

# MEAL COUNTING AND CLAIMING

( 1 )

# It all begins with the application & agreement

- Each SFA makes application to and enters into agreement with the State Agency (SA) each year.
- The SFA also submits for approval a Free and Reduced Price Policy Statement.
- Important for administration and operation to communicate.



# Meal Counting and Claiming

Five points of an acceptable counting and claiming procedure required by the USDA include:

1. Eligibility documentation
2. Collection procedures (money)
3. Point of service meal counts
4. Claim for reimbursement
5. Internal controls



# Meal Counting and Claiming

## 1. Eligibility documentation

- Documentation or proof for every student that receives free or reduced priced meals.
  - Free and Reduced Price Meal Applications
  - Direct Certification - Documentation that shows a child is eligible for free meals based on other program information.
- Verification:
  - By random selection within the rules of Verification
  - Confirmation review
  - Verification For Cause

# Meal Counting and Claiming

APPLICATION FOR FREE MILK  
(See next page for complete instructions.)

2014-15

New Applicant  
 Previous Applicant

To apply for free milk, fill out this application and sign your name.

**Part 1. Children's Names**

Child's Name	School or Center	Foster	Age	Child's Name	School or Center	Foster	Age
1 _____	_____	_____	_____	4 _____	_____	_____	_____
2 _____	_____	_____	_____	5 _____	_____	_____	_____
3 _____	_____	_____	_____	6 _____	_____	_____	_____

**Part 2.** Households receiving SNAP, TANF, or FDIPIR: If any member of your household is NOW receiving SNAP, TANF, or FDIPIR but you did not receive a notice of direct certification from the school, list the CASE NUMBER. Fill out Sections 1, 2, and 3. The application MUST have the signature of an adult.

SNAP Case Number: \_\_\_\_\_ TANF Case Number: \_\_\_\_\_ FDIPIR Case Number: \_\_\_\_\_

**Part 3.** Is this child migrant, homeless, or runaway? If yes, check the appropriate box: Homeless  Migrant  Runaway

**Part 4. Total Gross Household Income— You must tell us how much and how often**

**C. Income — list the gross income for each pay day and "H" how often you get paid**  
Example: \$100/monthly or \$100/twice monthly or \$100/every two weeks or \$100/weekly  
**Please attach additional sheets to list more household members.**

A. Name (List all persons in household)	B. Check if ALL income	Income from work before deductions			Welfare, child support, alimony			Pensions, retirement, Social Security			Farm/Other			
		Weekly	Every 2 weeks	Monthly	Weekly	Every 2 weeks	Monthly	Weekly	Every 2 weeks	Monthly	Monthly	Quarterly	Annually	Other (list)
Example: Jane Smith	<input type="checkbox"/>	\$100.00	X		\$50.00	X		\$24.79		X	\$25,000		X	
	<input type="checkbox"/>													
	<input type="checkbox"/>													
	<input type="checkbox"/>													
	<input type="checkbox"/>													
	<input type="checkbox"/>													
	<input type="checkbox"/>													

**Part 5. 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 next page.)  
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school/center will get Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, the children may lose milk benefits, and I may be prosecuted.

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_  
Last 4 digits of Social Security Number: \_\_\_\_\_  do not have a Social Security Number

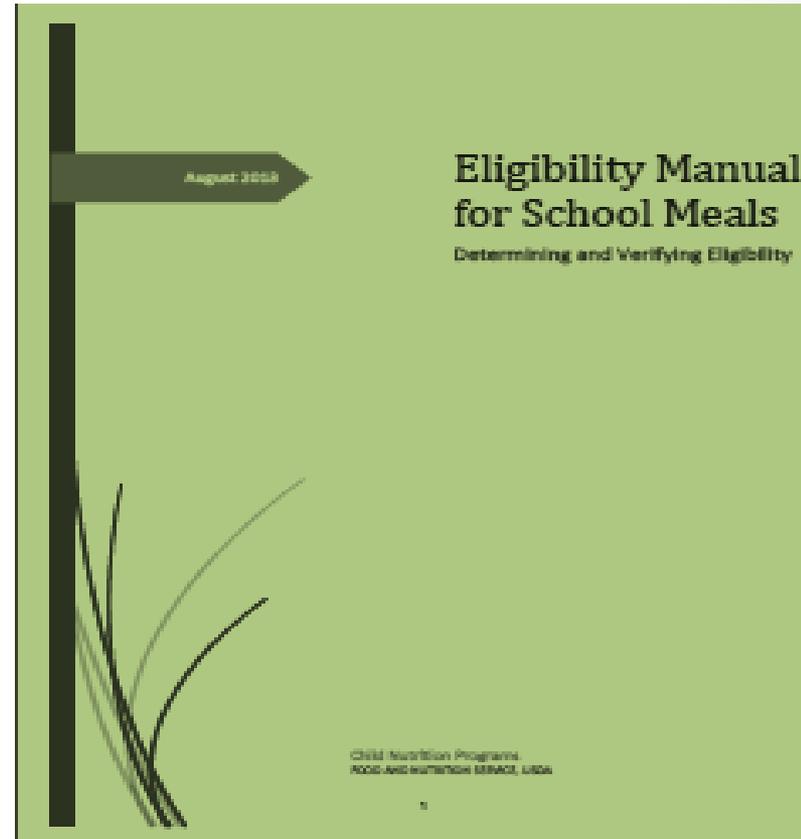
Printed Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Part 6. Participant's ethnic and racial identities (optional)**

Mark one ethnic identity:  Hispanic or Latino  Not Hispanic or Latino  
Mark one or more racial identities:  American Indian or Alaska Native  White  Black or African American  Native Hawaiian or Other Pacific Islander

**FOR SCHOOL/CENTER USE ONLY**

Total income & how often: \_\_\_\_\_ SNAP / FDIPIR / TANF or other eligible program household categorically eligible for:  Yes  No  
Household size: \_\_\_\_\_ Number of foster children eligible for: \_\_\_\_\_  
Eligibility classification:  Free Rate  Paid Rate  
Date notification sent: \_\_\_\_\_ Date withdrawn or transferred: \_\_\_\_\_  
Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Confirmation Official: \_\_\_\_\_ Date: \_\_\_\_\_



Families can apply for meal benefits

<http://www.fns.usda.gov/cnd/guidance/default.htm>

# Meal Counting and Claiming

## 2. Collection procedures

- How students pay for their meals
- Avoid overt identification



# Meal Counting and Claiming

## 3. Point of service meal counts

- a) Identification of reimbursable meals
- b) By eligibility type (F/R/P)
- c) Every day and every meal
- d) Without overt identification

Remember: Only one lunch and one breakfast can be counted for reimbursement per student, per day.

# Meal Counting and Claiming

## 3. Point of service meal counts (*continued*)

- **What is a reimbursable meal?**
  - Depends on agreement with CANS
  - No OVS:
    - Lunch: Must contain all 5 components in minimum required quantity
    - Breakfast: Must contain 3 components/food items in minimum required quantity
  - Offer vs serve:
    - Lunch: Student must take 3 of 5 components and 1 must be  $\frac{1}{2}$  c fruit &/or veg
    - Breakfast: Must contain 4 food items. Student must take 3 food items and 1 must be  $\frac{1}{2}$  c fruit

# Meal Counting and Claiming

## 3. Point of service meal counts (*continued*)

- Only 1 breakfast & 1 lunch per student, per day can be counted and claimed
- None of the following can be included in your claim:
  - Meals served as seconds or second meals
  - Meals served to adults
  - Meals served to children who are not part of your program
  - Meals served to children who are not enrolled at your SFA

# Meal Counting and Claiming

4. What happens after the meals are counted?
  - Recorded either on paper forms or in a computer
  - End of the month the counts are totaled
  - Edit checks are completed
  - Claim is filed

All meals served in the NSLP/SBP and counted for reimbursement must meet the requirements for the current meal pattern as specified in the program regulations and must be served to eligible students.

# Meal Counting and Claiming

## 5. Internal controls

- SFA must have controls sufficient to ensure meal counting and claiming accuracy and integrity.
- Have a backup plan - a second person, a second method.

