form 1040. Write the numbers from the corresponding tax form lines in the spaces below. Write it on the application in the earnings column as yearly. If it is a negative number, write it as zero on the application. All other income on lines 7 through 22 of the tax form must be listed separately for the person who earned it. Net loss carryover cannot be used to decrease the household income.

|  |  |  |
| --- | --- | --- |
| Proprietorship Income  Line 12 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Line 13 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Line 14 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Farm Income  Line 13 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Line 14 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Line 17 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Line 18 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Partnership Income  Line 13 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Line 14 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Line 17 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**INCOME TO REPORT**

|  |  |  |
| --- | --- | --- |
| Earnings from Work  Wages/salaries/tips  Strike benefits  Unemployment compensation  Worker’s compensation  Net income from self-owned business,  day care business or farm  Welfare/Child Support/Alimony  Public assistance payments  Alimony/child support payments | Other Monthly Income/Self-employment  Disability benefits  Cash withdrawn from savings  Interest/dividends  Income from estates/trusts/investments  Regular contributions from persons not living in the same household  Net royalties/annuities/net rental income  Any other income | Pensions/Retirement/Social Security  Pensions  Supplemental Security Income  Veteran’s payments  Social Security  Children’s Income  Do not include income from a child’s occasional work such as lawn mowing, babysitting, cleaning walks, etc. A child’s income from regularly scheduled jobs must be included. |

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| **ATTATCHMENT E4** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (For All Enrolled/Camp Sites) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICATION FOR FREE AND REDUCED PRICE MEALS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | New Applicant | | | | | | | | | |
| (For complete instructions, refer to next page.) | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Previous Applicant | | | | | | | | | |
| To apply for free or reduced price meals, fill out this application and sign your name. Complete a separate application for each foster child. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part 1A.** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Child’s Name** | | | | | |  | | | **School or Center** | | | | | | |  | | **Foster** | | | | | | |  | | **Age** | |  | | | **Child’s Name** | | | | | | | | | | |  | | | **School or Center** | | | | | | | |  | **Foster** | | |  | **Age** | |
| 1. |  | | | | |  | | |  | | | | | | |  | |  | | | | | | |  | |  | |  | | | 4. | | | |  | | | | | | |  | | |  | | | | | | | |  |  | | |  |  | |
| 2. |  | | | | |  | | |  | | | | | | |  | |  | | | | | | |  | |  | |  | | | 5. | | | |  | | | | | | |  | | |  | | | | | | | |  |  | | |  |  | |
| 3. |  | | | | |  | | |  | | | | | | |  | |  | | | | | | |  | |  | |  | | | 6. | | | |  | | | | | | |  | | |  | | | | | | | |  |  | | |  |  | |
| **Part 1B.** Households receiving SNAP (formerly food stamps), temporary assistance for needy families (TANF), or Food Distribution Program on Indian Reservations (commodities FDPIR): If your family is NOW receiving SNAP, TANF, or FDPIR for all of the above named children, list the CASE NUMBER. Fill out Sections 1, 2 and 5. If not all of the above named children receive these benefits, you must also complete Sections 3 and 4. The application MUST have the signature of an adult. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SNAP Case Number: | | | | | | |  | | | | | | | | | | | | | TANF Case Number: | | | | | | | | | | | | |  | | | | | | | | | | FDPIR Case Number: | | | | | | | | | | |  | | | | | | |
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| **Part 2A.** Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact **[name of Sponsor]** at **[phone number].** Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP, TANF, or FDPIR case number in Part 1B. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Part 2B.** If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school’s homeless liaison or migrant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| coordinator at phone **#** | | | | |  | | | | | | | | | | . | | | | | | | | | | | | | | | | | | | | | | | | | Homeless  Migrant  Runaway | | | | | | | | | | | | | | | | | | | | |
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| **Part 3. Total Household Income from Last Month – You must tell us how much and how often** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. Name** | | | | | | | | | | | | | **B. Last month’s income and how often it was received** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **C. Check** | | | |
| (List **everyone** in household) | | | | | | | | | | | | | *Example: $100/month $100/twice a month $100/ every other week $100/weekly* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **if No** | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **income** | | | |
|  | | | | | | | | | | | | | **Box 1**.Earnings from work before deductions | | | | | | | | | | | | | | | **Box 2.**Welfare, child support, alimony | | | | | | | | | | | **Box 3.**Pensions, retirement, Social Security | | | | | | | | | | **Box 4**.Farm/Other (see next page instructions) | | | | | | | |  | | | |
|  | | | | | | | | | | |  | | $      / | | | | | | | | | | | | |  | | $      / | | | | | | | | | |  | $      / | | | | | | | | |  | $      / | | | | | | |  |  | | | |
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|  | | | | | | | | | | |  | | $      / | | | | | | | | | | | | |  | | $      / | | | | | | | | | |  | $      / | | | | | | | | |  | $      / | | | | | | |  |  | | | |
| **Part 4. Signature and Social Security Number (Adult must sign)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list only the last four digits of his or her Social Security Number or mark the “I do not have a Social Security Number” box. (See Privacy Act Statement on the back of this page.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *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 school officials may verify (check) the information. I understand that if I purposely give false information, the children may lose meal benefits, and I may be prosecuted.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sign here: X | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Last four digits of Social Security Number: | | | | | |  | | | |  | | | |  |  | | | |  | | | | | | | | | | | | | | | | | | I do not have a Social Security Number | | | | | | | | | | | | | | | | | | | | | | | |
| Printed Name: | | |  | | | | | | | | | | | | | | | | | | | Home Phone: | | | | | | | | |  | | | | | | | | | | | | | | Work Phone: | | | | | |  | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Part 5** | | | **Participants ethnic and racial identities** | | | | | | | | | | | | | | | | | | | | | **Ethnic ID** | | | | | | (     )Hispanic or Latino | | | | | | | | | | | | (     ) Not Hispanic or Latino | | | | | | | | | | | | | | | | | | |
| **Racial ID** | | | Asian White Black or African American  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **FOR SCHOOL/CENTER USE ONLY** SNAP / FDPIR / TANF or other eligible program household categorically eligible free:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total monthly income: | | | |  | | | | | | | | | | | | |  | | Eligibility Classification: | | | | | | | | | | | | | | | | Free | | | | | | Reduced Price | | | | | | | | | Paid | | | | | | | | | |  |
| Household Size: | | |  | | | | | | | | | | | | | |  | |  | | Not Eligible: | | | | | | | | | | | | | | Over income | | | | | | Incomplete information | | | | | | | | | | | | | | | | | | |  |
|  |  | |  | | | | | | | | | | | | | |  | |  | | Temporary Eligibility: | | | | | | | | | | | | | | Free | | | | | | Reduced Price | | | | | | | | | Until: | | |  | | | | | | |  |
|  | Date Notification Sent: | | | | | | |  | | | | | | | | | | | |  | | Change in Status Date: | | | | | | | | | | | | | |  | | | | | | | |  | | | Date Withdrawn: | | | | |  | | | | | | | |  |
|  | Signature of Determining Official: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | |  | | | | | | | | | | |  |
|  | Confirming Official’s Signature: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | |  | | | | | | | | | | |  |
|  | Follow-up Official’s Signature: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | |  | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**ATTACHMENT E5**

**INSTRUCTIONS FOR APPLYING**

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions.

|  |
| --- |
| If your household gets SNAP, FDPIR, OR TANF:  Part 1A: List each child’s name, school/center, age, and/or grade. Part 1B: List the SNAP, FDPIR, and/or TANF case number.  Part 2: Skip this part.  Part 3: Skip this part.  Part 4: Sign the form. A Social Security Number is NOT required.  Part 5. Answer this question if you choose to. |

|  |
| --- |
| If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:  Part 1A: List each child’s name, school/center, age, and/or grade. Part 1B: Skip this part.  Part 2: Please contact us at [phone number of Sponsor].  Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP, TANF or FDPIR case #.  Part 4: Sign the form. If Part 3 was completed, provide last four digits of the signing adult’s Social Security Number.  Part 5: Answer this question if you choose to. |

|  |
| --- |
| **Part 2B. If you are applying for a homeless, migrant, or a runaway check the appropriate box and call your school’s homeless liaison, or migrant coordinator.** |

|  |
| --- |
| Part 3:ALL OTHER HOUSEHOLDS, Including WIC households, follow these instructions:  Part 1A: List each child’s name, school/center, age and/or grade,  Part 2: Skip this part.  Part 3: Follow these instructions to report total household income from last month.  **Column A–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children. College students away at school may still be part of the household in some circumstances. If the student is counted in the household that student’s income must also be included. Attach another sheet of paper if you need to.  **Column B–Gross income last month and how often it was received:** Next to each person’s name, list each type of income received last month, and how often it was received.  In Box 1, 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 deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly).  In Box 2*,* list the total amount each person got last month from welfare, child support, alimony.  In Box 3, list Social Security, pensions and retirement.  In Box 4, list All OTHER INCOME including Worker’s Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), disability benefits, and regular contributions from people who do not live in your household. Report net income for self-owned business, rental income or farm income; see the example on Attachment E3. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.  **Column C–Check if no income:** If the person does not have any income, check the box.  Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she does not have one.  Part 5: Answer this if you choose to. |

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If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf) found online at [ascr.usda.gov/complaint\_filing\_cust.html](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](mailto: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.

**Privacy Act Statement: This explains how we will use this information.** 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 social security number is not required when you apply on behalf of a foster child or you list a SNAP, TANF Program or 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 program. 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. **CONFIDENTIALITY:** Section 9 (b) (2) (C) (iii) of the National School Lunch Act, as amended by section 108 of Public Law 101-448, authorizes release of free and reduced price school meal eligibility status for certain programs, such as Title I, administered by the South Dakota Department of Education.

**ATTACHMENT F**

**NOTIFICATION LETTER FOR PRICING PROGRAMS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dear | |  | | | | | | | | | : | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | |  | | | | | |
| Your application for free and reduced price meals (or free milk) for your child(ren) has been : | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | Approved for free meals based on your application | | | | | | | | | | | | | | | | | | | | | |
|  | |  | Approved for reduced price meals at | | | | | | | | | |  | | | | | cents for lunch, | | | | | | |
|  | |  |  | |  | | | | | cents for breakfast, and | | | |  | | | | | cents for snack. | | | | | |
|  | |  | Approved for free meals due to child being certified as migrant, homeless, or runaway  Approved for free meals due to child being a foster child | | | | | | | | | | | | | | | | | | | | | |
|  | |  | Approved for free milk | | | | | | | | | | | | | | | | | | | | | |
|  | |  | Denied for the following reason(s): | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | Income over the allowable amount | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | Incomplete application. The following is missing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  | If you do not agree with the decision, you may discuss it with the (school/center) determining official, | | | | | | | | | | | | | | | | | | | | |  | | , | |
|  | at phone number | | | | | | |  | | | | . You also have the right to a fair hearing. The hearing official is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | . To request a hearing, call or write to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  | | NAME & TITLE | | | | | | | |  | | | | | | | | | | |  | | | |
|  | | ADDRESS | | | | | | |  | | | | | | | | | | | |  | | | |
|  | | PHONE | | | |  | | | | | | | | | | | EMAIL: | | | | | | | |
| **Income or household size sometimes changes during the year**. Effective July 1, 2004, the Child Nutrition and WIC Reauthorization Act of 2004 specifies households’ eligibility for free and reduced price meals shall remain in effect beginning on the date of eligibility for the current school year and ending on a date that is no more than 30 days into the subsequent school year. This provision does not apply when the initial eligibility determination was incorrect or when the verification of household eligibility does not support the level of benefits for which the household was approved. In those instances, officials must make appropriate changes in eligibility. This also means if the child (ren) were approved for free meals based on eligibility for SNAP, TANF, or FDPIR, the household does not have to report to the school food authority if those benefits are relinquished during the school year. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | |  | | | | | |
| Sincerely, | | | | | | | | | | | |  | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | |  | | | |  | | | | | |
| (NAME OF DETERMINING OFFICIAL) | | | | | | | | | | | | | | | |  | | | |  | | | | | |
| (TITLE) | | | | | | | | | | | | | | | |  | | | |  | | | | | |
|  | | | | | | | | | | | | | | | |  | | | |  | | | | | |

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If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.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](mailto: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.

As stated above, all protected bases do not apply to all programs, *“the first six protected bases of race, color, national origin, age, disability, and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.*

**SNAP**: The SNAP Program provides nutrition assistance to people with low income. It can help you buy nutritious foods for a better diet. To find out more and to obtain information on how to contact the Social Services office in your area, call 1-877-999-5612.

**CHIP**: The Children's Health Insurance Program (CHIP) in South Dakota helps eligible families get free insurance for children under age 19. If you get free or reduced price meals, or are just over the guidelines for reduced price meals, and want more information about CHIP you should call the Department of Social Services in your county or call 1-800-305-3064.

## ATTACHMENT G

**Your Agency/School Conducted Training Certification**

(Attach additional sheets if necessary)

**SEND TO CANS ONCE SITE STAFF ARE TRAINED. SPONSOR MUST CONDUCT SITE TRAINING PRIOR START DATE OF SUMMER MEAL SERVICE.**

**This form must be postmarked within 5 days of completion of training.**

This is to certify that all sponsor and site personnel have been trained in regard to Summer Food Service Program duties and responsibilities as outlines in the Administrative Guidance for Sponsor's Handbook, and personnel have access to relevant materials such as the Monitor's Guide, Sponsor Nutrition Guidance for Sponsors, and Site Supervisor's Guide as necessary.

This form must be sent in after the Agreement/Application packet due to the fact that training will take place at the later date. The agreement will be considered incomplete and not in effect until the Training Certification is received by Child and Adult Nutrition Services. Reimbursement will not be made for meals served before training took place.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Site Name/s |  | Persons Attending |  | Training Date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

All topics indicated on site training list (Part 2 Sponsor Information, Pg. 5) were covered.

|  |  |  |  |
| --- | --- | --- | --- |
|  | program regulations |  | menus and production records |
|  | site responsibilities |  | compliance with civil rights requirements |
|  | time restrictions |  | inventory systems |
|  | meal pattern requirements |  | collection of required records |
|  | creditable foods |  | health and sanitation procedures |
|  | meal counts |  | emergency training (site specific) |

**A list of *signatures* of those who attended is to be maintained on file at the office of the sponsor.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Sponsor Name) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Authorized Representative)

**ATTATCHMENT H**

**SUMMER APPLICATION/AGREEMENT ADDENDUM or AMENDMENT**

**Submit ANY Changes to APPROVED Application information must be sent to**

**Child and Adult Nutrition Services**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | requests to amend our NSLP Seamless Summer Application/Agreement | | | | | | |
| (sponsor name) | | | |  |  | |  |  |  |  |  |
|  | |  | | |  | |  |  |  |  |  |
| at |  | | | | | | |  | | | |
|  | (site name/s) | | | | | | |  | | | |
|  | |  | | |  | |  |  |  |  |  |
| We wish to amend: | | | | | | |  |  |  |  |  |
|  | |  | | | | |  |  |  |  |  |
|  | | approved level of service / site cap to | | | | |  | | | | |
|  | |  | | |  | |  |  |  |  |  |
|  | | \* operation dates to | | | |  | | | | | |
|  | |  | | |  | |  |  |  |  |  |
|  | | \* service times for: | | | | |  |  |  |  |  |
|  | |  | | |  | |  |  |  |  |  |
|  | |  | breakfast to | | |  | | | | | |
|  | |  | | |  | |  |  |  |  |  |
|  | |  | Lunch / supper to | | |  | | | | | |
|  | |  | | |  | |  |  |  |  |  |
|  | |  | snack to | | |  | | | | | |
|  | |  | | |  | |  |  |  |  |  |
|  | | **Open sites ONLY –** Accommodation for schools choosing NSLP/SBP meal pattern optional waiver with age/grade groups | | | | SBP K-12,       NSLP K-8 **OR**       NSLP 9-12 | | | | | |
|  | | **Justification (explain)** | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | |  | | | |  | | | | | |

\*It is the sponsor's responsibility to notify the public (NEW Media Release) of these changes when they apply.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Date |  | Signature of Authorized Representative |  |

**CANS USE ONLY**

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTATCHMENT I**

**Return to**:

Child and Adult Nutrition Services

800 Governors Drive

Pierre, SD 57501-2294

Fax (605) 773-6846

**Child and Adult Nutrition Services (CANS)**

SFSP Off-site meal request form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Only approved meals served at eligible and approved sites may be claimed for reimbursement. However, off-site activities may be accommodated if approved by Child and Adult Nutrition Services (CANS) in advance. | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Requests must be received by CANS at least one week prior to the activity.** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Local Agency Name: | | |  | | | | | | | | Number of children participating: | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Site: |  | | | | | Meal/s to be Eaten Off-site: | | | | | |  | | breakfast |  | lunch |  | supper | |  | snack |
|  | | | | | | | | | | | | | | | | | | | | | |
| Date of Activity: | |  | | | Location of Activity: | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Describe what will be used to maintain food at safe temperatures: | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Beginning and Ending Times of Meal Service: | | | |  | | | |  | |  | | |  | | | | | | | | |
|  | | | | (Begin) | | | |  | | (End) | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Serving sizes must be appropriate for each age group served.** | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Breakfast | Lunch | Supper | Snack (2 of 4) |
| Meat/ Meat Alternates |  |  |  |  |
| Item served: |  |  |  |  |
| Bread/Bread Alternates |  |  |  |  |
| Item served: |  |  |  |  |
| Vegetables and Fruit |  | **(2)** | **(2)** |  |
| Item served:  **1.**  **2.** |  |  |  |  |
| Milk |  |  |  |  |
| Item served: |  |  |  |  |

I do hereby assure that Yes No

1. Only eligible children will be claimed

2. All menus will meet meal pattern requirements

3. All meals will be properly monitored

4. The person taking the meal counts at the point of service will ensure a complete reimbursable meal

**Authorized Representative/Food Service Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | | | | | | | | | | |  |
|  | **CANS USE ONLY** | | | | | | | | | | | | | | | | |  |
|  | Date Request Received: | | | | |  | | | | | |  | Date Local Agency Notified: | | | |  |  |
|  | Approving Official: | | |  | | | | | | | |  | To: |  | | | |  |
|  |  | Approved |  | | Not approved, reason | | | | |  | |  | Co./Dept: | |  | | |  |
|  |  | | | | | | | | | | |  | Phone Number: | | |  | |  |
|  | Means of notification: | | | | Phone | |  | Fax |  | Mail |  |  | Fax Number: | | |  | |  |
|  |  | | | | | | | | | | | | | | | | |  |

**ATTACHMENT J**

**EXCESSIVE HEAT DEMONSTRATION PROJECT – Non-Congregate Feeding for Outdoor Sites**

**SUMMER FOOD SERVICE PROGRAM or NSLP-SEAMLESS SUMMER OPTION**

The intent is to maintain meal service to children who would lose access when excess heat is present by allowing non-congregate meal service at outdoor sites. Documentation of National Weather Service NWS excessive heat notifications including a ***Heat Advisory, Excessive Heat Warning*** or an ***Excessive Heat Watch*** issued for the area in which an approved outdoor feeding site exists. Documentation of the NWS notification must be printed with the date and kept for documentation and eligibility to claim meals for this demonstration project. See USDA Policy Memo SP 16-2014, SFSP 14-2014.

To qualify please check statements true for the site(s) you are requesting for:

This is an outdoor site.

This site does not have a temperature controlled alternative feeding site.

Without approval for this demonstration project to feed non-congregate shelf-stable meals during excessive heat periods, this site would close.

Other situations**\*** with exceptional circumstances exist, please explain:      \_\_\_\_\_\_\_\_\_\_\_\_

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*This requires Food and Nutrition Service FNS Regional Office advance approval by the FNS National Office.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Site Name |  | Address |  | Person to Track NWS Excessive Heat Notifications by Date |  | Phone Number |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**SPONSOR AGREES TO:**

1. Meal service is limited to one meal during this excessive heat period. No second meals or adult meals are allowed. No meals can be distributed to any child or adult for someone not present.
2. Each site meal count on the date of excessive heat meal service will be documented for demonstration project requirements.
3. No shortened or lengthened meal service is allowed for days of excessive heat. The site must conduct the non-congregate meal service during the approved meal time.
4. Monitoring of the non-congregate feeding will be done by the local administrative staff or monitor as required to ensure all demonstration requirements are being met.
5. Notify Child & Adult Nutrition Services when they plan to conduct non-congregate feeding due to the excessive heat NWS notifications, since State agency monitoring may also be conducted.
6. Prepare and explain or attach food safety plan for the excessive heat meal service:

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Prepare and attach or complete the alternate menu for the excessive heat periods. The menu must consist of non-perishable shelf stable foods, which allows for any extra meals to be available to be served at another excessive heat period. These meals must be designed specifically for days of non-congregate meal service, and ensure meal service will be conducted safely.

|  |
| --- |
| **Serving sizes must be appropriate for each age group served.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Breakfast | Lunch | Supper | Snack (2 of 4) |
| Meat/ Meat Alternates |  |  |  |  |
| Item served: |  |  |  |  |
| Bread/Bread Alternates |  |  |  |  |
| Item served: |  |  |  |  |
| Vegetables and Fruit |  | **(2)** | **(2)** |  |
| Item served: |  |  |  |  |
| Milk |  |  |  |  |
| Item served: |  |  |  |  |

I do hereby assure that Yes No

1. Only eligible children will be claimed

2. All menus will meet meal pattern requirements

3. All meals will be properly monitored

4. Person taking the meal counts at the point of service will ensure a complete reimbursable meal…

Authorized Representative/Food Service Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CANS USE ONLY**

\_\_\_\_\_ Approved \_\_\_\_\_ Denied Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Delayed – Requires FNS Regional and National Office determination

\_\_\_\_Approved by FNS Regional and National Office

\_\_\_\_Denied by FNS Regional and National Office

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachment J: Excessive Heat Demonstration Project page 2

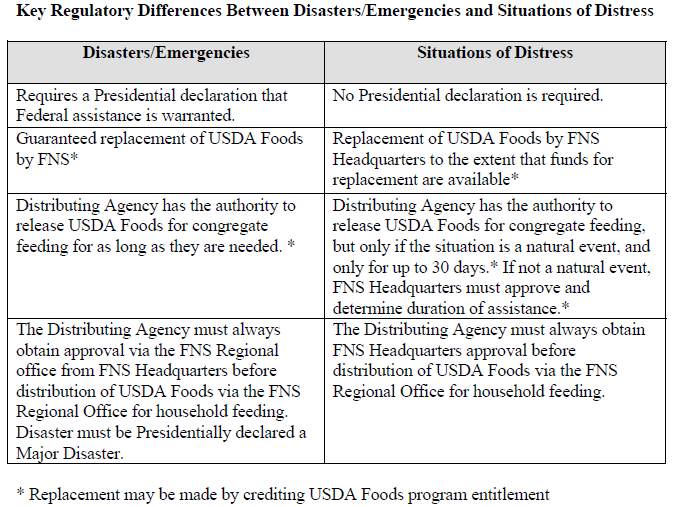
## ATTACHMENT K

**Disaster Response – Emergency Feeding Plan**

**Using Summer Food Service Program (SFSP) or Seamless Summer Option (SSO) in Disaster Situations**

**(Attach additional sheets if necessary**)

**This form must be completed for use in rapid response to an emergency declaration by the government in the local agency service area and is a requirement of the application/renewal process.**



This is to ensure that all sponsor and site personnel discussed a basic plan for emergency feeding due to a disaster response effort in your community. (7 CFR 225.6 (c)) USDA Policy Memo SFSP 10-2012, April 10, 2012. **Please complete at least two of the following blanks** to have a basic contact list for disaster response for your area of service.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact Name/s |  | Title |  | Work Telephone/Cell |
|  |  |  |  |  |
|  |  | School/Agency Emergency Coordinator |  |  |
|  |  |  |  |  |
|  |  | County Emergency Manager |  |  |
|  |  |  |  |  |
|  |  | Red Cross / Salvation Army Contact |  |  |
|  |  |  |  |  |
|  |  | Tribal Emergency Manager |  |  |
|  |  |  |  |  |
|  |  | Food Bank Contact |  |  |

Sponsors are encouraged to plan for emergency situations in advance to ensure a rapid response. Develop your plan, have it updated annually and included in staff operational training for SFSP or NSLP Seamless Summer. For more information visit FD Disaster Assistance <http://www.fns.usda.gov/fdd/programs/fd-disasters/default.htm>.

South Dakota State Agency Disaster Response contact: Mark Moen (605) 773-3413

ONLY FOR NEW SPONSORS WITH South Dakota Department of Education

|  |  |  |
| --- | --- | --- |
| **All new sponsors** | | |
|  |  |  |
|  |  | Substitute W-9 / Taxpayer Identification Number (TIN) Verification. |
| Please find the form at the following link: |  | ***Please fax this form to CANS at (605) 773-6139 and not the number on the form.*** |

<http://bfm.sd.gov/vendor/Substitute_W-9_SD.pdf>

This is a portion of the form that must be completed and faxed to (605) 773-6139 for you to receive payment for the submitted claims for reimbursement for the approved Summer Food Service Program:

